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Part I

Activities & Governance

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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 07-01 2022, and ending 06-30 ,2023 Check if applicable: C Name of organization NORTHWEST MINNESOTA FOUNDATION D Employer identification number Address change Doing business as 41-1556013 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 201 3RD ST NW (218)759 - 2057Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return BEMIDJI, MN 56601 63,258,911 \$ X No Application pending F Name and address of principal officer: KAREN WHITE H(a) Is this a group return for subordinates? Yes 201 3RD ST NW BEMIDJI MN 56601 H(b) Are all subordinates included? Yes | No X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status) (insert no.) NWMF.ORG Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 1986 M State of legal domicile: MN Summary 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. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 31 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 11,687,438 6,142,623

ne	9	Program service revenue (Part VIII, line 2g)	712,715	744,360
ven	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,031,975	923,652
Re	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)	19,432,128	7,810,635
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,402,814	3,528,760
	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)	2,263,980	2,664,850
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
Den	b	Total fundraising expenses (Part IX, column (D), line 25) 360,006		
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,550,459	2,598,236
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,217,253	8,791,846
	19	Revenue less expenses. Subtract line 18 from line 12	9,214,875	(981,211)
r si			Beginning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)	91,824,995	96,817,979
Ass d Ba	21	Total liabilities (Part X, line 26)	7,562,414	6,488,947
Fund	22	Net assets or fund balances. Subtract line 21 from line 20	84,262,581	90,329,032

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.

	KAREN WHITE								
Sign	Signature of officer						Date	9	
Here	KAREN WHITE,	PRESIDE	ЛТ						
	Type or print name and title								
	Print/Type preparer's name		Preparer's signature		Date	Chec	k if	PTIN	
Paid	Seth Holte		Seth Holte		05-07-2024	self-e	mployed	P016937	43
Preparer	Firm's name	Haukebo	Van Batavia Holte,	LLC		Firm's EIN			
Use Only	Firm's address	PO Box 348 Phone no.							
	Park Rapids MN 56470 218							32-5769	
May the IRS	discuss this return with t	he preparer s	hown above? See instructions					X Yes	No
For Paperw	ork Reduction Act Noti	ce, see the se	eparate instructions.					Form	990 (2022)

Form	990 (2022) NORTHWEST MINNESOTA FOUNDATION	41-1556013	B Page 2
Pa	rt 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 COLLABORATI	ON, AND PR	OMOTES
	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	X 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	X 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	d by	
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	the total expenses, and revenue, if any, for each program service reported.	loro,	
4a	(Code:) (Expenses \$ 6,217,611 including grants of \$) (Revenue	¢ 26	0 201)
4a	See SERVICES page for a description of this program service.	φ20	9,301)
	See SERVICES page for a description of this program service.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40		Ψ)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 6,217,611		
EEA		Fo	rm 990 (2022)

Form	990 (2022) NORTHWEST MINNESOTA FOUNDATION 41-1556	013	F	Page 3						
Pa	T IV Checklist of Required Schedules									
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No						
•	complete Schedule A	1	x							
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x							
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to									
	candidates for public office? If "Yes," complete Schedule C, Part I									
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			x						
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x						
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x						
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors									
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If									
	"Yes," complete Schedule D, Part I	6	x							
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,									
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"									
	complete Schedule D, Part III	8		x						
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a									
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or									
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x						
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments									
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x							
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.									
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"									
	complete Schedule D, Part VI	11a	x							
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more									
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x							
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110								
d	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		x						
a		11d		v						
•	reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11e	x	x						
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE	^							
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x						
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete									
124	Schedule D, Parts XI and XII	12a	x							
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If									
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x						
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x						
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,									
	fundraising, business, investment, and program service activities outside the United States, or aggregate									
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x						
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or									
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other									
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x						
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on									
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on									
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?									
	If "Yes," complete Schedule G, Part III	19		х						
20 a		20a		x						
b		20b		<u> </u>						
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? If "Yes," complete Schedule I, Parts I and II	21	x	(2022)						

		56013	ŀ	Page 4
Pa	rt IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-1	to defease any tax-exempt bonds?			
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	. 25a		v
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		x
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	. 25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	. 26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV		-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	. 29	+	x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	. 30		v
31	conservation contributions? If "Yes," complete Schedule M			x x
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If res, complete schedule N, rath.</i>	. 51	-	
02	complete Schedule N, Part II	. 32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			-
	or IV, and Part V, line 1	. 34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		х
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? If "Yes," complete Schedule R, Part VI	. 37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
D	19? Note: All Form 990 filers are required to complete Schedule O	. 38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	164	165	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	. 1c	x	
			m 000	(2022

	990 (2022) NORTHWEST MINNESOTA FOUNDATION	41-15560	13	P	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	31				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х	
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \ldots \ldots \ldots		5a		х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions? \ldots		6a		х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
	gifts were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
	and services provided to the payor?		7a		х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots		7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?		7c		х	
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? \ldots .		7e		х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \ldots .		7f		х	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require	ed?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?		8		х	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		х	
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?		15		x	
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x	
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17			
	If "Yes," complete Form 6069.					

Forr	m 990 (2022) NORTHWEST MINNESOTA FOUNDATION 41-15	56013		Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "N	0"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru			
	Check if Schedule O contains a response or note to any line in this Part VI			x
See	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	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?	. 2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		_	x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6 7-	Did the organization have members or stockholders?	. 6		x
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?	. 7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
~	stockholders, or persons other than the governing body?	. 7k)	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0.		
a L	The governing body?			
ь 9	Each committee with authority to act on behalf of the governing body?	. 8k	x	
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? <i>If "Yes," provide the names and addresses on Schedule Q</i>	. 9		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	. 9		x
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10		x
	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?	. 10		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b	Describe on 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.	. 12	a x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .		-	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	. 12	x	
13	Did the organization have a written whistleblower policy?		-	1
14	Did the organization have a written document retention and destruction policy?			1
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?			
а	The organization's CEO, Executive Director, or top management official	. 15	a x	
b	Other officers or key employees of the organization	. 15	x c	
	If "Yes" to line 15a or 15b, describe the process on 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?	. 16	3	x
b	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?	. 16)	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>Minnesota</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	SHANNON JESME (218)759-2057, 201 3RD ST NW, BEMIDJI, MN 56601			

Form 990 (202	2) NORTHWEST MINNESOTA FOUNDATION	41-1556013	Page 7							
Part VII	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 Em	ployees								
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with or	within the								
organization's	ax 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	related organizati	011 00	mpon	Jun	cu a	iny cun	ioni			
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related	compensation from the
	(list any	Individual trustee or director	Ins	Off	Ke	Hiç em	Fo	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	organization and
	hours for related	direc	tituti	Officer	y en	ploy	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	tor tr	Institutional trustee		Key employee	ee for				
	below	uste	trus		ee	nper				
	dotted line)	Ø	tee			Highest compensated employee				
(1) KAREN WHITE	40.00									
PRESIDENT				х		х		183,032	0	9,196
(2) MICHAEL NEUSSER	40.00									
VP OF OPERATIONS						х		113,008	0	5,065
(3) NATHAN DORR	40.00									
VP OF ADVOCACY						х		101,638	0	6,156
(4) KAITLYN GRENIER	4.00									
DIRECTOR		х						0	0	0
(5) JILL JOHNSON	4.00									
DIRECTOR		х						0	0	0
(6) ANTONIO FRANKLIN	4.00									
DIRECTOR		х						0	0	0
(7) DEB_ZAK	4.00									
DIRECTOR		х						0	0	0
(8) BRUCE REEVES	4.00									
DIRECTOR		х						0	0	0
(9) CONNIE LINDSTROM	4.00									
DIRECTOR		х						0	0	0
(10)MIKE_LAROQUE	4.00									
DIRECTOR		х						0	0	0
(11)KRISTI THORFINNSON	4.00									
DIRECTOR		х						0	0	0
(12)MICHELLE PAQUIN	4.00									
CHAIR		х						0	0	0
(13)TODD_BECKEL	4.00									
TREASURER		х		x				0	0	0
(14)CHERI_GUNVALSON	4.00									
SECRETARY		х		x				0	0	0
EEA										Form 990 (2022)

(17) (19) (19) (19) (19) (19) (20) (21) (19) (22) (22) (19) (23) (19) (19) (24) (19) (19) (23) (19) (11) (24) (19) (11) (25) (11) (11) (26) (11) (11) (24) (11) (11) (25) (11) (11) (26) (11) (11) (27) (11) (11) (28) (11) (11) (29) (11) (11) (29) (11) (11) (29) (11) (11) (29) (11) (11) (29) (11) (11) (29) (11) (11) (29) (11) (11) (29) (11) (11) (29) (11) (11) (21) (11) (11) (21) (11)		990 (2022) NORTHWEST MINNESO									41-1556			age 8
(A) (B) (B) (C) (C) (D) (D) <th>Part</th> <th>VII Section A. Officers, Directors, T</th> <th>rustees, I</th> <th>Key E</th> <th>Emp</th> <th>oloy</th> <th>yee</th> <th>s, an</th> <th>d H</th> <th>lighest Comp</th> <th>ensated Emple</th> <th>oyees</th> <th>(cont</th> <th>inued)</th>	Part	VII Section A. Officers, Directors, T	rustees, I	Key E	Emp	oloy	yee	s, an	d H	lighest Comp	ensated Emple	oyees	(cont	inued)
Instruction 0 0 0000 MBC) 1000 MBC) regaritation and number of model of the comparisation of the comparisation of the comparisation from the organization from the organization from the organization from the organization and the comparisation from the organization from			Average hours per week	box,	unles	Pos eck m is per ladi	sition Iore th son is rector	s both ar		Reportable compensation from the	Reportable compensation from related	со	nated am of other mpensati	
VICE CHAIR VICE CHAIR VICE CHAIR VICE CHAIR 0 0 0 (19) I<			hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee		Former	1099-MISC/ 1099-NEC)	1099-MISC/			
(17) Image: Control of Control Contrecont Cont Cont Control Contrecont Control Control Cont			4.00			x				0	0			0
(19) (19) (19) (19) (19) (19) (20) (20) (21) (21) (22) (23) (23) (24) (24) (24) (25) (26) (25) (26) (27) (24) (25) (26) (25) (26) (27) (26) (27) (28) (26) (27) (28) (26) (29) (29) (26) (29) (29) (27) (29) (29) (28) (29) (29) (29) (29) (20) (29) (29) (20) (29) (29) (20) (29) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (21) (21) (21) (22) (21) (21) (23) (21)	(16)													
(19) (19) (19) (20) (20) (11) (21) (11) (11) (22) (11) (11) (23) (11) (11) (24) (11) (11) (25) (11) (11) (26) (11) (11) (26) (11) (11) (26) (11) (11) (26) (11) (11) (27) (11) (11) (28) (11) (11) (29) (11) (11) (20) (11) (11) (20) (11) (11) (29) (11) (11) (20) (11) (11) (21) (11) (11) (22) (11) (11) (20) (11) (11) (21) (11) (11) (22) (11) (11) (23) (21) (11) (24) (21) (21) (25) (21)	(17)													
(29)	<u>(18)</u>													
(21) (22) (23) (23) (24) (24) (25) (25) (26) (26) (27) (27) (28) (29) (29) (20) (29) (20) (29) (20) (29) (20) (29) (20) (29) (20) (29) (20) (29) (20) (29) (20) (29) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (21) (21) (22) (22) (23) (20) (24) (20) (25) (20) (26) (20) (27) (20) (28) (20) (29) (20) (20) (20) (21) (21) (22) (21) (23)	(19)													
(22)	(20)													
(23)	(21)													
(24)	(22)													
(25)	(23)													
1b Subtotal	(24)													
c Total from continuation sheets to Part VII, Section A 397,678 0 20,417 d Total (add lines 1b and 1c) 397,678 0 20,417 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 3 397,678 0 20,417 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 list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	(25)													
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c) Total number of individuals (including but not limit)									I		20,4	
employee on line 1a? If "Yes," complete Schedule J for such individual													Yes	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	employee on line 1a? If "Yes," complete Schedul	le J for such	indivic	lual.	•	•••	•••				3		x
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	organization and related organizations greater th	an \$150,000	? If "Y	′es,"	con	nplet	te Sch	edule	e J for such				
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) (B) (C) Name and business address Description of services Compensation COMPASS CAPITAL MANAGEMENT, INC, SUITE 400, BAKER BLDG, INVESTMENT MGMT 199,498	5	Did any person listed on line 1a receive or accrue	compensatio	n from	any	unr	elate	ed orga	aniza	ation or individual			X	
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) (B) (C) Name and business address COMPASS CAPITAL MANAGEMENT, INC, SUITE 400, BAKER BLDG, INVESTMENT MGMT 199,498 	Secti		s," complete	Sched	lule J	l for	SUC	h pers	on .		• • • • • • • • • •	5		x
(A) (B) (C) Name and business address Description of services Compensation COMPASS CAPITAL MANAGEMENT, INC, SUITE 400, BAKER BLDG, INVESTMENT MGMT 199,498	-	Complete this table for your five highest compensation												
COMPASS CAPITAL MANAGEMENT, INC, SUITE 400, BAKER BLDG, INVESTMENT MGMT 199,498		(A)				,						(C)		
	COMP			BAKEF	R BI	DG			INV					498
Total number of independent contractors (including but not limited to these listed above) whe							-							
2 Total number of independent contractors (including but not limited to these listed above) whe														
	2	Total number of independent contractors (includin	a but not limi	tod to	thee	o lic	tod	above) who					

received more the	nan \$100.000 of	compensation from	he organization

1

Form 99	<u>`</u>				ота	FOUNDATION			41-15560	13 Page 9
Part	VIII	Statement of Rev					5			Г
		Check if Schedule O co	ntair	is a response	e or n	ote to any line in thi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Enderstad compaigns			1a					Sections 512-514
	b	Federated campaigns . Membership dues		F	1b					
nts	C C			F	10					
Gra		Related organizations .		F	1d					
Miscellanous Miscellanous Other Revenue Other Revenue Revenue and Other Similar Amounts .		Government grants (contr		F	1e	1,642,822				
		All other contributions, gift		· ·		1/012/022				
Sin		and similar amounts not in	-		1f	4,499,801				
ibut	g	Noncash contributions inc	lude	d in						
ontr od C		lines 1a-1f			1g	\$ 14,521				
ਗ ਹ	h	Total. Add lines 1a-1f					6,142,623			
						Business Code				
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2a	PARTICIPATION FEE	S			900099	330,757	330,757		
ž či	b	INTEREST REVENUE	- I	JOAN		900099	129,253	129,253		
Ser	c	LOAN APPLICATION	FEE	IS		900099	14,969	14,969		
am	d	REVENUE FROM SERV	ICE	IS		900099	269,381	269,381		
Program Service Contributions, Gifts, Grants Revenue Revenue	е									
Γ.		All other program service r								
		Total. Add lines 2a-2f .					744,360			
	3	Investment income (includi					1 056 400			1 056 406
		other similar amounts) . Income from investment of				-	1,956,499			1,956,499
	4	Royalties		•	•					
			· ·	(i) Real	• • •	(ii) Personal				
	6a	Gross rents	6a	(i) iteai						
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	•							
	7a	Gross amount from		(i) Securitie	s	(ii) Other				
Ð		sales of assets								
		other than inventory	7a	54,415,	429					
	b	Less: cost or other basis								
Ine		and sales expenses				2,667				
ver	1	Gain or (loss)	-							
r R	1	Net gain or (loss)			• • •	••••	(1,032,847)			(1,032,847
the	8a	Gross income from fundrai events (not including \$	sing							
0		of contributions reported o	n lin	<u> </u>						
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
		Net income or (loss) from f								
	9a	Gross income from gaming)							
		activities, See Part IV, line	19		9a					
	1	Less: direct expenses .			9b					
	C	Net income or (loss) from g	gami	ng activities	••					
Other Revenue Revenue Revenue	10a	Gross sales of inventory, le								
	returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory									
			1							
Other Revenue Revenue Revenue	C	inet income or (IOSS) from s	sales	s or inventory	••					
~	11a					Business Code				
au ar	b									
ent /ent	C C									
isce Rev		All other revenue								
Σ		Total. Add lines 11a-11d								
		Total revenue. See instru					7,810,635	744,360	0	923,652
	_		_		_		-	-		

) NORTHWEST MINNESOTA FOUNDATION

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).

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	Check if Schedule O contains a response or note to a	any line in this Part IX			x
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,068,069	3,068,069		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	460,691	460,691		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,143,443	990,113	959,365	193,965
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	521,407	195,705	261,662	64,040
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	16,309	4,941	11,316	52
С	Accounting	81,381		81,381	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees	331,124	331,124		
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,125,600	762,252	339,288	24,060
12	Advertising and promotion	70,221	23,360	45,344	1,517
13	Office expenses	213,226	40,277	153,862	19,087
14	Information technology	120,451	45,390	61,550	13,511
15	Royalties				
16	Occupancy	39,850	15,600	24,250	
17	Travel	134,764	63,168	42,644	28,952
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	34,244	29,293	4,951	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	160,151	66,000	94,151	
23		33,116	3,900	29,216	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
	MAINTENANCE & REPAIR	95,498	55,245	40,253	
b		96,932	38,803	46,582	11,547
c		22,513	10,796	9,413	2,304
d		12,884	12,884		
e	· · · · · · · · · · · · · · · · · · ·	9,972		9,001	971
<u>25</u>	Total functional expenses. Add lines 1 through 24e.	8,791,846	6,217,611	2,214,229	360,006
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 if				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20		IDAT 1	ION	4:	1-15	56013 Page 11
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to ar	ny line in this Part X			<u></u>
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	• • •		150	1	150
	2	Savings and temporary cash investments			1,473,063	2	1,375,874
	3	Pledges and grants receivable, net			1,284,981	3	843,784
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former	officer,	director,			
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%			
		controlled entity or family member of any of these perso				5	
	6	Loans and other receivables from other disqualified pers	ions (a	s defined			
		under section 4958(f)(1)), and persons described in sec	tion 49	58(c)(3)(B)		6	
s	7	Notes and loans receivable, net	•••		3,260,300	7	3,346,021
Assets	8	Inventories for sale or use	•••			8	
	9	Prepaid expenses and deferred charges	•••		205,803	9	96,012
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,282,001			
	b	·	10b		2,373,034	10c	2,274,918
	11	Investments - publicly traded securities			77,220,482	11	81,540,163
	12	Investments - other securities. See Part IV, line 11 .			5,243,321	12	5,810,724
	13	Investments - program-related. See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			763,861	15	1,530,333
	16	Total assets. Add lines 1 through 15 (must equal line 3			91,824,995	16	96,817,979
	17	Accounts payable and accrued expenses			336,640	17	359,611
	18	Grants payable			235,000	18	75,000
	19	Deferred revenue			2,006,290	19	1,107,081
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of				21	
es	22	Loans and other payables to any current or former office					
oiliti		trustee, key employee, creator or founder, substantial co					
Liabilities		controlled entity or family member of any of these perso				22	
_	23	Secured mortgages and notes payable to unrelated thin			2,342,640	23	2,245,933
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D			2,641,844	25	2,701,322
	26	Total liabilities. Add lines 17 through 25			7,562,414	26	6,488,947
		Organizations that follow FASB ASC 958, check here	e X				
es	07	and complete lines 27, 28, 32, and 33.			0 050 500	07	0 000 050
anc	27				2,958,589	27	2,999,356
Bal	28				81,303,992	28	87,329,676
pu		Organizations that do not follow FASB ASC 958, che	скпе	re 📋			
Net Assets or Fund Balances	20	and complete lines 29 through 33.				20	
sot	29			•••••		29	
set	30	Paid-in or capital surplus, or land, building, or equipmen		fundo		30 31	
t As	31	Retained earnings, endowment, accumulated income, o			94 969 591		00 200 020
Nei	32 33	Total net assets or fund balances			84,262,581	32 33	90,329,032
	55		• • •	••••	91,824,995	55	96,817,979

EEA

Form **990** (2022)

Form	990 (2022) NORTHWEST MINNESOTA FOUNDATION	41-155601	3	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,	810,	635
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	791,	846
3	Revenue less expenses. Subtract line 2 from line 1	3	(981,	211)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84,	262,	581
5	Net unrealized gains (losses) on investments	5	7,	047,	662
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	90,	329,	032
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	
EEA			Form	990	(2022)

SCHEDULE	Α
(Form 990)	

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	-
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OMB No. 1545-004	7
2022	

		t of the Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Public
Intern	al Re	evenue Service	Go to	www.irs.gov/For	m990 for instructions a	and the lat	test inforn	nation.	Inspection
Name	of t	he organization						Employer identification	on number
NOR	чнw	EST MINNES	OTA FOUNDATIC	DN				41-155601	.3
Par					II organizations mus	t comple	ete this p	art.) See instruct	ions.
The c	rgai	nization is not a	private foundation b	ecause it is: (For lir	nes 1 through 12, check o	nly one bo	.)		
1	Π	A church, conv	vention of churches,	or association of c	hurches described in se	ction 170(b)(1)(A)(i)		
2	Π	A school desc	ribed in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990)).)			
3	П				ion described in section		(A)(iii).		
4	П	•		0	tion with a hospital descr			(b)(1)(A)(iii). Enter the	9
			e, city, and state:	, , , .					
5		•		enefit of a college o	r university owned or ope	erated by a	aovernme	ental unit described in	
•		0)(1)(A)(iv). (Comple	0			gerennin		
6		•		,	I unit described in sectio	on 170(b)(⁻	1)(A)(v).		
7	x			0	art of its support from a g	• • •		rom the general public	
		-	ection 170(b)(1)(A)					3	
8					(vi). (Complete Part II.)				
9	П	-			ction 170(b)(1)(A)(ix) or	perated in	conjunctio	n with a land-grant co	llege
		-	-		(see instructions). Enter		-	-	0
		university:	Ū.	0 0	· · · · · ·	,		0	
10		· _	n that normally recei	ves: (1) more than	33 1/3% of its support fro	om contribu	utions. mer	mbership fees, and aro	SS
		receipts from a	ctivities related to its	s exempt functions,	subject to certain except	tions; and	(2) no mor	e than 33 1/3% of its	
					business taxable income e section 509(a)(2). (Co) from businesses	
11	\square	• •	•		to test for public safety. S	•	,	!).	
12	Π	An organizatio	n organized and ope	arated exclusively for	or the benefit of, to perform	n the funct	tions of, or	to carry out the purpo	ses of
		-		-	ed in section 509(a)(1)				
				-	pe of supporting organiza				
а			-		ervised, or controlled by i			-	jiving
		the suppor	ted organization(s) t	he power to regula	rly appoint or elect a maj	ority of the	directors	or trustees of the	
		supporting	organization. You	must complete Pa	rt IV, Sections A and B				
b		_			controlled in connection		pported or	ganization(s), by havi	ng
		control or i	management of the s	supporting organiza	ation vested in the same p	persons that	at control o	r manage the support	ed
		organizatio	on(s). You must co	mplete Part IV, Se	ctions A and C.				
с		Type III fu	nctionally integrat	ed. A supporting o	rganization operated in c	onnection	with, and	functionally integrated	l with,
		its support	ed organization(s) (see instructions). Y	ou must complete Part	IV, Section	ons A, D,	and E.	
d		Type III no	on-functionally inte	egrated. A support	ing organization operated	d in conne	ction with i	its supported organiza	ation(s)
		that is not t	functionally integrate	ed. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivene	SS
		requireme	nt (see instructions)	. You must compl	ete Part IV, Sections A	and D, an	d Part V.		
е		Check this	box if the organizati	on received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III	
		functionally	y integrated, or Type	e III non-functionally	v integrated supporting or	ganizatior).		
f	E	inter the numbe	r of supported orgar	nizations					
g	P	Provide the follow	ving information abo	ut the supported or	ganization(s).	1		I	
	(i) N	ame of supported or	ganization	(ii) EIN	(iii) Type of organization	(iv) Is the o	•	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
									,
						Yes	No		
(A)									
. 7									
(B)									
(C)									
(D)									
(E)									

		MINNESOTA E				41-155601	
Part							
	(Complete only if you checked t	he box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails t	o qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,669,133	4,396,319	7,351,204	1,687,438	6,142,623	34,246,717
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	4.669.133	4,396,319	7,351,204	1.687.438	6,142,623	34,246,717
5	The portion of total contributions by			.,		0,111,010	
•	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)						5,404,123
6	Public support. Subtract line 5 from line 4.						28,842,594
	ion B. Total Support						20,042,594
-	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4			7,351,204			
8	Gross income from interest, dividends,	4,669,133	4,396,319	7,351,204	1,08/,438	6,142,623	34,246,717
0							
	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources	3,448,768	2,404,671	3,486,807	7,031,975	924,915	17,297,136
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						51,543,853
12	Gross receipts from related activities, etc	•				12	3,789,550
13	First 5 years. If the Form 990 is for the c	•			•		
	organization, check this box and stop he	ere					[
Sect	ion C. Computation of Public Suppo	ort Percentag	e			- I	
14	Public support percentage for 2022 (line	6, column (f), c	livided by line	11, column (f))		14	55.96 %
15	Public support percentage from 2021 Scl	hedule A, Part	II, line 14			15	50.28 %
16a	33 1/3% support test - 2022. If the organ	nization did not	t check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	alifies as a pub	licly supported	organization.			<u>x</u>
b	33 1/3% support test - 2021. If the organ	nization did not	check a box c	on line 13 or 16	a, and line 15	is 33 1/3% or r	more, check
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20			-			
	10% or more, and if the organization mee	•					
	Part VI how the organization meets the fa						
	organization			-			
h	10%-facts-and-circumstances test - 20				n line 13 162	16b or 17a a	and line
D D	15 is 10% or more, and if the organizatio	-					
	-					-	
	in Part VI how the organization meets the			•	•		
40	organization						
18	Private foundation. If the organization d instructions						
	instructions						

Schedu	le A (Form 990) 2022 NORTHWEST M					41-155601	3 Page 3
Part	III Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked th						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 fumished 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	-						
12	or not the business is regularly carried on Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
40	Total support. (Add lines 9, 10c, 11,						
13							
	and 12.)		 	nal facentle an fit	(1)		-) (0)
14	First 5 years. If the Form 990 is for the or	•			-		
0	organization, check this box and stop her						· · · · · · L
	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8		•			15	%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (I			•	())	17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this be	ox and stop h	ere. The orgar	nization qualifie	es as a publicly	supported org	anization
b	33 1/3% support tests - 2021. If the organizati	on did not chec	k a box on line 1	4 or line 19a, an	d line 16 is more	than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization die	d not check a	box on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🗌

Page 4

No

NORTHWEST MINNESOTA FOUNDATION 41-1556013 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified 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 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c 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 Did the organization support any foreign supported organization that does not have an IRS determination С 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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 Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on 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 Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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

Schedule A (Form 990) 2022

	(I OIN 990) 2022 NORTHWEST MINNESOTA FOUNDATION 41-1558015			aye
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
C		11c		
1	provide detail in Part VI.	TIC		
ecti	on B. Type I Supporting Organizations		Vaa	NL
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
ecti	on C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
4	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
-	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
o o ti		<u> </u>		
	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructio	ns
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			

NORTHWEST MINNESOTA FOUNDATION

- c [] The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990) 2022

- 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990) 2022

2b

3a

3b

Yes

No

41-1556013

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	zations	
1 [Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (exp	
	instructions. All other Type III non-functionally integrated supporting organi	izatio	ns must complete Sect	ions A through E.
Section	on 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	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 NORTHWEST MINNESOTA FOUND V Type III Non-Functionally Integrated 509(a)(56013 Page 7
	on D - Distributions	/ 11 0 0		Current Year
1	Amounts paid to supported organizations to accomplish e	1		
2	Amounts paid to supported organizations to accomplish e			
-	organizations, in excess of income from activity		2	,
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI) 5	5
6	Other distributions (describe in Part VI). See instructions.	F • • • • • • • • • • •	6	
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	C I	8	3
9	Distributable amount for 2022 from Section C, line 6		9)
10	Line 8 amount divided by line 9 amount		1	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - <i>explain in Part VI).</i> See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
0	and 4c. Breakdown of line 7:			
8	Evenes from 2018			
<u>a</u> b	Exercise from 2010			
 C	Evenes from 2020			
d	Evenes from 2021			
e	Excess from 2022			
EEA				Schedule A (Form 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
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.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

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

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

EEA

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. **Total contributions** Name, address, and ZIP + 4 THE MCKNIGHT FOUNDATION 1 Noncash 710 S 2ND ST STE 400 \$ 1,375,000 (Complete Part II for MINNEAPOLIS MN 55401-2290 noncash contributions.) (a) (b) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person 2 NEILSON FOUNDATION Payroll Noncash \$ PO BOX 692 140,000 (Complete Part II for BEMIDJI MN 56619-0692 noncash contributions.) (a) (c) (b) No. **Total contributions** Name, address, and ZIP + 4 Type of contribution 3 ARA M BURSCH REV LIVING TRUST Person Payroll Noncash 170,409 PO BOX 93 \$ (Complete Part II for HENNING MN 56551-0093 noncash contributions.) (a) (b) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person 4 OTTO BREMER TRUST Pavroll Noncash 30 E 7TH ST STE 2900 \$ 200,000 (Complete Part II for SAINT PAUL MN 55101 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4

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Person

Payroll

Noncash

(Complete Part II for noncash contributions.)

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(d) Type of contribution Person x Payroll

Part I

SCHEDULE D	Supplemental Financial Statements
(Form 990)	Complete if the organization answered "Yes" on Form 99 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1
	Attach to Form 990.
Department of the Treasury	
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest info

Statements

d, 11e, 11f, 12a, or 12b

"Yes" on Form 990,

OMB No. 1545-0047 2022

Public

	Open to Pu
ormation.	Inspection

Employer identification number

Internal Revenue Service Name of the organization

Part II Organizations Maintaining Door Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 900, Part IV, line 6. (0) Funds and other accounts 2 Aggregate value of parts from (during year) 347, 871 3 Aggregate value of grants from (during year) 347, 871 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization engents, subject to the organization endons advisors in writing that the assets held in donor advised funds are the used or of orch advisors in writing that grant funds can be used or by for character between the badd of the organization and to the badder of the organization and to the badder of the organization and to the badder of the organization and the the badder of the organization advisors in or advisors in or any other puppeer conforming impermissible private benefit? No Part III Complete if the organization held a guified conservation contribution in the form of a conservation asserbed "Yes" on Form 990, Part IV, line 7. No Persecution of land for public use (for sample, tecreation or education) Preservation of a tertified halon: structure in the structure in the last do of the Tax Year Complete if the organization held a guified conservation conservation essements in during the tax year. Za Complete if the organization held a guified conservation conservation essements in during the tax year. Za Complete if the organization held a quarified conserva	NORTHWEST		MINNESOTA FOUNDATION		41-1	556013	
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violations, and enforcement of the conservation easements it holds?							
 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)? 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 FASB 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 these items: b If the organization elected, as permitted under FASB 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 X III. a Kevenue included on Form 990, Part X III. a Revenue included on Form 990, Part X III. a Revenue included on Form 990, Part X III. a Revenue included on Form 990, Part X III. a Revenue included on Form 990, Part X III. 	5	Does	the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of			
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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 FASB 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 FASB 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 gian, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 							
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 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 FASB 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 FASB 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 in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB 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 FASB ASC 95	6	Staff a	and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conserva	ation easem	nents during the year	
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 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 FASB 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 FASB 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 in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB 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 FASB ASC 95							
 and section 170(h)(4)(B)(ii)?	7	Amou	nt of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements	s during the year	
 and section 170(h)(4)(B)(ii)?							
 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 FASB 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 FASB 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 in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB 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 X (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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 	8	Does	each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h))(4)(B)(i)		
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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 FASB 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 FASB 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:		baland	ce sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describ	bes the	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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 FASB 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 (iii) Assets included in Form 990, Part X (ii) 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 (iii) Assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 			v				
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 b If the organization elected, as permitted under FASB 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 (iii) Assets included in Form 990, Part X (iii) Assets included or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 		of art,	historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furth	erance of p	ublic	
 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 (iii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 		servic	e, provide in Part XIII the text of the footnote to its fina	incial statements that describes these items.			
 provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
 (i) Revenue included on Form 990, Part VIII, line 1		art, his	storical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance of pub	lic service,	
 (ii) Assets included in Form 990, Part X							
 (ii) Assets included in Form 990, Part X							
 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1							
following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	2						
a Revenue included on Form 990, Part VIII, line 1			-	-			
	а			•		. \$	

Schedu	e D (Form 990) 2022 NORTHWEST MINNE	SOTA FOUNDAT	ION		41-15560	13	Page 2	
Par	t III Organizations Maintaining	Collections of	Art, Historical	Treasures, c	or Other Similar Ass	sets (co	ntinued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
а	Public exhibition d Loan or exchange program							
b								
с	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	n how they further th	e organization's	exempt purpose in Part			
	XIII.			0				
5	During the year, did the organization solicit of	or receive donations	of art, historical treas	sures, or other s	imilar			
	assets to be sold to raise funds rather than					Yes	No	
Par								
	Complete if the organization	-	on Form 990, F	Part IV, line 9	, or reported an amo	unt on F	orm	
	990, Part X, line 21.				· •			
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributions	or other assets	not			
			-			Yes	No	
b	If "Yes," explain the arrangement in Part XII							
			9		Amo	unt		
с	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F				liability?	Yes	No	
b	If "Yes," explain the arrangement in Part XII						Π	
Par			•	•				
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two years ba		(e) Four y	/ears back	
1a	Beginning of year balance	72,711,676	77,931,466	65,347,0			75,032	
b	Contributions	629,842	3,596,916	804,5			20,381	
c	Net investment earnings, gains, and							
	losses	8,031,541	(6,890,759)	14,855,2	4,078,913	6.1	55,254	
d	Grants or scholarships		(0,000,000,					
e	Other expenditures for facilities and							
•	programs	1,707,000	1,561,000	1,630,0	1,531,000	1.4	14,000	
f	Administrative expenses	2,038,903	364,947	1,445,4			83,036	
g	End of year balance	77,627,156	72,711,676	77,931,4			53,631	
2	Provide the estimated percentage of the cur						007001	
a	Board designated or quasi-endowment	%						
b	Permanent endowment 64.98 %							
c	Term endowment 35.02 %							
•	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%						
3a	Are there endowment funds not in the poss		ation that are held a	nd administered	for the			
ou	organization by:					[•	Yes No	
	(i) Unrelated organizations					3a(i)	X	
	(ii) Related organizations					3a(ii)	x	
b	If "Yes" on line 3a(ii), are the related organized					3b	~	
4	Describe in Part XIII the intended uses of th			•••••		50		
Par		U	ownent funds.					
1 01	Complete if the organization		on Form 990 E	Part I\/ line 1	1a See Form 000 F	Part X li	ne 10	
	Description of property	(a) Cost or othe (investme		or other basis (other)	(c) Accumulated depreciation	(d) Book	value	
10	Land			. ,			20 000	
1a h	Land			138,000	740.004		38,000	
b	Buildings		Z,	827,305	742,064	Z ,0	85,241	
С А	Leasehold improvements			216 606	265 010		E1 (77	
d	Equipment			316,696	265,019		51,677	
e Total	Other		rt V. oolumn (D) line	100)			74 010	
-	Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	т. , column (В), line	e 10C.J	I		74,918	
EEA					Scheo	Jule D (For	m 990) 2022	

Schedule D (Form 990) 2022

Schedule D (Fo	,	NORTHWEST MINNES	TA FOUNDATI	ON	41	-1556013	Page 3
Part VII		- Other Securities.					
	Complete if the	ne organization answered	I "Yes" on For	m 990, Part IV,	line 11b. See Forn	n 990, Part X,	line 12.
		cription of security or category ncluding name of security)		(b) Book value		ethod of valuation: id-of-year market value	9
(1) Financial	derivatives						
(2) Closely-h(3) Other	eld equity interests						
	EQUITY INVEST	TMENTS		5,810,724	4 FMV		
(B)	2			-,,			
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
		orm 990, Part X, col. (B) line 12	.)	5,810,724	1		
Part VIII		- Program Related. ne organization answered	l "Yes" on For	m 990, Part IV,	line 11c. See Form	n 990, Part X,	line 13.
	(a)	Description of investment		(b) Book value		ethod of valuation: id-of-year market value	•
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
		orm 990, Part X, col. (B) line 13	.)				
Part IX	Other Assets Complete if the	s. ne organization answered	I "Yes" on For	m 990, Part IV,	line 11d. See Forn	n 990, Part X,	line 15.
		(a) De	scription			(b) Book	value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
<u>(8)</u> (9)							
	n (h) must equal F	orm 990, Part X, col. (B) line 15)				
Part X	Other Liabili						
Turtx		ne organization answered	l "Yes" on For	m 990, Part IV,	line 11e or 11f. Se	e Form 990, F	Part X,
1.	(a) Description of	of liability	(b) Book v	alue			
(1) Federal	income taxes						
(2)ANNUIT	Y PAYABLE		:	L65,580			
(3)AGENCY	ENDOWMENT LI	IABILITY		535,742			
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column	(b) must equal Form 9	990, Part X, col. (B) line 25.) .	2,	701,322			
2. Liability for	uncertain tax positi	ions. In Part XIII, provide the tex	t of the footnote to	the organization's f	inancial statements that	t reports the	
organization's	liability for uncertai	n tax positions under FASB ASC	C 740. Check here	if the text of the foo	otnote has been provide	ed in Part XIII.	<u> </u>

Schedu	le D (Form 990) 2022 NORTHWEST MINNESOTA FOUNDATION	41-1556013	Page 4
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	14,861,007
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	62	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	7,050,372
3	Subtract line 2e from line 1	3	7,810,635
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		7,810,635
Part		s 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	8,830,526
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	80	
е	Add lines 2a through 2d	2e	38,680
3	Subtract line 2e from line 1	3	8,791,846
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	8,791,846
Part	XIII Supplemental Information.		

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

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

ENDOWMENT FUNDS ARE HELD AND ADMINISTERED FOR THE PURPOSE OF CONTINUING THE ADMINISTRATION AND

PROGRAM ACTIVITIES OF THE NORTHWEST MINNESOTA FOUNDATION.

Schedule D (Form 990) 2022 NORTHWEST MINNESOTA FOUNDATION	41-1556013	Page 5
Part XIII Supplemental Information (continued)		
02. Other revenues not included on Form 990 (Part XI, line 2d)		
22. Other revenues not included on form 990 (Part XI, Time 20)		
NMCIC REVENUE		
03. Other expenses not included on Form 990 (Part XII, line 2d)		
NMCIC EXPENSES		

SCHEDULE I		rants and Othe					OMB No. 1545-0047
(Form 990)	Gov	vernments, and	Individuals in	the United Stat	tes		2022
	Comple	ete if the organization a		m 990, Part IV, line 21	or 22.		Open to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.g	Attach to Form 990. gov/Form990 for the la	test information.			Inspection
Name of the organization						Employer identifica	tion number
NORTHWEST MINNESOTA FOUNDATION						41-1556013	
Part I General Information on	Grants and Ass	sistance					
1 Does the organization maintain records to	o substantiate the am	ount of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria used to award the g	rants or assistance?						. 🗴 Yes 🗌 No
2 Describe in Part IV the organization's pro	ocedures for monitori	ng the use of grant funds	in the United States.				
Part II Grants and Other Assistan	ice to Domestic C	Organizations and Do	mestic Governmen	ts. Complete if the c	organization answered	"Yes" on Form 99	0,
Part IV, line 21, for any recip	ient that received	more than \$5,000. Par	rt II can be duplicate	d if additional space	is needed.		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) SPECIAL OLYMPICS MINNESOTA							BEMIDJI
900 2ND AVE S, STE 300							UNIFIED
MINNEAPOLIS MN 55402	41-1228157	501C3	30,000				CHAMPION
(2) MEWINZHA ONDAADIZIIKE WIIGA							MEWINZHA
802 PAUL BUNYAN DR. S, STE							ONDAADIZIIKE
BEMIDJI MN 56601	46-2523191	501C3	5,000				WIIGAMING
(3)4-DIRECTIONS DEVELOPMENT IN							4-DIRECTIONS
PO BOX 587							DEVELOPMENT
REDLAKE MN 56671	81-1754928	501C3	20,000				INC
(4)AGASSIZ AUDUBON SOCIETY							
PO BOX 152							AGASSIZ
WARREN MN 56762	41-1434405	501C3	47,000				AUDUBON
(5)ALL NATIONS RISE							
PO BOX 148							ALL NATIONS
BAGLEY MN 56621	87-2611816	501C3	20,000				RISE
(6)ALTRU HEALTH SYSTEM							
PO BOX 6002							ALTRU HEALTH
GRAND FORKS ND 58206	45-0310462	501C3	12,000				SYSTEM
(7)ANN HAVERKAMP							
37501 US HWY 59							
WAUBUN MN 56589	27-2924479		7,287				ANN HAVERKAMP
(8) ARGYLE HOMES INC							
PO BOX 288							ARGYLE HOMES
ARGYLE MN 56713	23-7424340		15,000				INC
(9) ARMORY ARTS & EVENTS CENTER							ARMORY ARTS &
PO BOX 163							EVENTS CENTER
PARK RAPIDS MN 56470	45-2181580	501C3	10,000				
(10BAGLEY BAKERY							
PO BOX 61							
BAGLEY MN 56621	41-1726472		10,000				BAGLEY BAKERY
2 Enter total number of section 501(c)(3) a		izationa liatad in the line (-				57

SCHEDULE I		G	rants and Othe	r Assistance to	o Organization	S,	1	OMB No. 1545-0047
(Form 990)		Gov	ernments, and	Individuals in t	the United Stat	es		2022
, ,		Comple	ete if the organization a		m 990, Part IV, line 21	or 22.	C	Open to Public
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. gov/Form990 for the la	atest information.			Inspection
Name of the organization							Employer identificat	tion number
NORTHWEST MINNESO	TA FOUNDATION						41-1556013	
Part I General	Information on (Grants and Ass	istance					
1 Does the organization	on maintain records to	substantiate the am	ount of the grants or ass	istance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria	used to award the gr	ants or assistance?						. 🗌 Yes 🗌 No
2 Describe in Part IV t	he organization's pro	cedures for monitorir	ng the use of grant funds	in the United States.				
Part II Grants an	d Other Assistan	ce to Domestic C	rganizations and Do	omestic Governmen	ts. Complete if the o	rganization answered	"Yes" on Form 99	0,
Part IV, lin	e 21, for any recipi	ent that received	more than \$5,000. Pa	rt II can be duplicate	d if additional space	s needed.		
1 (a) Name and address	s of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or governn			(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) ^{BEMIDJI} AREA SO								BEMIDJI AREA
502 MINNESOTA AVE	NW							SCHOOL
BEMIDJI MN 56601		41-6000181	GOV	48,909				DISTRICT #31
(2) BEMIDJI COMMUN	ITY FOOD SHEL							BEMIDJI
PO BOX 3118								COMMUNITY
BEMIDJI MN 56601		41-1494430	501C3	40,000				FOOD SHELF
(3) BEMIDJI COMMUN								
316 BELTRAMI AVEN	UE NW							BEMIDJI
BEMIDJI MN 56601		30-0524956	501C3	16,141				COMMUNITY
(4)BIG SAND LAKE	ASSOCIATION							
PO BOX 181								BIG SAND LAKE
PARK RAPIDS MN 56		41-1618390	501C3	15,200				ASSOCIATION
(5) ^{BJERK} ENTERPRIS	SES, INC							
PO BOX 337								GENE'S BAR &
ROSEAU MN 56751		41-1966882		10,000				GRILL
(6)BOYS & GIRLS C	LUB OF RED LA							BOYS & GIRLS
PO BOX 1124								CLUB OF RED
REDLAKE MN 56671		41-1935631	501C3	500,000				LAKE
(7)317 ENTERPRISES								
317 BELTRAMI AVE	NW			15 000				
BEMIDJI MN 56601		82-1222685		15,000				BRIGID'S PUB
(8)CATHEDRAL OF I	MMACULATE CON							CATHEDRAL OF
702 SUMMIT AVE	-							IMMACULATE
CROOKSTON MN 5671		41-0713499	501C3	30,000				CONCEPTION
(9)UNIVERSITY OF								CENTER FOR
200 OAK ST. SE, S		41 6040400	501.00	10.000				RURAL
MINNEAPOLIS MN 55	455	41-6042488	501C3	10,000				EDUCATION IN
(10) HERYL THOMAS								
PO BOX 1146								
REDLAKE MN 56671		47-6848642		27,770				CHERYL THOMAS
2 Enter total number o	of section 501(c)(3) ar	nd government organ	izations listed in the line	1 table				

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

SCHEDULE I		G	rants and Othe	r Assistance to	o Organization:	S,	1	OMB No. 1545-0047
(Form 990)			ernments, and					2022
· ,		Comple	ete if the organization a		m 990, Part IV, line 21	or 22.	C	Open to Public
Department of the Treasury Internal Revenue Service			Go to www.irs.o	Attach to Form 990. gov/Form990 for the la	atest information.			Inspection
Name of the organization							Employer identificat	
NORTHWEST MINNESOT	TA FOUNDATION						41-1556013	
Part I General I	nformation on	Grants and Ass	istance				-	
1 Does the organization	n maintain records to	substantiate the am	ount of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria			-	-				. 🗌 Yes 🗌 No
2 Describe in Part IV th	he organization's pro	cedures for monitorir	ng the use of grant funds	in the United States.				
Part II Grants and	d Other Assistan	ce to Domestic C	Prganizations and Do	mestic Governmer	ts. Complete if the c	rganization answered	"Yes" on Form 99	0,
Part IV, line	e 21, for any recipi	ient that received	more than \$5,000. Pa	rt II can be duplicate	d if additional space	is needed.		
1 (a) Name and address	of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or governm	ent		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)CITY OF MAHNOME	IN							
PO BOX 250								CITY OF
MAHNOMEN MN 56557		41-6005340	GOV	10,812				MAHNOMEN
(2)CITY OF THIEF R	RIVER FALLS							
PO BOX 528								CITY OF THIEF
THIEF RIVER FALLS	MN 56701	41-6005572	GOV	12,500				RIVER FALLS
(3)CLEAR WATERS LI	FE CENTER							
256 2ND AVE SW								CLEAR WATERS
CLEARBROOK MN 5663	34	77-0643868	501C3	10,000				LIFE CENTER
(4)CLEARWATER HOSP	PICE							
212 MAIN AVE N								CLEARWATER
BAGLEY MN 56621		41-6005779	GOV	15,478				HOSPICE
(5)CONCORDIA COLLE	GE							
901 8TH ST S								
MOORHEAD MN 56562		41-0693977	501C3	5,500				COLE SPENST
(6) DAV OF RED LAKE	FALLS							
2585 STATE HWY 32	S							DAV OF RED
RED LAKE FALLS MN	56750	41-1721688	501C3	20,000				LAKE FALLS
(7)DIVE DEPOT								
1615 FERN ST NW								
BEMIDJI MN 56601		41-2019952		10,000				DIVE DEPOT
(8) ERICKSON'S SMOK	EHOUSE CATER							ERICKSON'S
608 S MILL ST								SMOKEHOUSE
FERTILE MN 56540		45-4185674		10,000				CATERING LLC
(9) EVERGREEN YOUTH	I & FAMILY SE							EVERGREEN
610 PATRIOT DRIVE								YOUTH &
BEMIDJI MN 56601		41-1297737	501C3	45,000				FAMILY
(10) ACE IT TOGETHE	R BEMIDJI							
408 BELTRAMI AVE N	W, STE 10							FACE IT
BEMIDJI MN 56601		47-4172828	501C3	15,000				TOGETHER
2 Enter total number of	section 501(c)(3) ar	nd government organ	izations listed in the line	1 table				

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

SCHEDULE I			rants and Othe				1	OMB No. 1545-0047
(Form 990)		Gov	ernments, and	Individuals in	the United Stat	es		2022
Department of the Treasury		Comple	te if the organization a	nswered "Yes" on For Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	pen to Public
Internal Revenue Service			Go to www.irs.g	gov/Form990 for the la	atest information.			Inspection
Name of the organization							Employer identificat	ion number
NORTHWEST MINNESO	TA FOUNDATION						41-1556013	
Part I General I	nformation on (Grants and Ass	istance				•	
1 Does the organization	n maintain records to	substantiate the amo	ount of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria	used to award the gr	ants or assistance?						. 🗌 Yes 🗌 No
2 Describe in Part IV th	he organization's pro	cedures for monitorin	g the use of grant funds	in the United States.				
Part II Grants and	d Other Assistan	ce to Domestic O	rganizations and Do	mestic Governmen	ts. Complete if the o	rganization answered	"Yes" on Form 99),
Part IV, line	e 21, for any recipi	ent that received r	nore than \$5,000. Pa	rt II can be duplicate	d if additional space	s needed.		
1 (a) Name and address	of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or governm	ient		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) FADUMO AHMED								
1622 CENTRAL AVE N	W							
EAST GRAND FORKS N	MN 56721	48-5357732		10,000				FADUMO AHMED
(2)FAIR MEADOW NUR	SING HOME							
300 GARFIELD AVE S	SE							FAIR MEADOW
FERTILE MN 56540		45-4845810		7,500				NURSING HOME
(3) FAR NORTH SPIRI	TS, INC.							
2045 220TH AVE								FAR NORTH
HALLOCK MN 56728		46-1139807		15,000				SPIRITS, INC.
(4)FIRST PRESBYTER	NIAN CHURCH							
501 MINNESOTA AVE	NW							FIRST
BEMIDJI MN 56601		41-1260414	501C3	7,000				PRESBYTERIAN
(5)GARY BRULE								
PO BOX 317								
CROOKSTON MN 56716	5	50-1760938		10,000				GARY BRULE
(6)HEADWATERS ANIM	IAL SHELTER							
PO BOX 573								HEADWATERS
PARK RAPIDS MN 564	1 70	31-1610621	501C3	13,000				ANIMAL
(7)HEADWATERS REGI	ONAL DEVELOP							HEADWATERS
PO BOX 906								REGIONAL
BEMIDJI MN 56619		41-0983661	501C3	35,000				DEVELOPMENT
(8)HUBBARD COUNTY								
301 COURT AVE								HUBBARD
PARK RAPIDS MN 564	1 70	41-6005805	GOV	8,645				COUNTY
(9)HUBBARD COUNTY	HISTORICAL S							HUBBARD
PO BOX 327								COUNTY
PARK RAPIDS MN 564	1 70	41-1451998	501C3	5,398				HISTORICAL
(10YICKI THOMPSON								
311 KNEALE AVE N								
THIEF RIVER FALLS	MN 56701	47-4948299		10,000				IMAGINE
2 Enter total number of	section 501(c)(3) ar	nd government organi	zations listed in the line	1 table		1	1	1

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

SCHEDULE I		Gr	ants and Othe	r Assistance to	o Organization	S,	1	OMB No. 1545-0047
(Form 990)		Gove	ernments, and	Individuals in	the United Stat	es		2022
, ,		Comple	te if the organization a		m 990, Part IV, line 21	or 22.	C	Open to Public
Department of the Treasury Internal Revenue Service			Go to www.irs.o	Attach to Form 990. gov/Form990 for the la	atest information.			Inspection
Name of the organization							Employer identificat	
NORTHWEST MINNESO	TA FOUNDATION						41-1556013	
Part I General I	nformation on (Grants and Assi	stance					
			ount of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria			-	-				. 🗌 Yes 🗌 No
2 Describe in Part IV t	he organization's pro	cedures for monitorin						
					ts. Complete if the c	rganization answered	"Yes" on Form 99	0,
			ore than \$5,000. Pa					
1 (a) Name and address	of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or governm	nent		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) INITIATIVE FOUR	IDATION							
405 1ST ST SE								INITIATIVE
LITTLE FALLS MN 5	6345	36-3451562	501C3	20,000				FOUNDATION
(2) INTER-COUNTY CO	OMMUNITY COUN							INTER-COUNTY
PO BOX 189								COMMUNITY
OKLEE MN 56742		41-0888083	501C3	300,000				COUNCIL, INC.
(3) JENNIFER KINGB	IRD							
PO BOX 773								JENNIFER
REDBY MN 56670		47-3177864		12,935				KINGBIRD
(4)KICK'N UP KOUNT	TRY, INC.							
249 S STATE AVE								KICK'N UP
LAKE BRONSON MN 5	6734	20-0675560		10,000				KOUNTRY, INC.
(5) LAKE OF THE WOO	DDS HUMANE SO							LAKE OF THE
PO BOX 1103								WOODS HUMANE
BAUDETTE MN 56623		41-1941034		25,000				SOCIETY
(6) LAKE OF THE WOO	DDS SCHOOL							
PO BOX 310								
BAUDETTE MN 56623		41-0956348	GOV	10,000				
(7) LAUGHING EARTH	GARDEN & GIF							LAUGHING
703 E THORPE AVE								EARTH GARDEN
ADA MN 56510		83-3896516		10,000				& GIFT
(8)LIFECARE MEDICA	AL CENTER							
715 DELMORE DR								LIFECARE
ROSEAU MN 56751		41-1804205	501C3	51,386				MEDICAL
(9) DAVID J. VON HO	OLTUM							
208 N LABREE AVE								LOLA'S
THIEF RIVER FALLS		46-8040674		10,000				HEARING AID
(10)CONNIE E. STARE	KEY THOMFORDE							
118 S MAIN ST								
MAHNOMEN MN 56557		47-0825337		10,000				MAGIC MIRROR
2 Enter total number of	f section 501(c)(3) ar	nd government organi	zations listed in the line	1 table				

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

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

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SCHEDULE I		ants and Other					OMB No. 1545-0047
(Form 990)		ernments, and I					2022
Department of the Treasury	Comple	te if the organization an	swered "Yes" on For Attach to Form 990.	m 990, Part IV, line 21	or 22.	(Open to Public
Internal Revenue Service			ov/Form990 for the la	atest information.			Inspection
Name of the organization						Employer identifica	tion number
NORTHWEST MINNESOTA FOUNDA	TION					41-1556013	
Part I General Information	n on Grants and Ass	stance					
1 Does the organization maintain rec	cords to substantiate the amo	ount of the grants or assis	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria used to award	d the grants or assistance?						. 🗌 Yes 🗌 No
2 Describe in Part IV the organizatio							
	sistance to Domestic O	-		•	5	"Yes" on Form 99	0,
Part IV, line 21, for any	recipient that received r	nore than \$5,000. Part	t II can be duplicate	d if additional space			
1 (a) Name and address of organization	n (b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) ^{MILL} STREET CAFÉ, LLC							
217 N MILL ST							MILL STREET
FERTILE MN 56540	82-5058919		10,000				CAFÉ, LLC
(2)MINNESOTA HOUSING PARTNI							MINNESOTA
2446 UNIVERSITY AVE W STE	1						HOUSING
SAINT PAUL MN 55114	41-1649643	501C3	15,000				PARTNERSHIP
(3)NAMELESS COALITION FOR T	THE						NAMELESS
PO BOX 353							COALITION FOR
BEMIDJI MN 56601	47-2472053	501C3	20,000				THE HOMELESS
(4)NATURE CONSERVANCY MINNI	ESOT						NATURE
1101 W RIVER PKWY, STE 200)						CONSERVANCY
MINNEAPOLIS MN 55415	53-0242652	501C3	20,000				MINNESOTA
(5)NEVIS ISD #308							
PO BOX 138							NEVIS ISD
NEVIS MN 56467	41-6008266	GOV	10,000				#308
(6) CHELSEY L. HOUGARD							
PO BOX 317							
KARLSTAD MN 56732	47-6172254		10,000				NO LOOSE ENDS
(7) KAEREN ACCOMMODATIONS IN	NC						
902 3RD ST NW							NORTH COUNTRY
ROSEAU MN 56751	45-0421125		15,000				INN
(8)NORTHLAND COMMUNITY AND	TEC						NORTHLAND
1101 HWY 1 E							COMMUNITY AND
THIEF RIVER FALLS MN 56701	41-1687554	GOV	10,000				TECHNICAL
(9)NORTHWEST INDIAN COMMUN	ITY						NORTHWEST
1819 BEMIDJI AVE N							INDIAN
BEMIDJI MN 56601	36-3505641	501C3	75,000				COMMUNITY
(10) ORTHWEST REGIONAL DEVEN	LOPM						NORTHWEST
109 S MINNESOTA ST							REGIONAL
WARREN MN 56762							

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

SCHEDULE I	G	rants and Othe	r Assistance to	o Organization	S,	1	OMB No. 1545-0047
(Form 990)		vernments, and					2022
	Comple	ete if the organization a		m 990, Part IV, line 21	or 22.	(Open to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.	Attach to Form 990. gov/Form990 for the la	atest information.			Inspection
Name of the organization						Employer identifica	
NORTHWEST MINNESOTA FOUNDATION						41-1556013	
Part I General Information on	Grants and Ass	sistance					
1 Does the organization maintain records to	o substantiate the am	ount of the grants or ass	istance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria used to award the g							. 🗌 Yes 🗌 No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistan				ts. Complete if the c	organization answered	"Yes" on Form 99	0,
Part IV, line 21, for any recip		-			-		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)NORTHWEST TECHNICAL COLLEGE							NORTHWEST
905 GRANT AVE SE							TECHNICAL
BEMIDJI MN 56601	41-1687554	GOV	110,000				COLLEGE OF
(2)NORTHWOODS HABITAT FOR HUMA							NORTHWOODS
PO BOX 1067							HABITAT FOR
BEMIDJI MN 56619	41-1657201	501C3	10,000				HUMANITY
(3)PARK RAPIDS ISD #309			-				
301 HUNTSINGER AVE							PARK RAPIDS
PARK RAPIDS MN 56470	41-6001518	GOV	21,615				ISD
(4)PROJECT ZAWADI			-				
253 DUKE ST							PROJECT
SAINT PAUL MN 55102	06-1629249	501C3	10,000				ZAWADI
(5)REBECCA J. BERG			-				
PO BOX 175							REBECCA J.
WARROAD MN 56763	50-3769015		10,000				BERG
(6) RED LAKE BAND OF CHIPPEWA I			-				RED LAKE BAND
15484 MIGIZI DR							OF CHIPPEWA
REDLAKE MN 56671	41-0692381	GOV	40,000				INDIANS
(7) SANFORD HEALTH FOUNDATION O							SANFORD
4111 TECHNOLOGY DR NW, STE							HEALTH
BEMIDJI MN 56601	41-1389317	501C3	8,481				FOUNDATION OF
(8) SAP SAP KITCHEN INC							
502 GARFIELD ST SW							SAP SAP
WARROAD MN 56763	83-3969554		10,000				KITCHEN INC
(9) SHAWNA SWENSON							
25058 370TH ST							KIDS FIRST
SHEVLIN MN 56676	81-2721250		7,601				DAYCARE
(10\$HAWN HALVORSON			.,				
204 STRAND ST							SHAWN'S PIX &
GARY MN 56545	47-7787184		10,000				MIX
2 Enter total number of section 501(c)(3) a		izations listed in the line	1 toblo		 		

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

SCHEDULE I		rants and Othe					OMB No. 1545-0047
(Form 990)		ernments, and					2022
· · · ·	Comple	ete if the organization a	nswered "Yes" on For Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	Open to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.g	gov/Form990 for the la	atest information.			Inspection
Name of the organization						Employer identifica	
NORTHWEST MINNESOTA FOUNDATION						41-1556013	
Part I General Information on	Grants and Ass	istance					
1 Does the organization maintain records to	o substantiate the am	ount of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria used to award the g	rants or assistance?						. 🗌 Yes 🗌 No
2 Describe in Part IV the organization's pro	cedures for monitorir	ng the use of grant funds	in the United States.				
Part II Grants and Other Assistan	ce to Domestic O	rganizations and Do	mestic Governmer	ts. Complete if the c	organization answered	"Yes" on Form 99	0,
Part IV, line 21, for any recip	ient that received r	more than \$5,000. Par	rt II can be duplicate	d if additional space	is needed.		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) UNIVERSITY OF MINNESOTA - TW							
106 PLEASANT ST SE, 200 FRA							SRANYA
MINNEAPOLIS MN 55455	41-6007513	GOV	5,500				VONGSALY
(2) STEPHEN-ARGYLE CENTRAL SCHO							STEPHEN-ARGYL
PO BOX 68							E CENTRAL
STEPHEN MN 56757	41-1843125	GOV	9,500				SCHOOL
(3) THE CLUBHOUSE CHILDCARE CEN							THE CLUBHOUSE
205 4TH ST NE							CHILDCARE
MCINTOSH MN 56556	82-3807804		10,000				CENTER, LLC
(4) THIEF RIVER FALLS PUBLIC SC							THIEF RIVER
230 LABREE AVE S							FALLS PUBLIC
THIEF RIVER FALLS MN 56701	41-6003126	GOV	11,926				SCHOOLS IS
(5) ^{TIFFENIE} LARSON							
405 GROVE AVE.							TIFFENIE
HALLOCK MN 56728	57-1734560		10,000				LARSON
(6) ^{CHERI} A. LOSSE							
110 MAIN AVE N							TRANSFERS
ROSEAU MN 56751	48-3924736		10,000				UNLIMITED
(7)TRUE FRIENDS							
10509 108TH STREET NW							L
ANNANDALE MN 55302	41-1543013	501C3	10,000				TRUE FRIENDS
(8) UNITED WAY OF BEMIDJI AREA							
PO BOX 27							UNITED WAY OF
BEMIDJI MN 56619	41-1567744	501C3	120,200				BEMIDJI AREA
(9)WARREN SENIOR CITIZENS CENT							WARREN SENIOR
110 W JOHNSON AVE	41 1200062		11.000				CITIZENS
WARREN MN 56762	41-1392863	501C3	11,000				CENTER
(10) WARROAD COMMUNITY DEVELOPME							WARROAD
PO BOX 265	96 9450061	501.02	20.000				COMMUNITY
2 Enter total number of section 501(c)(3) and	86-2470961	501C3	30,000				DEVELOPMENT

Ender the tell second back	of other organizations list	and the data the state of the late	

3

Schedule I (Form 990) (2022)

SCHEDULE I			rants and Othe				1	OMB No. 1545-0047
(Form 990)			ernments, and					2022
Department of the Treasury		Comple	ete if the organization a	Inswered "Yes" on For Attach to Form 990.	m 990, Part IV, line 21	or 22.	C	Open to Public
Internal Revenue Service			Go to www.irs.	gov/Form990 for the la	test information.			Inspection
Name of the organization							Employer identificat	ion number
NORTHWEST MINNESOT	A FOUNDATION						41-1556013	
Part I General In	formation on (Grants and Ass	istance					
1 Does the organization	maintain records to	substantiate the am	ount of the grants or ass	istance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria u	used to award the gr	ants or assistance?						. 🗌 Yes 🗌 No
2 Describe in Part IV th	e organization's pro	cedures for monitorir						
Part II Grants and	Other Assistan	ce to Domestic O	rganizations and Do	omestic Governmen	ts. Complete if the c	organization answered	"Yes" on Form 99	0,
Part IV, line	21, for any recipi	ent that received r	more than \$5,000. Pa	rt II can be duplicate	d if additional space	is needed.		
1 (a) Name and address of	of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or governme			(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1)WARROAD COMMUNI	TY PARTNERS							
PO BOX 265								WARROAD
WARROAD MN 56763		47-2039677	501C3	15,000				COMMUNITY
(2)GUSTAV LEONARD	воотн							
804 STEENERSON ST	NE							
WARROAD MN 56763		47-7782719		10,000				WARROAD FIT
(3)WARROAD ISD #69	0							
510 CEDAR AVE NW								WARROAD ISD
WARROAD MN 56763		41-6003720	GOV	87,673				#690
(4)WARROAD MANUFAC	TURING INC							
60002 STATE HIGHWA	Y 11							WARROAD
WARROAD MN 56763		81-0919976		10,000				MANUFACTURING
(5)WARROAD SENIOR	LIVING CENTE							WARROAD
1401 LAKE ST NW								SENIOR LIVING
WARROAD MN 56763		41-1351830	501C3	34,500				CENTERWARROAD
(6)WARROAD SENIOR	LIVING CENTE							WARROAD
1401 LAKE ST NW								SENIOR LIVING
WARROAD MN 56763		41-1694266	GOV	50,365				CENTER
(7)WIN-E-MAC SCHOOL	L DIST #2609							WIN-E-MAC
23130 345TH ST SE								SCHOOL DIST
ERSKINE MN 56535		41-1694266	GOV	25,658				#2609
(8)ZION LUTHERAN C	HURCH							
PO BOX 61								ZION LUTHERAN
WARROAD MN 56763		41-1473281	501C3	8,000				CHURCH
(9)								
(10)								
2 Enter total number of	section 501(c)(3) ar	nd government organ	izations listed in the line	1 table				

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

Schedule I (Form 990) (2022) NORTHWEST MINNESOTA FOUNDATION Part III

41-1556013 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance BUSINESS TECHNICAL ASSISTANCE SCHOLARSHIP	(b) Number of recipients 275	(c) Amount of cash grant 26,496	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	275	26,496			
SCHOLARSHIP					
	248	434,200			
i					
art IV Supplemental Information. Prov					
. Monitoring procedures (F	Part I, line :	2)			
ANTEE ACCEPTING THE TERMS OF THE AW	ARD LETTER, INCLU	JDING WHEN PAYM	ENTS WILL BE SE	NT AND WHEN REPORTS	WILL BE DUE.
RMALLY, THE FIRST PAYMENT IS SENT A	FTER THE GRANTEE	SIGNS THIS AGRE	EEMENT. SUBSEQ	UENT PAYMENTS ARE SE	NT AFTER SATISFACTORY
PORTS FROM THE GRANTEE ARE RECEIVED	. WITH COMPONEN	FUNDS, PAYMEN	I IS SENT AFTER	REQUIRED MATERIALS	ARE RECEIVED FROM THE
VISORY COMMITTEE. SCHOLARSHIP PAYM	ENTS ARE SENT DI	RECTLY TO THE PO	OST-SECONDARY S	CHOOLS AFTER REQUIRE	D INFORMATION IS

Page 2

	EDULE J n 990)	For certain Officers, Dire	nsation Information ectors, Trustees, Key Employees, and High		MB No. 1		
		Complete if the organization	mpensated Employees on answered "Yes" on Form 990, Part IV, lir	ie 23.	Dpen to		^
	nent of the Treasury Revenue Service	Go to www.irs.gov/Form	Attach to Form 990. 990 for instructions and the latest information of the structure of the	ition.	Inspec		•
	f the organization		E	mployer identification nu			
ORTH	WEST MINNESO	TA FOUNDATION		41-1556013			
Part	I Questions	Regarding Compensation					
						Yes	N
1a			rovided any of the following to or for a p				
		-	to provide any relevant information rega	-			
	First-class or o		Housing allowance or residence for	-			
	Travel for com		Payments for business use of person				
	Tax indemnific	cation and gross-up payments	Health or social club dues or initiation	on fees			
	Discretionary	spending account	Personal services (such as maid, cl	nauffeur, chef)			
b	-		organization follow a written policy regar	.			
			s described above? If "No," complete P				
	explain				1b		
	Did the organization	tion require substantiation raise to	roimhuroing or allowing oversees is	ad by all			
2	•	• •	reimbursing or allowing expenses incurr	•			
		· · · · · · · · · · · · · · · · · · ·	Executive Director, regarding the items		_		
	id!				2		
3	Indicate which if	f any of the following the organizat	ion used to establish the compensation	of the			
	-		hat apply. Do not check any boxes for m	-			
	-		ne CEO/Executive Director, but explain i	n Part III.			
	Compensation		Written employment contract				
		compensation consultant	Compensation survey or study				
	Form 990 of o	other organizations	Approval by the board or compensation	tion committee			
4	During the year	did any person listed on Form 990	, Part VII, Section A, line 1a, with respec	at to the filing			
•		a related organization:					
а	-	ance payment or change-of-contro	l payment?		4a		
b			ntal nonqualified retirement plan?		4b		
c	-		used compensation arrangement?		4c		
U			by the applicable amounts for each it		-10		
				Gin in Falt III.			
	Only section 50	(c)(3), 501(c)(4), and 501(c)(29)	organizations must complete lines 5-	9.			
5			, line 1a, did the organization pay or acc				
-		ontingent on the revenues of:	, , , ,,	· · · · · · · · · · · · · · · · · · ·			
а		-			5a		x
b					5b		x
~		a or 5b, describe in Part III.					~
5	For persons liste	ed on Form 990, Part VII, Section A	, line 1a, did the organization pay or acc	crue any			
		ontingent on the net earnings of:		,			
а					6a		х
b					6b		х
		a or 6b, describe in Part III.					
7			, line 1a, did the organization provide ar	-			
			describe in Part III		7		х
B	-	-	paid or accrued pursuant to a contract	-			
			tions section 53.4958-4(a)(3)? If "Yes,"				
	in Part III				8		x
9		-	e rebuttable presumption procedure de	scribed in			
	Regulations sect	tion 53.4958-6(c)?			9		

Schedule J (Form 990) 2022 NORTHWEST MINNESOTA FOUNDATION

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KAREN WHITE	(i)	183,032	0	0	0	9,196	192,228	
1 PRESIDENT	(ii)	0	0	0	0	0	0	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

41-1556013

Page 2

EEA

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number 41–1556013

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

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

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

THE BOARD OF DIRECTORS MUST YEARLY SIGN THE CONFLICT OF INTEREST POLICY, WHICH IS WRITTEN

TO EMPHASIZE FAIRNESS, CONSISTENCY AND INTEGRITY IN ALL OF ITS DECISION MAKING. THE INTENT

OF THE POLICY IS TO ENSURE THAT THERE WILL BE NO BASIS FOR LEGAL ACTION OR ACCUSATIONS OF

SELF-DEALING. THE BOARD WILL EXCLUDE ANY MEMBER FROM ALL DELIBERATIONS AND DECISIONS

CONCERNING ACTIONS ON ANY PROJECT, SERVICE, OR OTHER MATTER PROPOSED FOR FUNDING IN WHICH

SUCH MEMBER MAY HAVE A DIRECT OR INDIRECT FIDUCIARY INTEREST. ANY MEMBER OF THE BOARD MAY

QUESTION ANOTHER BOARD MEMBER AS TO CONFLICT OF INTEREST, AND THE BOARD OF DIRECTORS AS A

WHOLE WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.

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

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

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

KEY EMPLOYEE COMPENSATION IS REVIEWED BY SUPERVISORS AND THE PRESIDENT. THE DETERMINATION

IS ALSO BASED ON EXTERNAL COMPENSATION DATA.

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

THE ORGANIZATION'S 990 AND ANNUAL REPORT (INCLUDING FINANCIAL STATEMENTS) ARE AVAILABLE

UPON REQUEST. THE 990 IS ALSO AVAILABLE ON THE GUIDESTAR WEBSITE. THE ORGANIZATION'S

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE PUBLIC.

Schedule O (Form 990) 2022 Name of the organization	Page 2
NORTHWEST MINNESOTA FOUNDATION	41-1556013
06. List of other fees for services expenses (Part IX, 1	ine iig)
CONSULTING \$1,040,394	
MARKETING AND PROMOTION \$6,133	
BACKGROUND CHECKS \$1,259	
EVALUATION SERVICES \$11,864	
IT SERVICES \$35,947	
RECORDING FEE \$1,804	
RECRUITING \$3,537	
TRAINING \$6,664	
STIPENDS \$17,998	

2022 PG01 Your Social Security Number

Name(s) as shown on return

NORTHWEST MINNESOTA FOUNDATION

FORM 990-PART III(A)

Statement of Service Accomplishment

Statement #4

41-1556013

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$6217611
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$269381

EXPLANATION

THE NORTHWEST MINNESOTA FOUNDATION (NMF) DEMONSTRATED REMARKABLE COMMITMENT AND IMPACT THROUGHOUT FISCAL YEAR 2023, FOSTERING GROWTH, CONNECTIVITY, AND COMMUNITY WELL-BEING IN THE REGION. THIS COMPREHENSIVE SUMMARY ENCOMPASSES THE CUMULATIVE RESULTS OF NMF'S ACTIVITIES AND SERVICES, SHOWCASING A DIVERSE RANGE OF INITIATIVES AIMED AT PHILANTHROPY, BUSINESS SUPPORT, AND MISSION-DRIVEN GRANTS.***PHILANTHROPY: COMPONENT, COMMUNITY, AND SCHOLARSHIP FUNDS: NMF'S PHILANTHROPIC EFFORTS PLAYED A CENTRAL ROLE IN SHAPING THE REGION'S SOCIO-ECONOMIC LANDSCAPE. THE FOUNDATION DISPERSED A SUBSTANTIAL TOTAL OF OVER \$1.7 MILLION THROUGH ITS COMPONENT, COMMUNITY AND SCHOLARSHIP FUNDS, REFLECTING A COMPREHENSIVE APPROACH TO COMMUNITY DEVELOPMENT. • SCHOLARSHIPS: A CUMULATIVE SUM OF \$434,200 WAS DEDICATED TO PROVIDING 244 SCHOLARSHIPS, EMPHASIZING NMF'S COMMITMENT TO EDUCATION AND SKILL DEVELOPMENT. • COMPONENT AND COMMUNITY FUNDS: A CUMULATIVE SUM OF \$1,269,000 WAS GRANTED FROM THE NMF FAMILY OF FUNDS TO SUPPORT COMMUNITIES AND DONOR GIVING INTERESTS. THIS FUNDING BOLSTERED VARIOUS INITIATIVES, INCLUDING SENIOR LIVING, ANIMAL SHELTERS, BOY SCOUTS, ROTARIANS, COMMUNITY DEVELOPMENT, CHURCHES, HOMELESS SHELTERS, CONSERVATION, ARTS, MEDICAL CARE AND SERVICES, ENVIRONMENTAL AND RECREATION INITIATIVES, LOCAL CITIES, SCHOOL DISTRICTS, AND NONPROFIT ORGANIZATIONS, REINFORCING NMF'S DEDICATION TO COMMUNITY DEVELOPMENT.***BUSINESS LOANS AND SUPPORT: NMF'S COMMITMENT TO ECONOMIC DEVELOPMENT MANIFESTED IN ROBUST SUPPORT FOR SMALL BUSINESSES, WITH A CUMULATIVE TOTAL OF \$985,700 APPROVED ACROSS 41 LOANS THROUGHOUT THE FISCAL YEAR. • LOAN PROGRAMS INCLUDE: • SBA MICROLOANS: STRATEGIC USE OF THE SMALL BUSINESS ADMINISTRATION (SBA) MICROLOAN PROGRAM FACILITATED ECONOMIC GROWTH. • EMERGING ENTREPRENEUR LOAN PROGRAM: THIS PROGRAM SUPPORTED A BUSINESS IN POLK COUNTY, CONTRIBUTING TO THE ECONOMIC VIBRANCY OF THE REGION. • CHILD CARE FINANCE PROGRAM: NMF'S COMMITMENT TO CHILD CARE BUSINESSES • CDFI RAPID RESPONSE PROGRAM: SIX LOANS WERE APPROVED THROUGH THE COMMUNITY DEVELOPMENT FINANCIAL INSTITUTIONS (CDFI) RAPID RESPONSE PROGRAM. • NORTHWEST MINNESOTA COMMUNITY IMPACT CORPORATION: IN ITS INAUGURAL YEAR, THE NMCIC, A WHOLLY OWNED SUBSIDIARY OF NMF APPROVED TWO LOANS, FURTHER EXPANDING NMF'S IMPACT ON ECONOMIC DEVELOPMENT.***MISSION-DRIVEN GRANTS NMF'S MISSION-DRIVEN GRANTS WERE PIVOTAL IN ADDRESSING SOCIETAL CHALLENGES AND PROMOTING COMMUNITY RESILIENCE, WITH A CUMULATIVE TOTAL OF \$933,000 APPROVED THROUGHOUT FISCAL YEAR 2023. • TRAINING AND EDUCATION GRANTS: SUPPORTING NONPROFIT ORGANIZATIONS' CAPACITY-BUILDING INITIATIVES, CONFERENCES, PROGRAMMING, AND CONSULTANT SERVICES FOR BOARD AND STAFF DEVELOPMENT. . DEI GRANTS: PROMOTING DIVERSITY, EQUITY, AND INCLUSION. • HOMELESSNESS GRANTS: SUPPORTING TRANSPORTATION SERVICES FOR FAMILIES TO AREA SHELTERS AS NEEDED. • HOUSING GRANTS: SUPPORTING MARKET RESEARCH AND DEVELOPMENT OF A REGION-WIDE WORKFORCE STUDY, HOUSING DEVELOPERS TRAINING, AND SPECIFIC COMMUNITY-DRIVEN HOUSING PROJECTS. • INNOVATION GRANTS: SUPPORTING THE EXPANSION OF ADDITION-RELATED SERVICES AND INNOVATIVE SOLUTIONS TO REGIONAL CHALLENGES. ***CONCLUSION THE CUMULATIVE IMPACT OF NMF'S INITIATIVES THROUGHOUT FISCAL YEAR 2023 REFLECTS A FOUNDATION DEEPLY EMBEDDED IN THE FABRIC OF NORTHWEST MINNESOTA. FROM ROBUST PHILANTHROPIC EFFORTS, BOLSTERING EDUCATION, HEALTHCARE, AND CULTURAL ENDEAVORS, TO STRATEGIC SUPPORT FOR SMALL BUSINESSES AND INNOVATIVE MISSION-DRIVEN GRANTS, NMF HAS PLAYED A PIVOTAL ROLE IN SHAPING THE REGION'S ECONOMIC AND SOCIAL LANDSCAPE. AS THE FOUNDATION LOOKS FORWARD TO FUTURE ENDEAVORS, ITS COMMITMENT TO CONNECTING PEOPLE, PLACES, AND POSSIBILITIES REMAINS UNWAVERING, FOSTERING BOUNDLESS OPPORTUNITIES FOR THE RESIDENTS OF NORTHWEST MINNESOTA.