

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

NORTHWEST MINNESOTA FOUNDATION

EIN or SSN

41-1556013

Name and title of officer or person subject to tax

**KAREN WHITE
PRESIDENT**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,071,050.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WIPFLI ADVISORY LLC to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41043854403

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

MICHAEL J PETERSON, CPA

Date

02/17/26

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

LHA 402521 12-26-24

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. NORTHWEST MINNESOTA FOUNDATION	Taxpayer identification number (TIN) 41-1556013
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 201 3RD ST NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEMIDJI, MN 55601	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **SHANNON JESME**
201 3RD ST NW - BEMIDJI, MN 55601

Telephone No. **218-759-2057** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

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	C Name of organization NORTHWEST MINNESOTA FOUNDATION		D Employer identification number 41-1556013
	Doing business as		E Telephone number 218-759-2057
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	201 3RD ST NW		G Gross receipts \$ 18,440,345.
	City or town, state or province, country, and ZIP or foreign postal code BEMIDJI, MN 55601		
F Name and address of principal officer: KAREN WHITE SAME AS C ABOVE		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	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.NWMF.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1986** **M** State of legal domicile: **MN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INVESTS RESOURCES, FACILITATES COLLABORATION AND PROMOTES PHILANTHROPY IN NW MN.		
	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 2024 (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	970
	7 a 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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,239,154.	5,409,181.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	550,852.	604,563.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,158,429.	4,997,546.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,548.	59,760.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,002,983.	11,071,050.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	7,156,783.	4,169,436.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,873,701.	3,086,042.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,114,298.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,681,218.	2,894,328.
19 Revenue less expenses. Subtract line 18 from line 12	12,711,702.	10,149,806.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	291,281.	921,244.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	103,397,318.	110,665,406.
		6,609,681.	5,676,412.
		96,787,637.	104,988,994.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	KAREN WHITE, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MICHAEL J PETERSON, CPA	MICHAEL J PETERSON,	02/17/26		P01833529
	Firm's name	Firm's EIN			
	WIPFLI ADVISORY LLC	39-3647910			
	Firm's address	Phone no.			
	1502 LONDON ROAD, SUITE 200 DULUTH, MN 55812	218.722.4705			

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 [X]

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,476,678. including grants of \$ 4,169,436.) (Revenue \$ 389,197.) THE NORTHWEST MINNESOTA FOUNDATION (NMF) DEMONSTRATED REMARKABLE COMMITMENT AND IMPACT THROUGHOUT FISCAL YEAR 2025, FOSTERING GROWTH, CONNECTIVITY, AND COMMUNITY WELL-BEING IN THE REGION. THIS COMPREHENSIVE SUMMARY ENCOMPASSES THE CUMULATIVE RESULTS OF NMF 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 \$1.9 MILLION THROUGH ITS COMPONENT, COMMUNITY AND SCHOLARSHIP FUNDS, REFLECTING A COMPREHENSIVE APPROACH TO COMMUNITY DEVELOPMENT.

4b (Code:) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 215,366.) BUSINESS LOANS AND SUPPORT: NMF'S COMMITMENT TO ECONOMIC DEVELOPMENT MANIFESTED IN ROBUST SUPPORT FOR SMALL BUSINESSES, WITH A CUMULATIVE TOTAL OF \$1.53M APPROVED ACROSS 75 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.

4c (Code:) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.) MISSION-DRIVEN GRANTS - NMF MISSION-DRIVEN GRANTS WERE PIVOTAL IN ADDRESSING SOCIETAL CHALLENGES AND PROMOTING COMMUNITY RESILIENCE, WITH A CUMULATIVE TOTAL OF \$1.34M (PY \$4.15M) APPROVED THROUGHOUT FISCAL YEAR 2025. 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

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

4e Total program service expenses 7,476,678.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 12; 1b Enter the number of voting members included... 12; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SHANNON JESME - 218-759-2057
201 3RD ST NW, BEMIDJI, MN 55601

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 the 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 (list any hours for related organizations below 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 2.00			X			195,698.	0.	9,785.	
(2) SHANNON MARTINUEAU JESME SENIOR VP OF FINANCE AND ADMIN.	40.00				X		139,050.	0.	9,067.	
(3) MICHAEL NEUSSER VP OF OPERATIONS	40.00				X		133,432.	0.	9,785.	
(4) BRENDA BRUGGEMAN CONTROLLER	40.00				X		119,474.	0.	7,168.	
(5) DAWN GANJE SVP OF PHILANTHROPY	40.00				X		109,416.	0.	9,529.	
(6) CORY BOUSHEE DIRECTOR OF PROGRAMS	40.00				X		106,261.	0.	9,242.	
(7) JASON CARLSON CHAIR	4.00 2.00	X		X			0.	0.	0.	
(8) BRUCE REEVES VICE CHAIR	4.00 2.00	X		X			0.	0.	0.	
(9) TODD BECKEL TREASURER (THRU 11/24)	4.00 2.00	X		X			0.	0.	0.	
(10) CONNIE LINDSTROM TREASURER	4.00 2.00	X		X			0.	0.	0.	
(11) CHERI GUNVALSON SECRETARY	4.00 2.00	X		X			0.	0.	0.	
(12) ALISHA EVERWIND DIRECTOR	4.00 2.00	X					0.	0.	0.	
(13) KAITLYN GRENIER DIRECTOR (THRU 11/24)	4.00 2.00	X					0.	0.	0.	
(14) CHRISTINE IMBRA DIRECTOR	4.00 2.00	X					0.	0.	0.	
(15) JILL JOHNSON DIRECTOR	4.00 2.00	X					0.	0.	0.	
(16) MIKE LAROQUE DIRECTOR	4.00 2.00	X					0.	0.	0.	
(17) KYLE LARSON DIRECTOR	4.00 2.00	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 (list any hours for related organizations below 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			
(18) MICHELLE PAQUIN DIRECTOR (THRU 11/24)	4.00 2.00	X						0.	0.	0.
(19) JACK SWANSON DIRECTOR	4.00 2.00	X						0.	0.	0.
(20) KRISTI THORFINNSON DIRECTOR	4.00 2.00	X						0.	0.	0.
(21) DEB ZAK DIRECTOR	4.00 2.00	X						0.	0.	0.
1b Subtotal								803,331.	0.	54,576.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								803,331.	0.	54,576.

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 6

	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., BAKER BLDG 706 2ND AVE, SUITE 400, MINNEAPOLIS,	INVESTMENT MANAGEMENT SERVICES	178,370.

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,540,901.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,868,280.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 48,306.				
	h Total. Add lines 1a-1f			5,409,181.			
Program Service Revenue	2 a PROJECT FEES	Business Code					
		900099	211,402.	211,402.			
	b INTEREST REVENUE - LOAN	900099	188,748.	188,748.			
	c LOAN APPLICATION FEES	900099	26,618.	26,618.			
	d _____						
	e _____						
	f All other program service revenue	900099	177,795.	177,795.			
g Total. Add lines 2a-2f			604,563.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,134,652.			2134652.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	42,495.			
			(ii) Personal				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	42,495.				
	d Net rental income or (loss)			42,495.		42,495.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	10,232,189.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	7,369,295.				
	c Gain or (loss)	7c	2,862,894.				
d Net gain or (loss)			2,862,894.		2862894.		
8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a 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	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue	900099	17,265.			17,265.	
	e Total. Add lines 11a-11d			17,265.			
12 Total revenue. See instructions			11,071,050.	604,563.	0.	5057306.	

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 X

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	3,812,851.	3,812,851.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	356,585.	356,585.		
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	211,277.	106,387.	51,876.	53,014.
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	2,285,016.	1,157,044.	561,334.	566,638.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	115,095.	51,827.	27,997.	35,271.
9 Other employee benefits	290,203.	130,680.	70,593.	88,930.
10 Payroll taxes	184,451.	107,898.	24,914.	51,639.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	466,370.	466,370.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,150,040.	723,950.	357,872.	68,218.
12 Advertising and promotion	76,299.	3,702.		72,597.
13 Office expenses	170,696.	44,977.	59,564.	66,155.
14 Information technology	192,098.	71,524.	101,318.	19,256.
15 Royalties				
16 Occupancy	36,040.	20,256.	15,784.	
17 Travel	171,742.	117,635.	30,679.	23,428.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50,333.	19,897.	21,932.	8,504.
20 Interest	23,573.	2,880.	20,693.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	94,984.	6,766.	88,218.	
23 Insurance	40,756.	18,000.	22,756.	
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 LOAN LOSS PROVISION	197,704.	197,704.		
b REPAIRS & MAINTENANCE	83,874.	32,496.	51,378.	
c DUES & SUBSCRIPTIONS	53,855.	3,314.	40,950.	9,591.
d _____				
e All other expenses _____	85,964.	23,935.	10,972.	51,057.
25 Total functional expenses. Add lines 1 through 24e	10,149,806.	7,476,678.	1,558,830.	1,114,298.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	150.	1	150.
	2 Savings and temporary cash investments	1,265,596.	2	1,286,510.
	3 Pledges and grants receivable, net	2,029,223.	3	1,148,434.
	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	3,570,110.	7	4,264,086.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	91,434.	9	69,906.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,097,315.		
	b Less: accumulated depreciation	10b 997,809.		
	11 Investments - publicly traded securities	2,169,465.	10c	2,099,506.
	12 Investments - other securities. See Part IV, line 11	87,066,382.	11	93,590,219.
	13 Investments - program-related. See Part IV, line 11	6,114,150.	12	6,924,371.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,090,808.	14	1,282,224.
16 Total assets. Add lines 1 through 15 (must equal line 33)	103,397,318.	15	110,665,406.	
17 Accounts payable and accrued expenses	446,970.	16	697,323.	
18 Grants payable		17		
19 Deferred revenue	1,881,535.	18	776,439.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties	1,926,267.	22	1,637,003.	
24 Unsecured notes and loans payable to unrelated third parties		23		
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	2,354,909.	24	2,565,647.	
26 Total liabilities. Add lines 17 through 25	6,609,681.	25	5,676,412.	
27 Net assets without donor restrictions		26		
28 Net assets with donor restrictions	4,648,226.	27	4,999,899.	
29 Capital stock or trust principal, or current funds	92,139,411.	28	99,989,095.	
30 Paid-in or capital surplus, or land, building, or equipment fund		29		
31 Retained earnings, endowment, accumulated income, or other funds		30		
32 Total net assets or fund balances	96,787,637.	31	104,988,994.	
33 Total liabilities and net assets/fund balances	103,397,318.	32	110,665,406.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,071,050.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,149,806.
3	Revenue less expenses. Subtract line 2 from line 1	3	921,244.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,787,637.
5	Net unrealized gains (losses) on investments	5	4,957,676.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,696,535.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-374,098.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	104,988,994.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7351204.	11687438.	6142623.	10239154.	5409181.	40829600.
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	7351204.	11687438.	6142623.	10239154.	5409181.	40829600.
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)						4990137.
6 Public support. Subtract line 5 from line 4.						35839463.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	7351204.	11687438.	6142623.	10239154.	5409181.	40829600.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	995,221.	1838432.	1956499.	2232425.	2177147.	9199724.
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.)				31,848.	17,265.	49,113.
11 Total support. Add lines 7 through 10						50078437.
12 Gross receipts from related activities, etc. (see instructions)					12	3,273,426.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	71.57 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	71.96 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. 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 box 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 line 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (describe in Part VI). 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Part VI

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

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	31	
2 Aggregate value of contributions to (during year)	435,961.	
3 Aggregate value of grants from (during year)	388,321.	
4 Aggregate value at end of year	11,242,740.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part II

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____
- 4 Number of states where property subject to conservation easement is located _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____
- 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	82,845,628.	77,627,156.	72,711,676.	77,931,466.	65,347,061.
b Contributions	1,139,411.	945,671.	629,842.	3,596,916.	804,582.
c Net investment earnings, gains, and losses	9,003,385.	8,551,089.	8,031,541.	-6,890,759.	14,855,292.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,101,630.	2,022,792.	1,707,000.	1,561,000.	1,630,000.
f Administrative expenses	1,973,282.	2,255,496.	2,038,903.	364,947.	1,445,469.
g End of year balance	88,913,512.	82,845,628.	77,627,156.	72,711,676.	77,931,466.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0.0000 %
 - b** Permanent endowment 58.1050 %
 - c** Term endowment 41.8950 %
- 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? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		138,000.		138,000.
b Buildings		2,854,029.	903,037.	1,950,992.
c Leasehold improvements				
d Equipment		105,286.	94,772.	10,514.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,099,506.

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	6,924,371.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	6,924,371.	

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))	

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	145,247.
(3) AGENCY ENDOWMENT LIABILITY	2,420,400.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,565,647.

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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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

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
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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

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.

PART V, LINE 4:

ENDOWMENT FUNDS ARE HELD FOR THE PURPOSE OF CONTINUING THE ADMINISTRATION AND PROGRAM ACTIVITIES OF THE NORTHWEST MINNESOTA FOUNDATION.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION ON UNRELATED BUSINESS INCOME. IN ADDITION, THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAVE BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THE FOUNDATION IS ALSO EXEMPT FROM MINNESOTA INCOME TAXES.

THE FOUNDATION EVALUATES ALL SIGNIFICANT TAX POSITIONS AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES. MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY, NOR DO THEY BELIEVE THERE ARE ANY UNREALIZED TAX BENEFITS.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
CATHOLIC CHARITIES OF THE TWIN CITIES OPPORTUNITY CENTER - 740 EAST 17TH STREET - MINNEAPOLIS, MN 55404	41-1302487	501(C)(3)	200,962.	0.			MINNESOTA ENGAGEMENT ON SHELTER & HOUSING
BEMIDJI AREA SCHOOL DISTRICT #31 502 MINNESOTA AVE NW BEMIDJI, MN 56601	41-6000181	GOV	156,082.	0.			BHS FIELD IMPROVEMENT PROJECT, BEMIDJI SCHOOL DISTRICT ATHLETICS
LIFECARE MEDICAL CENTER 715 DELMORE DR ROSEAU, MN 56751	41-1804205	501(C)(3)	119,816.	0.			TO PURCHASE TROPHON2 ULTRASOUND PROBE DISINFECTION DEVICE FO, UPDATE VIDEO LARYNGOSCOPY
NORTH STAR NEIGHBORS 201 3RD ST NW BEMIDJI, MN 55601-3111	93-2224498	501(C)(3)	102,000.	0.			TO SUPPORT ORGANIZATION'S OPERATIONS
WHITE EARTH NATION PO BOX 418 WHITE EARTH, MN 56591	41-1737979	GOV	95,000.	0.			WHITE EARTH NATURAL RESOURCE DIVISION YOUTH INTERNSHIP PROGR
FRIENDS OF ITASCA STATE PARK 36750 MAIN PARK DR PARK RAPIDS, MN 56470	41-1779533	501(C)(3)	80,743.	0.			PLAYGROUND

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 87.

3 Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(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 non-cash assistance	(h) Purpose of grant or assistance
INTER-COUNTY COMMUNITY COUNCIL INC. - PO BOX 189 - OKLEE, MN 56742	41-0888083	501(C)(3)	75,000.	0.			FINAL PAYMENT FOR BSG YOUTH HOMELESSNESS PROJECT
WARROAD PUBLIC SCHOOLS ISD #690 203 LIBERTY AVE NW WARROAD, MN 56763	41-6003720	GOV	57,481.	0.			FINAL DISBURSEMENT OF THE WARROAD FARMERS UNION OIL CO. SCHO, NANCY FISHER, CLAVINOVA, DRAINAGE
CITY OF ROSEAU PO BOX 307 ROSEAU, MN 56751	41-6005499	GOV	55,000.	0.			ROSEAU DAYCARE - FACILITY IMPROVEMENTS
WARROAD COMMUNITY CHILDCARE CENTER PO BOX 259 WARROAD, MN 56763	88-2658990	501(C)(3)	55,000.	0.			USE FUNDS WHERE NEEDED MOST
RED LAKE BAND OF CHIPPEWA INDIANS 15484 MIGIZI DR RED LAKE, MN 56671	41-0692381	GOV	51,000.	0.			RED LAKE NATION OMBIMINDWA PROGRAM
LEECH LAKE BAND OF OJIBWE 190 SAILSTAR DR NW CASS LAKE, MN 56633	41-1242052	GOV	50,000.	0.			LEECH LAKE YOUTH MENTAL HEALTH & WELLNESS INITIATIVE
AGASSIZ AUDUBON SOCIETY PO BOX 152 WARREN, MN 56762	41-1434405	501(C)(3)	44,000.	0.			EQUIPMENT UPGRADES TO SUPPORT NEW PROGRAMS, PAY FOR CONTRACT EMPLOYEE
STEPHEN ARGYLE SCHOOL DISTRICT #2856 - PO BOX 68 - STEPHEN, MN 56757	41-1843125	GOV	43,971.	0.			COMPUTERS/TECHNOLOGY FOR THE STEPHEN-ARGYLE CENTRAL SCHOOL, DISBURSEMENT OF
THE DISCOVERY PLACE CHILD CARE 305 NORA ST E THIEF RIVER FALLS, MN 56701	23-7207898	501(C)(3)	40,000.	0.			DISCOVERY PLACE EXPANSION PROJECT

Schedule I (Form 990)

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

(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 non-cash assistance	(h) Purpose of grant or assistance
WIN-E-MAC SCHOOL DISTRICT #2609 23130 345TH ST SE ERSKINE, MN 56535	41-1694266	GOV	39,697.	0.			MOBILE KIOSK TO SELL CLOTHES - JEREMY MORGENROTH, LANGUAGE ARTS SUPPLIES AND STORAGE -
ROSEAU COUNTY HISTORICAL 121 CENTER ST E STE 101 ROSEAU, MN 56751	23-7120887	501(C)(3)	36,025.	0.			SHELVING PROJECT
NORTHWEST INDIAN COMMUNITY DEVELOPMENT - 1819 BEMIDJI AVE N - BEMIDJI, MN 56601	41-1231594	501(C)(3)	35,000.	0.			AGING REGIONAL NEEDS & PRIORITIES PLAN
HEARTH CONNECTION 2446 UNIVERSITY AVE W SUITE 150 SAINT PAUL, MN 55114	41-1945956	501(C)(3)	34,380.	0.			YHSI PLANNING GRANT PROJECT WITH NECOC
CITY OF WARREN 120 E BRIDGE AVE WARREN, MN 56762	41-6005617	GOV	30,000.	0.			POOL IMPROVEMENT
INITIATIVE FOUNDATION 405 1ST ST SE LITTLE FALLS, MN 56345	36-3451562	501(C)(3)	30,000.	0.			NMF SUPPORT FOR 2025 INITIATORS FELLOWSHIP
UNITED WAY OF BEMIDJI AREA PO BOX 27 BEMIDJI, MN 56619	41-1567744	501(C)(3)	30,000.	0.			EMERGENCY RESPONSE FUND - 2025 STORM, BLACKDUCK FOOD BANK PROGRAM
PARK RAPIDS ISD #309 301 HUNTSINGER AVE PARK RAPIDS, MN 56470	41-6001518	501(C)(3)	28,785.	0.			NMF'S CCED GRANT; EARLY CHILDCARE CDA CLASS AT PRAHS, SOCCER GOALS FOR SCORING WITH THE
WARROAD CARE CENTER DBA WARROAD SENIOR LIVING CENTER - 1401 LAKE ST NW - WARROAD, MN 56763	41-1351830	501(C)(3)	26,500.	0.			TO PURCHASE AN ELECTRIC GOLF CART FOR RESIDENTS TO ENJOY THE

Schedule I (Form 990)

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

(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 non-cash assistance	(h) Purpose of grant or assistance
WARREN ALVARADO OSLO PUBLIC SCHOOL EDUCATION FOUNDATION - 224 EAST BRIDGE AVE - WARREN, MN 56762	41-1728608	501(C)(3)	23,154.	0.			FINAL GRANT FUND DISBURSEMENT
GARY CARES PO BOX 66 GARY, MN 56545	80-0678108	501(C)(3)	23,000.	0.			GARY WELLNESS CENTER, THE KINFOLK MARKET: A HUB FOR COMMUNITY, CULTURE, AND ECONOM
CITY OF ADA PO BOX 32 ADA, MN 56510	41-6004912	GOV	22,500.	0.			LITTLE LEARNERS CHILD CARE EXPANSION
CITY OF ARGYLE PO BOX 288 ARGYLE, MN 56713	41-6004940	GOV	22,260.	0.			ARGYLE FIRE AND RESCUE, ARGYLE SUMME, ARGYLE PICKLEBALL COURTS, WATER TOWER LIGHTS, WATER TOWER
OLD HOME TOWN MUSEUM INC. PO BOX 24 STEPHEN, MN 56757	45-3744738	501(C)(3)	22,000.	0.			OHT UPDATES, CAPITAL IMPROVEMENTS
THE NATURE CONSERVANCY 1101 W RIVER PKWY STE 200 MINNEAPOLIS, MN 55415	53-0242652	501(C)(3)	22,000.	0.			CONSERVING THE TALL ASPEN PARKLANDS
LIVING AT HOME OF THE PARK RAPIDS AREA - PO BOX 465, 218 INDUSTRIAL PARK RD - PARK RAPIDS, MN 56470	41-1968154	501(C)(3)	21,000.	0.			AS NEEDED, GENERAL OPERATING FUND
BEMIDJI COMMUNITY FOOD SHELF 1260 EXCHANGE AVE SE PO BOX 3118 BEMIDJI, MN 56601	41-1494430	501(C)(3)	20,500.	0.			GENERAL OPERATIONS
HUBBARD COUNTY FOOD SHELF 308 PLEASANT AVE S PARK RAPIDS, MN 56470	36-3339751	501(C)(3)	20,500.	0.			CAPITAL IMPROVEMENT CAMPAIGN

Schedule I (Form 990)

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

(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 non-cash assistance	(h) Purpose of grant or assistance
HEADWATERS ANIMAL SHELTER PO BOX 573 PARK RAPIDS, MN 56470	31-1610621	501(C)(3)	20,000.	0.			MEDICAL FUND, MAINTENANCE FUND, COMPUTER EQUIPMENT, SOFTWARE, AND INTERNET SECURITY
PROJECT ZAWADI INC. 253 DUKE ST SAINT PAUL, MN 55102	06-1629249	501(C)(3)	20,000.	0.			AS PER DISCUSSION W BRIAN SINGER
ST. MICHAEL'S SCHOOL 501 1ST ST SW MAHNOMEN, MN 56557	41-0696499	501(C)(3)	20,000.	0.			NMF'S CCED GRANT; ST. MICHAEL'S CHILD CARE EXPANSION
STEPHEN VOLUNTEER FIREMANS RELIEF PO BOX 213 STEPHEN, MN 56757	41-6040242	501(C)(3)	20,000.	0.			FIREFIGHTING EQUIPMENT, QUICK ATTACK TRUCK
LIL' CHOMPER'S CHILD CARE INC. 19183 200TH ST GREENBUSH, MN 56726	87-1172902	501(C)(3)	19,871.	0.			NMF'S CCED GRANT; CHILD CARE CENTER BUILD,
HUBBARD COUNTY 301 COURT AVE PARK RAPIDS, MN 56470	41-6005805	GOV	18,510.	0.			AIS WATERCRAFT INSPECTION
EVERGREEN YOUTH & FAMILY SERVICES, INC. - 610 PATRIOT DRIVE - BEMIDJI, MN 56619	41-1297737	501(C)(3)	17,500.	0.			EVERGREEN YOUTH & FAMILY SERVICES
TRI-VALLEY OPPORTUNITY COUNCIL INC PO BOX 607 CROOKSTON, MN 56716	41-0888488	501(C)(3)	17,500.	0.			FAMILY RESOURCE CENTER WELCOMING FAMILIES, REAP - NECESSITIES FOR SUCCESS
BELTRAMI COUNTY HISTORICAL SOCIETY 130 MINNESOTA AVE SW BEMIDJI, MN 56601	41-1484638	501(C)(3)	16,630.	0.			BELONGING IN BELTRAMI: A FOUNDATION-FUNDED COMMUNITY AND CIT, 2025 EXHIBIT PLAN

Schedule I (Form 990)

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

(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 non-cash assistance	(h) Purpose of grant or assistance
HOKULOA UNITED CHURCH OF CHRIST PO BOX 384239 WAIKOLOA, HI 96738	99-0349152	501(C)(3)	16,347.	0.			WINDOW REPLACEMENT
BIG SAND LAKE ASSOCIATION PO BOX 181 PARK RAPIDS, MN 56470	41-1618390	501(C)(3)	15,940.	0.			SUPPORT FOR AQUATIC INVASIVE SPECIES INSPECTIONS. THE TOTAL
GREENBUSH MIDDLE RIVER SCHOOL DISTRICT #2683 - PO BOX 70 - GREENBUSH, MN 56726	41-1807994	501(C)(3)	15,600.	0.			UPDATE WEIGHT ROOM EQUIPMENT IN THE GREENBUSH-MIDDLE RIVER S, GATOR WRESTLING MAT, GMR
CITY OF MCINTOSH 115 BROADWAY NW MCINTOSH, MN 56556	41-6005360	GOV	15,000.	0.			NMF'S CCED GRANT; CLUBHOUSE CHILDCARE FACILITY REPAIRS
IMMIGRANT LAW CENTER OF MINNESOTA 450 N SYNDICATE ST, STE 200 SAINT PAUL, MN 55104	41-0909036	501(C)(3)	15,000.	0.			THIS GRANT IS PROVIDED TO IMMIGRANT LAW CENTER OF MINNESOTA
PIONEER MEMORIAL CARE CENTER 23028 347TH ST ERSKINE, MN 56535	41-0713918	501(C)(3)	15,000.	0.			WHERE NEEDED MOST
GRAND PORTAGE RESERVATION 83 STEVENS RD, PO BOX 428 GRAND PORTAGE, MN 55605		GOV	14,550.	0.			THIS GRANT IS PROVIDED TO GRAND PORTAGE CHIPPEWA - GICHI-ONI
THE LEARNING TREE CHILD CARE CENTER - 321 S BIRCH AVE - HALLOCK, MN 56728	41-1903595	501(C)(3)	13,500.	0.			PRESCHOOL FURNISHINGS, NMF'S CCED GRANT; TODDLER PRESCHOOL COMBINATION ROOM
CITY OF STEPHEN PO BOX 630 STEPHEN, MN 56757	41-6005860	GOV	13,450.	0.			GRANT FOR USE OF A SCHEDULE PROGRAM TO BETTER SCHEDULE, RIVERSIDE GOLF CLUB -

Schedule I (Form 990)

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

(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 non-cash assistance	(h) Purpose of grant or assistance
FOSSTON INDEPENDENT SCHOOL DIST #601 - 301 1ST ST E - FOSSTON, MN 56542	41-6003330	501(C)(3)	13,263.	0.			ORAL MOTOR ASSESSMENTS AND SUPPLIES FOR SPEECH THERAPY, DOLLY PARTON IMAGINATION LIBRARY
NORTHLAND COMMUNITY COLLEGE FOUNDATION - 1101 HIGHWAY 1 E - THIEF RIVER FALLS, MN 56701	41-1287038	501(C)(3)	13,000.	0.			COMMUNITY COLLABORATIONS
CLEARWATER COUNTY HUMANE SOCIETY PO BOX 296 BAGLEY, MN 56621	41-1814363	501(C)(3)	12,500.	0.			PROGRAM AND OPERATIONS SUPPORT
NAMELESS COALITION FOR THE HOMELESS - PO BOX 265 - WARROAD, MN 56793	47-2472053	501(C)(3)	12,000.	0.			OPERATING EXPENSES
WARROAD COMMUNITY PARTNERS INC. PO BOX 957 WARROAD, MN 56763	47-2039677	501(C)(3)	12,000.	0.			NORTHBORN DAYS & RIVERBEND SKATE PAD
LAKES AND PRAIRIES COMMUNITY ACTION PARTNERSHIP - 715 NORTH 11TH ST, STE 402 - MOORHEAD, MN 56560	41-0905871	501(C)(3)	11,000.	0.			NMF'S CCED GRANT; NWMN CHILD CARE CENTER DIRECTOR'S GROUP
SANFORD HEALTH FOUNDATION OF NORTHERN MINNESOTA - 1300 ANNE ST. NW - BEMIDJI, MN 56601	41-1389317	501(C)(3)	10,983.	0.			WHERE NEEDED MOST
HEADWATERS SHOOTING SPORTS FOUNDATION INC. - PO BOX 62 - BEMIDJI, MN 56619	27-1313417	501(C)(3)	10,700.	0.			YOUTH SHOOTING PROGRAMS
YOUTH EMERGENCY SHELTER & SUPPORTS 37698 NORTH PARK DR PARK RAPIDS, MN 56470	92-3347905	501(C)(3)	10,500.	0.			REAP - COMMUNITY HEALTH & HEALING & YOUTH OUTREACH PROGRAM

Schedule I (Form 990)

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

(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 non-cash assistance	(h) Purpose of grant or assistance
4-DIRECTIONS DEVELOPMENT PO BOX 587 RED LAKE, MN 56671	81-1754928	501(C)(3)	10,000.	0.			STRENGTHENING INTERNAL CAPACITY
AMHERST H. WILDER FOUNDATION 451 LEXINGTON PKWY N SAINT PAUL, MN 55104	41-0693889	501(C)(3)	10,000.	0.			THIS GRANT IS PROVIDED TO AMHERST H. WILDER FOUNDATION FOR M
BIO GIRLS, INC 4255 38TH ST S, STE 202 FARGO, ND 58104	81-0792142	501(C)(3)	10,000.	0.			FISHER PROGRAM DELIVERY, 2025 HALLOCK PROGRAM, GREENBUSH BIO GIRLS PROGRAM 2025
LEAD FOR INCLUSION 102 1ST ST W STE 112 BEMIDJI, MN 56601	99-2752710	501(C)(3)	10,000.	0.			READ FOR INCLUSION: COMMUNITY EDUCATION & YOUTH-LED ENGAGEME
MINNESOTA HISTORICAL SOCIETY 345 KELLOGG BLVD W SAINT PAUL, MN 55102	41-0713907	501(C)(3)	10,000.	0.			THE WARROAD HISTORICAL SOCIETY WILL USE THIS MONEY TO BEGIN WORK
MISSISSIPPI HEADWATERS REGIONAL DEVELOPMENT COMMISSION - PO BOX 906 - BEMIDJI, MN 56619	19-5110067	N/A	10,000.	0.			RENOVATE NIELSEN SPEARHEAD CENTER
NEW HOPE FOR IMMIGRANTS 1622 CENTRAL AVE NE STE B EAST GRAND FORKS, MN 56721	86-2141302	501(C)(3)	10,000.	0.			NEW AMERICAN WELCOMING COMMUNITIES
THE PAUL BUNYAN PLAYHOUSE INC. 314 BELTRAMI AVE NW BEMIDJI, MN 56601	41-0723131	501(C)(3)	10,000.	0.			REBUILD THE CHIEF
TRUE FRIENDS 10509 108TH STREET NW ANNANDALE, MN 55302	41-1543013	501(C)(3)	10,000.	0.			CAMP COURAGE NORTH

Schedule I (Form 990)

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

(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 non-cash assistance	(h) Purpose of grant or assistance
RIVER PLACE PO BOX 17 WARROAD, MN 56763	84-3533780	501(C)(3)	10,000.	0.			WHERE FUNDS ARE NEEDED MOST
NORTHWEST MINNESOTA JUVENILE CENTER - PO BOX 247 - BEMIDJI, MN 56619-0247		GOV	9,500.	0.			NWMJC FARM PROGRAM
THIEF RIVER FALLS EDUCATION FOUNDATION - 230 LABREE AVE S - THIEF RIVER FALLS, MN 56701	41-1680500	501(C)(3)	9,000.	0.			IN MEMORY OF MARJORIE AND ORIN GREEN
WARREN SENIOR CITIZENS CENTER 110 W JOHNSON AVE WARREN, MN 56762	41-1392863	501(C)(3)	9,000.	0.			FLOORING, CLEANING, WAXING.
ROSEAU CIVIC & COMMERCE ASSOCIATION - PO BOX 304 - ROSEAU, MN 56751	41-0808110	501(C)(3)	8,500.	0.			ROSEAU WELCOMING COMMUNITY INITIATIVES
FERTILE-BELTRAMI FOOD SHELF PO BOX 373 FERTILE, MN 56540	41-1459758	501(C)(3)	7,934.	0.			TO ESTABLISH A FOOD SHELF FOR THE FERTILE-BELTRAMI COMMUNITY
CLEAR WATERS LIFE CENTER PO BOX 155 CLEARBROOK, MN 56634	77-0643868	501(C)(3)	7,700.	0.			LIVING LOCAL WOMEN, YOUTH CONNECTION - PIANO LAB
LOW IDC FUNDS PO BOX 181 BAUDETTE, MN 56623		N/A	7,225.	0.			2024 INDUSTRIAL PARK EXPENSES
HEARTLAND LAKES COMMUNITY SCHOOL PO BOX 760 PARK RAPIDS, MN 56470	92-0453479	501(C)(3)	7,200.	0.			BRIDGING CULTURES: A MULTICULTURAL MEAL SERIES FOR BUILDING, AFTER SCHOOL CLUBS AT HLCS

Schedule I (Form 990)

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

(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 non-cash assistance	(h) Purpose of grant or assistance
THIEF RIVER FALLS UNITED METHODIST CHURCH - 116 HORACE AVE N - THIEF RIVER FALLS, MN 56701	41-0851906	501(C)(3)	7,000.	0.			GRANT IN MEMORY OF MARJORIE AND ORIN GREEN
BEMIDJI SCULPTURE WALK PO BOX 144 BEMIDJI, MN 56619	33-1140054	501(C)(3)	6,482.	0.			FUND CLOSURE TRANSFER
BEMIDJI COMMUNITY ARTS COUNCIL INC 505 BEMIDJI AVE N BEMIDJI, MN 56601	41-1287739	501(C)(3)	6,280.	0.			ART IN BEMIDJI BLUE BOOTHS
HOSPICE OF THE RED RIVER 1845 HWY 59 S, STE 400 THIEF RIVER FALLS, MN 56701	45-0349152	501(C)(3)	6,250.	0.			GIVEN IN MEMORY OF MARJORIE AND ORIN GREEN, FISHER AREA GRIEF AND BEREAVEMENT PROGRAM
HEADWATERS SCHOOL OF MUSIC & ARTS, INC. - 519 MINNESOTA AVE NW - BEMIDJI, MN 56601	41-1730200	501(C)(3)	6,000.	0.			WELCOMING LEARNERS OF ALL ABILITIES, BEMIDJI SINGS VOCAL COMPETITION, ENTRANCE IMPROVEMENTS
KELLIHER PUBLIC SCHOOL PO BOX 259 KELLIHER, MN 56650	41-6008114	501(C)(3)	6,000.	0.			NMF'S CCED GRANT; TECHNOLOGY AND TRAINING
LAKE OF THE WOODS DOLLARS FOR SCHOLARS - PO BOX 252 - BAUDETTE, MN 56623	46-5065533	501(C)(3)	6,000.	0.			NMF'S CCED GRANT; TECHNOLOGY AND TRAINING
FIRST CARE MEDICAL SERVICES 900 HILLIGOSS BLVD SE FOSSTON, MN 56542	41-0706143	501(C)(3)	5,600.	0.			BEREAVEMENT MATERIALS, 2024 GOALS FOR FOSSTON AND AREA
GREENWOOD CEMETERY ASSOC PO BOX 1431 BEMIDJI, MN 56619	41-0639073	501(C)(13)	5,500.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	326	356,585.	0.		

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: LIFECARE MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PURCHASE TROPHON2 ULTRASOUND PROBE DISINFECTION DEVICE FO, UPDATE VIDEO LARYNGOSCOPY EQUIPMENT, WHICH IS UTILIZED BY EM, TO PURCHASE TV'S FOR EACH RESIDENT ROOM AT THE LIFECARE ROSE, TO PURCHASE A TRAILER TO PULL BEHIND THE RANGER FOR

Part IV Supplemental Information

RESIDENT, FUNDING TO GO TOWARDS A NEW VAN FOR ROSEAU SENIOR LIVING,

NAME OF ORGANIZATION OR GOVERNMENT: WARROAD PUBLIC SCHOOLS ISD #690

(H) PURPOSE OF GRANT OR ASSISTANCE: FINAL DISBURSEMENT OF THE WARROAD FARMERS UNION OIL CO. SCHO, NANCY FISHER, CLAVINOVA, DRAINAGE EXCAVATION OF WARROAD ATHLETIC COMPLEX, JEREMY CULLETON, WHS RETOOLING CTE MANUFACTURING, 3 PROMETHEAN ACTIVITY PANELS FOR SPECIAL EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: STEPHEN ARGYLE SCHOOL DISTRICT #2856

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPUTERS/TECHNOLOGY FOR THE STEPHEN-ARGYLE CENTRAL SCHOOL, DISBURSEMENT OF OLSONAWSKI FUND, FINAL DISBURSEMENT OF TIGER ALUMNI SCHOLARSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: WIN-E-MAC SCHOOL DISTRICT #2609

(H) PURPOSE OF GRANT OR ASSISTANCE: MOBILE KIOSK TO SELL CLOTHES - JEREMY MORGENROTH, LANGUAGE ARTS SUPPLIES AND STORAGE - VONDIA WINTER, WHITE BOARD DESKS/TABLES - EILEEN COOK, COMMUNICATION BOARDS - ALYSSA HICKMAN, LIBRARY UPDATES - JULIE BAUER, ELECTRICAL TRAINER - NATE JOHNSON

NAME OF ORGANIZATION OR GOVERNMENT: PARK RAPIDS ISD #309

(H) PURPOSE OF GRANT OR ASSISTANCE: NMF'S CCED GRANT; EARLY CHILDCARE CDA CLASS AT PRAHS, SOCCER GOALS FOR SCORING WITH THE COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF ARGYLE

(H) PURPOSE OF GRANT OR ASSISTANCE: ARGYLE FIRE AND RESCUE, ARGYLE SUMME, ARGYLE PICKLEBALL COURTS, WATER TOWER LIGHTS, WATER TOWER GAZEBO PR

NAME OF ORGANIZATION OR GOVERNMENT:

GREENBUSH MIDDLE RIVER SCHOOL DISTRICT #2683

(H) PURPOSE OF GRANT OR ASSISTANCE: UPDATE WEIGHT ROOM EQUIPMENT IN THE GREENBUSH-MIDDLE RIVER S, GATOR WRESTLING MAT, GMR PRE-SCHOOL PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF STEPHEN

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR USE OF A SCHEDULE PROGRAM TO BETTER SCHEDULE, RIVERSIDE GOLF CLUB - TREE REMOVAL AND NEW PLANTING, STEPHEN FIREFIGHTERS - NEW FIRE AND RESCUE TRUCK

NAME OF ORGANIZATION OR GOVERNMENT: FOSSTON INDEPENDENT SCHOOL DIST #601

(H) PURPOSE OF GRANT OR ASSISTANCE: ORAL MOTOR ASSESSMENTS AND SUPPLIES FOR SPEECH THERAPY, DOLLY PARTON IMAGINATION LIBRARY DISTRIBUTION, ACADEMIC INTERVENTION & SUPPORT INCENTIVE PROGRAM

Empty lines for additional supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization NORTHWEST MINNESOTA FOUNDATION	Employer identification number 41-1556013
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Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) (Rev. 12-2024)

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 PRESIDENT	(i)	195,698.	0.	0.	9,785.	0.	205,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	48,306.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SCHOLARSHIPS: A CUMULATIVE SUM OF \$442K WAS DEDICATED TO PROVIDING 326 SCHOLARSHIPS, EMPHASIZING NMF'S COMMITMENT TO EDUCATION AND SKILL DEVELOPMENT. COMPONENT AND COMMUNITY FUNDS: A CUMULATIVE SUM OF \$1.45M WAS GRANTED 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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

REGIONAL CHALLENGES.

CONCLUSION - THE CUMULATIVE IMPACT OF NMF 'S INITIATIVES THROUGHOUT FISCAL YEAR 2025 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.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WILL BE PROVIDED TO AND REVIEWED BY THE BOARD PRIOR TO FILING. A DIGITAL COPY OF THE FINAL 990 DRAFT WILL BE SENT TO ALL BOARD MEMBERS AT LEAST A WEEK BEFORE THE 990 IS OFFICIALLY FILED.

FORM 990, PART VI, SECTION B, 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 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.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT IS SUBJECT TO ANNUAL REVIEW BY THE BOARD, WHO THEN DETERMINES THE SALARY. THE DETERMINATION IS ALSO BASED ON EXTERNAL COMPENSATION DATA.

KEY EMPLOYEE COMPENSATION IS REVIEWED BY MANAGEMENT AND THE PRESIDENT. THE DETERMINATION IS ALSO BASED ON EXTERNAL COMPENSATION DATA.

FORM 990, PART VI, SECTION C, LINE 19:

THE 990, AUDITED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization NORTHWEST MINNESOTA FOUNDATION	Employer identification number 41-1556013
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INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PURCHASED/PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	294,263.
MANAGEMENT AND GENERAL EXPENSES	145,464.
FUNDRAISING EXPENSES	27,729.
TOTAL EXPENSES	467,456.

CONSULTANTS:

PROGRAM SERVICE EXPENSES	380,397.
MANAGEMENT AND GENERAL EXPENSES	188,042.
FUNDRAISING EXPENSES	35,845.
TOTAL EXPENSES	604,284.

CONTRACTORS:

PROGRAM SERVICE EXPENSES	49,290.
MANAGEMENT AND GENERAL EXPENSES	24,366.
FUNDRAISING EXPENSES	4,644.
TOTAL EXPENSES	78,300.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,150,040.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INVESTMENT IN NMCIC	
CHANGE IN VALUE OF GIFT ANNUITY	
CHANGE IN VALUE OF AGENCY ENDOWMENT	-224,098.
TRANSFER OF NET ASSETS TO NORTH STAR NEIGHBORS	-150,000.
TOTAL TO FORM 990, PART XI, LINE 9	-374,098.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NORTH STAR NEIGHBORS - 93-2224498 201 3RD ST NW BEMIDJI, MN 56601	HOUSING	MINNESOTA	501(C)(3)	LINE 7	NORTHWEST MINNESOTA FOUNDATION	<input checked="" type="checkbox"/>	
NORTHWEST MINNESOTA COMMUNITY IMPACT CORPORATION - 92-2203589, 201 3RD ST NW, BEMIDJI, MN 56601	LENDING	MINNESOTA	501(C)(3)	LINE 7	NORTHWEST MINNESOTA FOUNDATION	<input checked="" type="checkbox"/>	

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

Schedule R (Form 990) (Rev. 1-2025)

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHWEST MINNESOTA COMMUNITY IMPACT CORPORATION	D	201,561.	FMV
(2) NORTHWEST MINNESOTA COMMUNITY IMPACT CORPORATION	L	91,592.	FMV
(3) NORTH STAR NEIGHBORS	L	86,203.	FMV
(4) NORTH STAR NEIGHBORS	D	129,649.	FMV
(5) NORTH STAR NEIGHBORS	B	102,000.	FMV
(6)			

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

June 30, 2025

Prepared For:

Northwest Minnesota Foundation
201 3rd St NW
Bemidji, MN 55601

Prepared By:

Wipfli Advisory LLC
1502 London Road, Suite 200
Duluth, MN 55812

Amount of Tax:

Balance due of \$25

Make Check Payable To:

State of Minnesota

Mail Tax Return To:

Minnesota Attorney Generals Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

Return must be mailed on or before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Include the organization's Federal Employer Identification Number and 2024 Annual Report on the check or money order.

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

C2

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information

Legal Name of Organization NORTHWEST MINNESOTA FOUNDATION

Federal EIN: 41-1556013

Fiscal Year-End: 06302025

mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address: <u>SHANNON JESME</u> Contact Person <u>201 3RD ST NW</u> Street Address <u>BEMIDJI, MN 55601</u> City, State, and ZIP Code <u>218-759-2057</u> Phone Number Email Address	Physical Address: <u>SHANNON JESME</u> Contact Person <u>201 3RD ST NW</u> Street Address <u>BEMIDJI, MN 55601</u> City, State, and ZIP Code <u>218-759-2057</u> Phone Number Email Address
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1. Organization's website: WWW.NWMF.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).
NORTHWEST MINNESOTA INITIATIVE FUND Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 2,616,270.

6. Has the organization's tax-exempt status with the IRS changed?
 Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
 Yes No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
Street Address	City, State, and ZIP Code

10. Is the organization a food shelf? Yes No
If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
KAREN WHITE PRESIDENT	195,698.	9,785.
SHANNON MARTINUEAU JESME SENIOR VP OF FINANCE AND	139,050.	9,067.
MICHAEL NEUSSER VP OF OPERATIONS	133,432.	9,785.
BRENDA BRUGGEMAN CONTROLLER	119,474.	7,168.
DAWN GANJE SVP OF PHILANTHROPY	109,416.	9,529.

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

12. A full list of the organization's board of directors, including names, addresses, and total compensation paid to each (attach list if more space is needed).

SEE STATEMENT 1

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.)

SEE STATEMENT 2

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.
Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. TOTAL INCOME	\$ _____	5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ _____	9
10. EXCESS or DEFICIT	\$ _____	10
(Line 5 minus Line 9)		

ASSETS

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. TOTAL ASSETS	\$ _____	14

LIABILITIES

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ _____	18

FUND BALANCE/NET WORTH

\$ _____

(Line 14 minus Line 18)

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Pension, Advertising, etc., ending with Total functional expenses and Joint costs.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

PRESIDENT _____ (Title) and _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20 ____, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

KAREN WHITE _____

Name (Print)

Signature

PRESIDENT _____

Title

Date

Name (Print)

Signature

Title

Date

ANNUAL REPORT
INITIAL REGISTRATION

BOARD OF DIRECTORS

STATEMENT 1

NAME AND ADDRESS	COMPENSATION
JASON CARLSON	0.
BRUCE REEVES	0.
TODD BECKEL	0.
CONNIE LINDSTROM	0.
CHERI GUNVALSON	0.
ALISHA EVERWIND	0.
KAITLYN GRENIER	0.
CHRISTINE IMBRA	0.
JILL JOHNSON	0.
MIKE LAROQUE	0.
KYLE LARSON	0.
MICHELLE PAQUIN	0.
JACK SWANSON	0.

NORTHWEST MINNESOTA FOUNDATION

41-1556013

KRISTI THORFINNSON

0.

DEB ZAK

0.

ANNUAL REPORT
INITIAL REGISTRATION

BANK OR FINANCIAL INSTITUTION
IN WHICH FUNDS ARE DEPOSITED

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

SECURITY BANK USA
1025 PAUL BUNYAN DRIVE NW
BEMIDJI, MN 56601

218-751-1510

US BANK
1555 N RIVERCENTER DR SUITE 300
MILWAUKEE, WI 53212

217-753-7381

BREMER WEALTH
4150 2ND STREET S, STE 110
ST CLOUD, MN 56301

320-656-3300

GOLDMAN SACHS
71 S WACKER DR, SUITE 1200
CHICAGO, IL 60606

312-655-4600

CHARLES SCHWAB
706 2ND AVE S BAKER BUILDING 400
MINNEAPOLIS, MN 55402

952-820-2060