

Return of Organization Exempt From Income Tax

2022

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07-01 , 2022, and ending 06-30 , 2023																			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization NORTHWEST MINNESOTA FOUNDATION</td> <td>D Employer identification number 41-1556013</td> </tr> <tr> <td colspan="2">Doing business as</td> <td></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>E Telephone number (218) 759-2057</td> </tr> <tr> <td>201 3RD ST NW</td> <td></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code BEMIDJI, MN 56601</td> <td>G Gross receipts \$ 63,258,911</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: KAREN WHITE 201 3RD ST NW BEMIDJI MN 56601</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number</td> </tr> </table>	C Name of organization NORTHWEST MINNESOTA FOUNDATION		D Employer identification number 41-1556013	Doing business as			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (218) 759-2057	201 3RD ST NW			City or town, state or province, country, and ZIP or foreign postal code BEMIDJI, MN 56601		G Gross receipts \$ 63,258,911	F Name and address of principal officer: KAREN WHITE 201 3RD ST NW BEMIDJI MN 56601		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																			
J Website: NWMF.ORG																			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1986 M State of legal domicile: MN																		

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE NORTHWEST MINNESOTA FOUNDATION INVESTS RESOURCES, FACILITATES COLLABORATION, AND PROMOTES PHILANTHROPY TO MAKE THE REGION A BETTER PLACE TO LIVE AND WORK.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	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)	5	31
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,687,438	6,142,623
	9	Program service revenue (Part VIII, line 2g)	712,715	744,360
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,031,975	923,652
	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
Expenses	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
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 360,006		
	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)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	91,824,995	96,817,979
	21	Total liabilities (Part X, line 26)	7,562,414	6,488,947
	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.				
Sign Here	KAREN WHITE			
	Signature of officer		Date	
	KAREN WHITE, PRESIDENT			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Seth Holte	Seth Holte	05-07-2024	P01693743
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		
	Haukebo Van Batavia Holte, LLC		218-732-5769	
	PO Box 348			
	Park Rapids MN 56470			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: _____) (Expenses \$ 6,217,611 including grants of \$ _____) (Revenue \$ 269,381)
See SERVICES page for a description of this program service.

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

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

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

4e Total program service expenses **6,217,611**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows 22-38 contain various questions about organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part 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 return	2a 31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
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)?			X
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?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
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? If "Yes," see the instructions and file Form 4720, Schedule N.			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			X
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? If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Column 1a, Column 12, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

SHANNON JESME (218)759-2057, 201 3RD ST NW, BEMIDJI, MN 56601

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN WHITE PRESIDENT	40.00			X		X	183,032	0	9,196	
(2) MICHAEL NEUSSER VP OF OPERATIONS	40.00					X	113,008	0	5,065	
(3) NATHAN DORR VP OF ADVOCACY	40.00					X	101,638	0	6,156	
(4) KAITLYN GRENIER DIRECTOR	4.00	X					0	0	0	
(5) JILL JOHNSON DIRECTOR	4.00	X					0	0	0	
(6) ANTONIO FRANKLIN DIRECTOR	4.00	X					0	0	0	
(7) DEB ZAK DIRECTOR	4.00	X					0	0	0	
(8) BRUCE REEVES DIRECTOR	4.00	X					0	0	0	
(9) CONNIE LINDSTROM DIRECTOR	4.00	X					0	0	0	
(10) MIKE LAROQUE DIRECTOR	4.00	X					0	0	0	
(11) KRISTI THORFINNSON DIRECTOR	4.00	X					0	0	0	
(12) MICHELLE PAQUIN CHAIR	4.00	X					0	0	0	
(13) TODD BECKEL TREASURER	4.00	X		X			0	0	0	
(14) CHERI GUNVALSON SECRETARY	4.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JASON CARLSON VICE CHAIR	4.00	X		X				0	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COMPASS CAPITAL MANAGEMENT, INC, SUITE 400, BAKER BLDG,	INVESTMENT MGMT	199,498

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	1,642,822				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,499,801				
	g Noncash contributions included in lines 1a-1f	1g	\$ 14,521				
	h Total. Add lines 1a-1f		6,142,623				
Program Service Revenue			Business Code				
	2a PARTICIPATION FEES	900099	330,757	330,757			
	b INTEREST REVENUE - LOAN	900099	129,253	129,253			
	c LOAN APPLICATION FEES	900099	14,969	14,969			
	d REVENUE FROM SERVICES	900099	269,381	269,381			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		744,360					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,956,499			1,956,499	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				54,415,429			
	b Less: cost or other basis and sales expenses	7b	55,445,609	2,667			
	c Gain or (loss)	7c	(1,030,180)	(2,667)			
d Net gain or (loss)		(1,032,847)			(1,032,847)		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities, See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a _____						
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			7,810,635	744,360	0	923,652	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	3,068,069	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):				
a	Management				
b	Legal	16,309	4,941	11,316	52
c	Accounting	81,381		81,381	
d	Lobbying				
e	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	Insurance	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.)				
a	MAINTENANCE & REPAIR	95,498	55,245	40,253	
b	MISCELLANEOUS	96,932	38,803	46,582	11,547
c	EDUCATION	22,513	10,796	9,413	2,304
d	LOAN LOSS PROVISION	12,884	12,884		
e	All other expenses _____	9,972		9,001	971
25	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	150	1	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 contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net	3,260,300	7	3,346,021	
	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	Less: accumulated depreciation	10b	1,007,083	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 33)	91,824,995	16	96,817,979		
Liabilities	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 Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties	2,342,640	23	2,245,933	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,641,844	25	2,701,322	
	26	Total liabilities. Add lines 17 through 25	7,562,414	26	6,488,947	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>					
	and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	2,958,589	27	2,999,356	
	28	Net assets with donor restrictions	81,303,992	28	87,329,676	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>					
	and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	84,262,581	32	90,329,032		
33	Total liabilities and net assets/fund balances	91,824,995	33	96,817,979		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,810,635
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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization NORTHWEST MINNESOTA FOUNDATION	Employer identification number 41-1556013
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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	11,687,438	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	11,687,438	6,142,623	34,246,717
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,404,123
6 Public support. Subtract line 5 from line 4.						28,842,594

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4,669,133	4,396,319	7,351,204	11,687,438	6,142,623	34,246,717
8 Gross income from interest, dividends, 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. (see instructions)					12	3,789,550
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	55.96 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	50.28 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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 furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	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: \$		
a	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, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2022

Name of the organization NORTHWEST MINNESOTA FOUNDATION

Employer identification number 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).

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE MCKNIGHT FOUNDATION 710 S 2ND ST STE 400 MINNEAPOLIS MN 55401-2290	\$ 1,375,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NEILSON FOUNDATION PO BOX 692 BEMIDJI MN 56619-0692	\$ 140,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ARA M BURSCH REV LIVING TRUST PO BOX 93 HENNING MN 56551-0093	\$ 170,409	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	OTTO BREMER TRUST 30 E 7TH ST STE 2900 SAINT PAUL MN 55101	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2022

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (NORTHWEST MINNESOTA FOUNDATION) and Employer identification number (41-1556013)

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	72,711,676	77,931,466	65,347,061	63,453,631	59,075,032
b Contributions	629,842	3,596,916	804,582	999,731	1,120,381
c Net investment earnings, gains, and losses	8,031,541	(6,890,759)	14,855,292	4,078,913	6,155,254
d Grants or scholarships					
e Other expenditures for facilities and programs	1,707,000	1,561,000	1,630,000	1,531,000	1,414,000
f Administrative expenses	2,038,903	364,947	1,445,469	1,654,214	1,483,036
g End of year balance	77,627,156	72,711,676	77,931,466	65,347,061	63,453,631

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 64.98 %
 - c Term endowment 35.02 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		138,000		138,000
b Buildings		2,827,305	742,064	2,085,241
c Leasehold improvements				
d Equipment		316,696	265,019	51,677
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,274,918

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OTHER EQUITY INVESTMENTS	5,810,724	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).	5,810,724	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ANNUITY PAYABLE	165,580	
(3) AGENCY ENDOWMENT LIABILITY	2,535,742	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).	2,701,322	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	14,861,007
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	7,047,662	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	2,710	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,810,635	

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

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

1	Total expenses and losses per audited financial statements		1	8,830,526
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	38,680	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	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.

Part XIII Supplemental Information (continued)

02. Other revenues not included on Form 990 (Part XI, line 2d)

NMCIC REVENUE

03. Other expenses not included on Form 990 (Part XII, line 2d)

NMCIC EXPENSES

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

Employer identification number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SPECIAL OLYMPICS MINNESOTA 900 2ND AVE S, STE 300 MINNEAPOLIS MN 55402	41-1228157	501C3	30,000				BEMIDJI UNIFIED CHAMPION
(2)	MEWINZHA ONDAADIZIIKE WIIGA 802 PAUL BUNYAN DR. S, STE BEMIDJI MN 56601	46-2523191	501C3	5,000				MEWINZHA ONDAADIZIIKE WIIGAMING
(3)	4-DIRECTIONS DEVELOPMENT IN PO BOX 587 REDLAKE MN 56671	81-1754928	501C3	20,000				4-DIRECTIONS DEVELOPMENT INC
(4)	AGASSIZ AUDUBON SOCIETY PO BOX 152 WARREN MN 56762	41-1434405	501C3	47,000				AGASSIZ AUDUBON
(5)	ALL NATIONS RISE PO BOX 148 BAGLEY MN 56621	87-2611816	501C3	20,000				ALL NATIONS RISE
(6)	ALTRU HEALTH SYSTEM PO BOX 6002 GRAND FORKS ND 58206	45-0310462	501C3	12,000				ALTRU HEALTH 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 MN 56713	23-7424340		15,000				ARGYLE HOMES INC
(9)	ARMORY ARTS & EVENTS CENTER PO BOX 163 PARK RAPIDS MN 56470	45-2181580	501C3	10,000				ARMORY ARTS & EVENTS CENTER
(10)	BAGLEY BAKERY PO BOX 61 BAGLEY MN 56621	41-1726472		10,000				BAGLEY BAKERY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 57
- 3 Enter total number of other organizations listed in the line 1 table 31

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BEMIDJI AREA SCHOOL DISTRICT 502 MINNESOTA AVE NW BEMIDJI MN 56601	41-6000181	GOV	48,909				BEMIDJI AREA SCHOOL DISTRICT #31
(2)	BEMIDJI COMMUNITY FOOD SHELF PO BOX 3118 BEMIDJI MN 56601	41-1494430	501C3	40,000				BEMIDJI COMMUNITY FOOD SHELF
(3)	BEMIDJI COMMUNITY THEATER 316 BELTRAMI AVENUE NW BEMIDJI MN 56601	30-0524956	501C3	16,141				BEMIDJI COMMUNITY
(4)	BIG SAND LAKE ASSOCIATION PO BOX 181 PARK RAPIDS MN 56470	41-1618390	501C3	15,200				BIG SAND LAKE ASSOCIATION
(5)	BJERK ENTERPRISES, INC PO BOX 337 ROSEAU MN 56751	41-1966882		10,000				GENE'S BAR & GRILL
(6)	BOYS & GIRLS CLUB OF RED LAKE PO BOX 1124 REDLAKE MN 56671	41-1935631	501C3	500,000				BOYS & GIRLS CLUB OF RED LAKE
(7)	317 ENTERPRISES, INC 317 BELTRAMI AVE NW BEMIDJI MN 56601	82-1222685		15,000				BRIGID'S PUB
(8)	CATHEDRAL OF IMMACULATE CONCEPTION 702 SUMMIT AVE CROOKSTON MN 56716	41-0713499	501C3	30,000				CATHEDRAL OF IMMACULATE CONCEPTION
(9)	UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK ST. SE, STE 500 MINNEAPOLIS MN 55455	41-6042488	501C3	10,000				CENTER FOR RURAL EDUCATION IN
(10)	CHERYL THOMAS PO BOX 1146 REDLAKE MN 56671	47-6848642		27,770				CHERYL THOMAS

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CITY OF MAHNOMEN PO BOX 250 MAHNOMEN MN 56557	41-6005340	GOV	10,812				CITY OF MAHNOMEN
(2)	CITY OF THIEF RIVER FALLS PO BOX 528 THIEF RIVER FALLS MN 56701	41-6005572	GOV	12,500				CITY OF THIEF RIVER FALLS
(3)	CLEAR WATERS LIFE CENTER 256 2ND AVE SW CLEARBROOK MN 56634	77-0643868	501C3	10,000				CLEAR WATERS LIFE CENTER
(4)	CLEARWATER HOSPICE 212 MAIN AVE N BAGLEY MN 56621	41-6005779	GOV	15,478				CLEARWATER HOSPICE
(5)	CONCORDIA COLLEGE 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 RED LAKE FALLS MN 56750	41-1721688	501C3	20,000				DAV OF RED LAKE FALLS
(7)	DIVE DEPOT 1615 FERN ST NW BEMIDJI MN 56601	41-2019952		10,000				DIVE DEPOT
(8)	ERICKSON'S SMOKEHOUSE CATER 608 S MILL ST FERTILE MN 56540	45-4185674		10,000				ERICKSON'S SMOKEHOUSE CATERING LLC
(9)	EVERGREEN YOUTH & FAMILY SE 610 PATRIOT DRIVE BEMIDJI MN 56601	41-1297737	501C3	45,000				EVERGREEN YOUTH & FAMILY
(10)	FACE IT TOGETHER BEMIDJI 408 BELTRAMI AVE NW, STE 10 BEMIDJI MN 56601	47-4172828	501C3	15,000				FACE IT TOGETHER

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FADUMO AHMED 1622 CENTRAL AVE NW EAST GRAND FORKS MN 56721	48-5357732		10,000				FADUMO AHMED
(2)	FAIR MEADOW NURSING HOME 300 GARFIELD AVE SE FERTILE MN 56540	45-4845810		7,500				FAIR MEADOW NURSING HOME
(3)	FAR NORTH SPIRITS, INC. 2045 220TH AVE HALLOCK MN 56728	46-1139807		15,000				FAR NORTH SPIRITS, INC.
(4)	FIRST PRESBYTERIAN CHURCH 501 MINNESOTA AVE NW BEMIDJI MN 56601	41-1260414	501C3	7,000				FIRST PRESBYTERIAN
(5)	GARY BRULE PO BOX 317 CROOKSTON MN 56716	50-1760938		10,000				GARY BRULE
(6)	HEADWATERS ANIMAL SHELTER PO BOX 573 PARK RAPIDS MN 56470	31-1610621	501C3	13,000				HEADWATERS ANIMAL
(7)	HEADWATERS REGIONAL DEVELOP PO BOX 906 BEMIDJI MN 56619	41-0983661	501C3	35,000				HEADWATERS REGIONAL DEVELOPMENT
(8)	HUBBARD COUNTY 301 COURT AVE PARK RAPIDS MN 56470	41-6005805	GOV	8,645				HUBBARD COUNTY
(9)	HUBBARD COUNTY HISTORICAL S PO BOX 327 PARK RAPIDS MN 56470	41-1451998	501C3	5,398				HUBBARD COUNTY HISTORICAL
(10)	YICKI THOMPSON 311 KNEALE AVE N THIEF RIVER FALLS MN 56701	47-4948299		10,000				IMAGINE

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	INITIATIVE FOUNDATION 405 1ST ST SE LITTLE FALLS MN 56345	36-3451562	501C3	20,000				INITIATIVE FOUNDATION
(2)	INTER-COUNTY COMMUNITY COUN PO BOX 189 OKLEE MN 56742	41-0888083	501C3	300,000				INTER-COUNTY COMMUNITY COUNCIL, INC.
(3)	JENNIFER KINGBIRD PO BOX 773 REDBY MN 56670	47-3177864		12,935				JENNIFER KINGBIRD
(4)	KICK'N UP KOUNTRY, INC. 249 S STATE AVE LAKE BRONSON MN 56734	20-0675560		10,000				KICK'N UP KOUNTRY, INC.
(5)	LAKE OF THE WOODS HUMANE SO PO BOX 1103 BAUDETTE MN 56623	41-1941034		25,000				LAKE OF THE WOODS HUMANE SOCIETY
(6)	LAKE OF THE WOODS SCHOOL PO BOX 310 BAUDETTE MN 56623	41-0956348	GOV	10,000				
(7)	LAUGHING EARTH GARDEN & GIF 703 E THORPE AVE ADA MN 56510	83-3896516		10,000				LAUGHING EARTH GARDEN & GIFT
(8)	LIFECARE MEDICAL CENTER 715 DELMORE DR ROSEAU MN 56751	41-1804205	501C3	51,386				LIFECARE MEDICAL
(9)	DAVID J. VON HOLTUM 208 N LABREE AVE THIEF RIVER FALLS MN 56701	46-8040674		10,000				LOLA'S HEARING AID
(10)	CONNIE E. STARKEY THOMFORDE 118 S MAIN ST MAHNOMEN MN 56557	47-0825337		10,000				MAGIC MIRROR

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

Department of the Treasury
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**Grants and Other Assistance to Organizations,
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NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MILL STREET CAFÉ, LLC 217 N MILL ST FERTILE MN 56540	82-5058919		10,000				MILL STREET CAFÉ, LLC
(2)	MINNESOTA HOUSING PARTNERSH 2446 UNIVERSITY AVE W STE 1 SAINT PAUL MN 55114	41-1649643	501C3	15,000				MINNESOTA HOUSING PARTNERSHIP
(3)	NAMELESS COALITION FOR THE PO BOX 353 BEMIDJI MN 56601	47-2472053	501C3	20,000				NAMELESS COALITION FOR THE HOMELESS
(4)	NATURE CONSERVANCY MINNESOT 1101 W RIVER PKWY, STE 200 MINNEAPOLIS MN 55415	53-0242652	501C3	20,000				NATURE CONSERVANCY MINNESOTA
(5)	NEVIS ISD #308 PO BOX 138 NEVIS MN 56467	41-6008266	GOV	10,000				NEVIS ISD #308
(6)	CHELSEY L. HOUGARD PO BOX 317 KARLSTAD MN 56732	47-6172254		10,000				NO LOOSE ENDS
(7)	KAEREN ACCOMMODATIONS INC 902 3RD ST NW ROSEAU MN 56751	45-0421125		15,000				NORTH COUNTRY INN
(8)	NORTHLAND COMMUNITY AND TEC 1101 HWY 1 E THIEF RIVER FALLS MN 56701	41-1687554	GOV	10,000				NORTHLAND COMMUNITY AND TECHNICAL
(9)	NORTHWEST INDIAN COMMUNITY 1819 BEMIDJI AVE N BEMIDJI MN 56601	36-3505641	501C3	75,000				NORTHWEST INDIAN COMMUNITY
(10)	NORTHWEST REGIONAL DEVELOPM 109 S MINNESOTA ST WARREN MN 56762	41-1231594	501C3	50,000				NORTHWEST REGIONAL DEVELOPMENT

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
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OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NORTHWEST TECHNICAL COLLEGE 905 GRANT AVE SE BEMIDJI MN 56601	41-1687554	GOV	110,000				NORTHWEST TECHNICAL COLLEGE OF
(2)	NORTHWOODS HABITAT FOR HUMA PO BOX 1067 BEMIDJI MN 56619	41-1657201	501C3	10,000				NORTHWOODS HABITAT FOR HUMANITY
(3)	PARK RAPIDS ISD #309 301 HUNTSINGER AVE PARK RAPIDS MN 56470	41-6001518	GOV	21,615				PARK RAPIDS ISD
(4)	PROJECT ZAWADI 253 DUKE ST SAINT PAUL MN 55102	06-1629249	501C3	10,000				PROJECT ZAWADI
(5)	REBECCA J. BERG PO BOX 175 WARROAD MN 56763	50-3769015		10,000				REBECCA J. BERG
(6)	RED LAKE BAND OF CHIPPEWA I 15484 MIGIZI DR REDLAKE MN 56671	41-0692381	GOV	40,000				RED LAKE BAND OF CHIPPEWA INDIANS
(7)	SANFORD HEALTH FOUNDATION O 4111 TECHNOLOGY DR NW, STE BEMIDJI MN 56601	41-1389317	501C3	8,481				SANFORD HEALTH FOUNDATION OF
(8)	SAP SAP KITCHEN INC 502 GARFIELD ST SW WARROAD MN 56763	83-3969554		10,000				SAP SAP KITCHEN INC
(9)	SHAWNA SWENSON 25058 370TH ST SHEVLIN MN 56676	81-2721250		7,601				KIDS FIRST DAYCARE
(10)	SHAWN HALVORSON 204 STRAND ST GARY MN 56545	47-7787184		10,000				SHAWN'S PIX & MIX

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

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Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I General Information on Grants and Assistance

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF MINNESOTA -TW 106 PLEASANT ST SE, 200 FRA MINNEAPOLIS MN 55455	41-6007513	GOV	5,500				SRANYA VONGSALY
(2)	STEPHEN-ARGYLE CENTRAL SCHO PO BOX 68 STEPHEN MN 56757	41-1843125	GOV	9,500				STEPHEN-ARGYL E CENTRAL SCHOOL
(3)	THE CLUBHOUSE CHILDCARE CEN 205 4TH ST NE MCINTOSH MN 56556	82-3807804		10,000				THE CLUBHOUSE CHILDCARE CENTER, LLC
(4)	THIEF RIVER FALLS PUBLIC SC 230 LABREE AVE S THIEF RIVER FALLS MN 56701	41-6003126	GOV	11,926				THIEF RIVER FALLS PUBLIC SCHOOLS IS
(5)	TIFFENIE LARSON 405 GROVE AVE. HALLOCK MN 56728	57-1734560		10,000				TIFFENIE LARSON
(6)	CHERI A. LOSSE 110 MAIN AVE N ROSEAU MN 56751	48-3924736		10,000				TRANSFERS UNLIMITED
(7)	TRUE FRIENDS 10509 108TH STREET NW ANNANDALE MN 55302	41-1543013	501C3	10,000				TRUE FRIENDS
(8)	UNITED WAY OF BEMIDJI AREA PO BOX 27 BEMIDJI MN 56619	41-1567744	501C3	120,200				UNITED WAY OF BEMIDJI AREA
(9)	WARREN SENIOR CITIZENS CENT 110 W JOHNSON AVE WARREN MN 56762	41-1392863	501C3	11,000				WARREN SENIOR CITIZENS CENTER
(10)	WARROAD COMMUNITY DEVELOPME PO BOX 265 WARROAD MN 56763	86-2470961	501C3	30,000				WARROAD COMMUNITY DEVELOPMENT

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

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

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**Open to Public
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Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WARROAD COMMUNITY PARTNERS PO BOX 265 WARROAD MN 56763	47-2039677	501C3	15,000				WARROAD COMMUNITY
(2)	GUSTAV LEONARD BOOTH 804 STEENERSON ST NE WARROAD MN 56763	47-7782719		10,000				WARROAD FIT
(3)	WARROAD ISD #690 510 CEDAR AVE NW WARROAD MN 56763	41-6003720	GOV	87,673				WARROAD ISD #690
(4)	WARROAD MANUFACTURING INC 60002 STATE HIGHWAY 11 WARROAD MN 56763	81-0919976		10,000				WARROAD MANUFACTURING
(5)	WARROAD SENIOR LIVING CENTE 1401 LAKE ST NW WARROAD MN 56763	41-1351830	501C3	34,500				WARROAD SENIOR LIVING CENTERWARROAD
(6)	WARROAD SENIOR LIVING CENTE 1401 LAKE ST NW WARROAD MN 56763	41-1694266	GOV	50,365				WARROAD SENIOR LIVING CENTER
(7)	WIN-E-MAC SCHOOL DIST #2609 23130 345TH ST SE ERSKINE MN 56535	41-1694266	GOV	25,658				WIN-E-MAC SCHOOL DIST #2609
(8)	ZION LUTHERAN CHURCH PO BOX 61 WARROAD MN 56763	41-1473281	501C3	8,000				ZION LUTHERAN CHURCH
(9)								
(10)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 BUSINESS TECHNICAL ASSISTANCE	275	26,496			
2 SCHOLARSHIP	248	434,200			
3					
4					
5					
6					
7					

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

01. Monitoring procedures (Part I, line 2)

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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NORTHWEST MINNESOTA FOUNDATION

41-1556013

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		
c	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		x
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.		x
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		x
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		x
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

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

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2022

Attach to Form 990 or Form 990-EZ.

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

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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.

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

06. List of other fees for services expenses (Part IX, line 11g)

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

Statement of Program Service Accomplishments

2022 PG01

Name(s) as shown on return

Your Social Security Number

NORTHWEST MINNESOTA FOUNDATION

41-1556013

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

Statement #4

Table with 2 columns: Description and Amount. Rows include PROGRAM SERVICE CODE, PROGRAM SERVICE EXPENSES (\$6217611), GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE (\$0), and 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.