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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009Open to Public
Inspection**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	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 4225 TECHNOLOGY DR NW		
		City or town, state or country, and ZIP + 4 BEMIDJI, MN 56601		
		F Name and address of principal officer NANCY VYSKOCIL SAME AS C ABOVE		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 13,269,051.		
J Website: NWMF.ORG		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
L Year of formation 1986		M State of legal domicile MN		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE NORTHWEST MN FOUNDATION INVESTS RESOURCES, CREATES OPPORTUNITIES, AND PROMOTES PHILANTHROPY			
	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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of employees (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,260,795.	Current Year 3,551,877.
	9	Program service revenue (Part VIII, line 2g)	459,349.	466,586.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177,667.	1,394,532.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,897,811.	5,412,995.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,765,457.	1,912,616.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,234,972.	1,288,419.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25)	132,139.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,406,729.	1,603,230.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,407,158.	4,804,265.
	19	Revenue less expenses. Subtract line 18 from line 12	-509,347.	608,730.
	20	Total assets (Part X, line 16)	Beginning of Current Year 39,788,547.	End of Year 41,427,451.
	21	Total liabilities (Part X, line 26)	4,412,034.	4,291,066.
	22	Net assets or fund balances. Subtract line 21 from line 20	35,376,513.	37,136,385.

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 <i>Nancy Vyskocil</i>		Date 12-17/10
	Type or print name and title NANCY VYSKOCIL, PRESIDENT		
Paid Preparer's Use Only	Preparer's signature <i>Miller McDonald Erickson & Moller Ltd</i>	Date 12/08/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 MILLER MCDONALD ERICKSON & MOLLER LTD P.O. BOX 486 BEMIDJI, MN 56619-0486	Preparer's identifying number (see instructions) BN ▶	
		Phone no ▶ (218) 751-6300	

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

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED JAN 13 2011

916 1

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE NORTHWEST MINNESOTA FOUNDATION INVESTS RESOURCES, CREATES
OPPORTUNITIES, AND PROMOTES PHILANTHROPY TO MAKE THE REGION A BETTER
PLACE TO LIVE AND WORK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 3,944,433. including grants of \$ 1,912,616.) (Revenue \$ 466,586.)
SEE ATTACHED STATEMENT

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

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

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 3,944,433.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
12A		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	41	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	19	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter.		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter.		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Form 990 (2009)

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

	Yes	No
1a Enter the number of voting members of the governing body	12	
b Enter the number of voting members that are independent	12	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	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 in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **►**
TIMOTHY WANG - 218-759-2057
4225 TECHNOLOGY DR. NW, BEMIDJI, MN 56601

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC BERGESON CHAIR	4.00	X		X				550.	0.	0.
MARK HEWITT VICE CHAIR	4.00	X		X				450.	0.	0.
KIM WILSON SECRETARY	4.00	X		X				400.	0.	0.
GARY PURATH TREASURER	4.00	X		X				500.	0.	0.
TERRI ANDERSON DIRECTOR	4.00	X						200.	0.	0.
JODY HORNTVEDT DIRECTOR	4.00	X						500.	0.	0.
JUDY ROY DIRECTOR	4.00	X						450.	0.	0.
ROGER MALM DIRECTOR	4.00	X						300.	0.	0.
DEAN JOHNSON DIRECTOR	4.00	X						500.	0.	0.
ROBERT HAGER DIRECTOR	4.00	X						350.	0.	0.
LAURIE WILSON DIRECTOR	4.00	X						250.	0.	0.
DAVE BERGMAN DIRECTOR	4.00	X						0.	0.	0.
NANCY VYSKOCIL PRESIDENT	40.00			X	X			117,811.	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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								122,261.	0.	0.

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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	397,994.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	315,383.			
	g	Noncash contributions included in lines 1a-1f \$		54,255.			
	h	Total. Add lines 1a-1f		355,187.			
Program Service Revenue	2 a	INTEREST REVENUE-LOANS	Business Code 900099	253,110.	253,110.		
	b	PARTICIPATION FEES	900099	201,220.	201,220.		
	c	LOAN APPLICATION FEES	900099	12,256.	12,256.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		466,586.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		104,885.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross Rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 8,201,733.				
b		Less: cost or other basis and sales expenses	7,852,912. 3,144.				
c		Gain or (loss)	348,821. -3,144.				
d		Net gain or (loss)		345,677.		345,677.	
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b		Less: direct expenses	b				
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		541,295.	466,586.	0.	1,394,532.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	1,723,212.	1,723,212.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	189,404.	189,404.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,018,298.	571,182.	377,926.	69,190.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	270,121.	160,194.	99,082.	10,845.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	16,659.	7,800.	5,601.	3,258.
c Accounting	10,563.	2,035.	8,528.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	159,563.	148,866.	10,697.	
g Other	544,921.	501,728.	32,809.	10,384.
12 Advertising and promotion	60,344.	36,566.	21,754.	2,024.
13 Office expenses	144,525.	70,470.	54,735.	19,320.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	71,543.	41,820.	23,009.	6,714.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	22,202.	20,430.	1,772.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,269.	28,232.	25,037.	
23 Insurance	8,773.	2,845.	5,928.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a LOAN LOSS PROVISION	189,174.	189,174.		
b ANNUITY ACTUARIAL ADJUS	159,503.	159,503.		
c MISCELLANEOUS	95,972.	60,012.	34,716.	1,244.
d MAINTENANCE AND REPAIR	31,666.	16,893.	14,773.	
e EDUCATION	17,932.	7,678.	3,892.	6,362.
f All other expenses	16,621.	6,389.	7,434.	2,798.
25 Total functional expenses. Add lines 1 through 24f	4,804,265.	3,944,433.	727,693.	132,139.
26 Joint costs. Check here <input type="checkbox"/> if following SCP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	100.	1	100.
	2 Savings and temporary cash investments	486,653.	2	363,729.
	3 Pledges and grants receivable, net	869,957.	3	836,433.
	4 Accounts receivable, net	7,604.	4	7,604.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	4,192,848.	7	3,932,295.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,461.	9	5,260.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 1,129,476.		
	b Less accumulated depreciation	10b 460,035.	658,556.	10c 669,441.
	11 Investments - publicly traded securities	32,782,664.	11	34,976,382.
	12 Investments - other securities. See Part IV, line 11	625,500.	12	463,837.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	160,204.	15	172,370.
16 Total assets. Add lines 1 through 15 (must equal line 34)	39,788,547.	16	41,427,451.	
Liabilities	17 Accounts payable and accrued expenses	182,718.	17	216,439.
	18 Grants payable	466,189.	18	478,793.
	19 Deferred revenue	232,437.	19	282,437.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,138,659.	23	1,038,155.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	2,392,031.	25	2,275,242.
	26 Total liabilities. Add lines 17 through 25	4,412,034.	26	4,291,066.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		409,396.	27	442,992.
28 Temporarily restricted net assets		10,581,286.	28	11,264,454.
29 Permanently restricted net assets		24,385,831.	29	25,428,939.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		35,376,513.	33	37,136,385.
34 Total liabilities and net assets/fund balances	39,788,547.	34	41,427,451.	

Part XI Financial Statements and Reporting

- 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 in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number

41-1556013

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III - Functionally integrated
 - d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,283,559.	3,136,397.	3,134,730.	3,260,795.	3,551,877.	16,367,358.
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	3,283,559.	3,136,397.	3,134,730.	3,260,795.	3,551,877.	16,367,358.
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)						4,406,307.
6 Public support. Subtract line 5 from line 4						11,961,051.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,283,559.	3,136,397.	3,134,730.	3,260,795.	3,551,877.	16,367,358.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	827,591.	993,496.	1,344,358.	1,378,875.	1,386,181.	5,930,501.
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 IV)						
11 Total support. Add lines 7 through 10						22,297,859.
12 Gross receipts from related activities, etc. (see instructions)					12	2,129,294.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	53.64 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	49.81 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 IV 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 - 2008. 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 IV 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"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. 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 <input type="checkbox"/>		
b 33 1/3% support tests - 2008. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open 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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	20	
2 Aggregate contributions to (during year)	84,085.	
3 Aggregate grants from (during year)	34,974.	
4 Aggregate value at end of year	2,198,764.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 organization answered "Yes" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	26,132,066.	31,761,703.			
b Contributions	1378023.	252,147.			
c Net investment earnings, gains, and losses	2168912.	-4,257,358.			
d Grants or scholarships					
e Other expenditures for facilities and programs	1427607.	1601766.			
f Administrative expenses	448,860.	97,912.			
g End of year balance	27,802,534.	26,056,814.			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► 100.00 %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		130,317.		130,317.
b Buildings		610,845.	218,730.	392,115.
c Leasehold improvements				
d Equipment		388,314.	241,305.	147,009.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				669,441.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,412,995.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,804,265.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	608,730.
4	Net unrealized gains (losses) on investments	4	1,151,142.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,151,142.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,759,872.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,564,137.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	1,151,142.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	1,151,142.
3	Subtract line 2e from line 1	3	5,412,995.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,412,995.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,804,265.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,804,265.
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,804,265.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: ENDOWMENT FUNDS ARE HELD AND ADMINISTERED FOR THE

PURPOSE OF CONTINUING THE ADMINISTRATION AND PROGRAM ACTIVITIES OF THE
NORTHWEST MINNESOTA FOUNDATION.

**SCHEDULE I
(Form 990)**

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.

OMB No. 1545-0047

2009

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEMIDJI AREA SCHOOLS DIST #31 3300 GILLETTE DR N BEMIDJI, MN 56601	41-6000181		9,669.	0. BOOK			SCHOOL ACTIVITIES EQUIPMENT AND SERVICES INFRASTRUCTURE UPGRADE. PROVIDING QUALITY SERVICE TO CLIENTS AND DONORS UTILIZING CLIENT TRACK
BEMIDJI FOOD SHELF PO BOX 3118 BEMIDJI, MN 56619	41-1494430		13,825.	0. BOOK			REGIONAL ECONOMIC ALLIANCE WORKFORCE TASKFORCE
BEMIDJI STATE UNIVERSITY 1500 BIRCHMONT DR. BEMIDJI, MN 56601	41-1687554		25,000.	0. BOOK			FEASIBILITY OF SOLAR ENERGY AT THE SOUTH SHORE DEVELOPMENT
CITY OF BEMIDJI 317 4TH ST NW BEMIDJI, MN 56601	41-6004972		10,000.	0. BOOK			EMERGENCY ASSISTANCE PROGRAM
BI-COUNTY CAP, INC. PO BOX 579 BEMIDJI, MN 56619	41-0885981		19,200.	0. BOOK			BOYS AND GIRLS CLUBS OF THE WHITE EARTH RESERVATION, RICE LAKE UNIT EXPANSION
BOYS & GIRLS CLUB OF WHITE EARTH RESERVATION - PO BOX 186 - NAYTAHWAUSH, MN 56566	41-2050817		6,250.	0. BOOK			

2 Enter total number of section 501(c)(3) and government organizations

▶ **39.**

3 Enter total number of other organizations

▶ **24.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

(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 non-cash assistance
BUSINESS TECHNICAL ASSISTANCE	4	14,895.	0.	BOOK	
SCHOLARSHIP	150	81,675.	0.	BOOK	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, 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 TERMS IN THE AWARD LETTER INCLUDING WHEN PAYMENTS WILL BE SENT AND WHEN REPORTS WILL BE DUE. NORMALLY THE FIRST PAYMENT IS SENT AFTER THE GRANTEE SIGNS THIS AGREEMENT. FOLLOWING PAYMENTS ARE SENT AFTER SENDING IN SATISFACTORY REPORTS. WITH COMPONENT FUNDS, PAYMENT IS SENT AFTER REQUIRED MATERIALS ARE RECEIVED FROM THE ADVISORY COMMITTEE. SCHOLARSHIP PAYMENTS ARE SENT DIRECTLY TO THE POST-SECONDARY SCHOOLS AFTER REQUIRED INFORMATION IS RECEIVED FROM THE STUDENTS.

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATIONEmployer identification number
41-1556013**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
B-WELL 616 AMERICA AVE BEMIDJI, MN 56601	04-3770453		6,250.	0. BOOK			TRACKING THE CHALLENGE OF CHILDHOOD OBESITY IN BEMIDJI AND SURROUNDING
CLEAR WATERS LIFE CENTER PO BOX 155 CLEARBROOK, MN 56634	77-0643868		9,600.	0. BOOK			CLEAR WATERS LIFE HEALTH AND FITNESS CENTER
CLEARWATER COUNTY HOSPICE, INC 212 MAIN AVE N BAGLEY, MN 56621	41-6005779		5,300.	0. BOOK			HOSPICE AID
COMMUNITY RESOURCE CONNECTIONS 616 AMERICA AVE BEMIDJI, MN 56601	41-1782146		8,900.	0. BOOK			EMPOWERING RURAL YOUTH
ENTERPRISE MINNESOTA 310 4TH AVE S STE MINNEAPOLIS, MN 55415	41-1595930		7,200.	0. BOOK			PEER COUNCIL
EVANGELICAL COVENANT CHURCH OF CROOKSTON - 520 EAST FISHER A - CROOKSTON, MN 56716	41-1638854		12,542.	0. BOOK			ECCC/REGIONAL FBO MENTAL HEALTH SERVICE CAPACITY EXPANSION
THE EVERGREEN HOUSE PO BOX 662 BEMIDJI, MN 56619	41-1297737		10,000.	0. BOOK			BRIDGE FUNDING FOR EVERGREEN/HEALTHY COMMUNITY HEALTHY KIDS PROGRAM MERGER
FAMILY ADVOCACY CENTER OF NORTHERN MINNESOTA - LAKESIDE CAMPUS - BEMIDJI, MN 56601	20-2102362		14,711.	0. BOOK			DIGITAL RECORD SYSTEM

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule I-1 (Form 990) 2009**

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number
41-1556013

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CROOKSTON 124 N BROADWAY CROOKSTON, MN 56716	41-6005076		100,000.	0. BOOK			ARENA CONSTRUCTION
FORTE KEYBOARD COMPANY LLC 410 CLAUSEN AVE S BEMIDJI, MN 56601	27-0406347		10,000.	0. BOOK			IDEA AWARD WINNER
GIRL SCOUTS OF MINNESOTA & WISCONSIN LAKES & PINES - 400 2ND AVE S - WAITE PARK, MN 56387	41-0877820		5,750.	0. BOOK			RED LAKE TEEN GIRL INITIATIVE
HEADWATERS REGIONAL DEVELOPMENT COMMISSION - PO BOX 906 - BEMIDJI, MN 56619	41-0983661		7,267.	0. BOOK			HEADWATERS REGION COLLABORATIVE COMMUNITY RENEWABLE ENERGY PLAN
HOPE HOUSE PO BOX 1097 BEMIDJI, MN 56619	41-1658456		7,520.	0. BOOK			IMPROVING COMMUNICATIONS
HUBBARD REGIONAL ECONOMIC DEVELOPMENT COMMISSION - 301 COURT AVE - PARK RAPIDS, MN 56470	20-4208381		15,000.	0. BOOK			PARK RAPIDS DOWNTOWN REVITALIZATION FACADE DESIGN IMPROVEMENTS
HUMAN ACHIEVEMENT & PERFORMANCE ACADEMY - PO BOX 853 - PARK RAPIDS, MN 56470	05-0577565		8,000.	0. BOOK			STRENGTHEN ORGANIZATIONAL INFRASTRUCTURE
ICEHOGGER, INC. 19237 342ND ST BAGLEY, MN 56621	27-0379472		10,000.	0. BOOK			IDEA AWARD WINNER

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number
41-1556013

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash 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 PO BOX 189 OKLEE, MN 56472	41-0888083		12,700.	0. BOOK			EMERGENCY ASSISTANCE PROGRAM
CITY OF KENNEDY PO BOX 7 KENNEDY, MN 56733	41-0847118		10,000.	0. BOOK			"GO GREEN" ENERGY PROGRAM
KINSHIP OF PARK RAPIDS PO BOX 282 PARK RAPIDS, MN 56470	41-1738041		5,095.	0. BOOK			KINSHIP TECHNOLOGY UPGRADE
LAVALLEY INDUSTRIES, LLC PO BOX 683 BEMIDJI, MN 56619	41-0888083		10,000.	0. BOOK			IDEA AWARD WINNER
KITTSOON-COUNTY ECONOMIC DEVELOPMENT AUTHORITY - C/O CITY CLERK - KENNEDY, MN 56733	41-6005819		16,667.	0. BOOK			JOBS 2010
CITY OF MAHNOMEN PO BOX 250 MAHNOMEN, MN 56557	41-6005340		5,625.	0. BOOK			CITY OF MAHNOMEN CODIFICATION
LIFECARE MEDICAL CENTER 715 DELMORE DR ROSEAU, MN 56751	41-1804205		9,500.	0. BOOK			DUAL OBJECTIVE MICROSCOPE
MAHUBE COMMUNITY COUNCIL, INC. PO BOX 747 DETROIT LAKES, MN 56502	41-6049474		8,300.	0. BOOK			EMERGENCY ASSISTANCE PROGRAM

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

Schedule I-1 (Form 990) 2009

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number
41-1556013

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARSHALL COUNTY SOIL AND WATER CONSERVATION DISTRICT - 105 S DIVISION ST. - WARREN, MN 56762	41-0850502		8,333.	0. BOOK			THIEF RIVER WATERSHED WEED MANAGEMENT PROGRAM
MARSHALL COUNTY CENTRAL SCHOOL DIST #441 - PO BOX 189 - NEWFOLDEN, MN 56738	41-6002086		15,000.	0. BOOK			CREATING A CULTURE OF LITERACY
NAYTAHWAUSH COMMUNITY FOUNDATION PO BOX 71							COMPUTER SUPPLIES FOR TECHNOLOGY LAB
NAYTAHWAUSH, MN 56566	20-5499213		7,650.	0. BOOK			
NORMAN COUNTY EAST SCHOOL DIST #2215 - PO BOX 420 - TWIN VALLEY, MN 56584	41-1816469		10,090.	0. BOOK			EAGLE'S NEST PRESCHOOL ADDITIONAL DAY
MINNESOTA STATE UNIVERSITY MOORHEAD - 108B LOMMEN HALL - MOORHEAD, MN 56563	41-1687554		12,500.	0. BOOK			WHITE EARTH RESERVATION COMPREHENSIVE EDUCATION STUDY
NORTHWOODS CAREGIVERS 616 AMERICA AVE BEMIDJI, MN 56601	41-1993133		5,500.	0. BOOK			CAREGIVER ASSISTANCE, RESPITE, AND EDUCATION IN CLEARWATER
NORTHWOODS HABITAT FOR HUMANITY PO BOX 1067 BEMIDJI, MN 56619	41-1657201		10,587.	0. BOOK			ADA REQUIREMENT COMPLIANCE
NORTHWEST COMMUNITY ACTION, INC. PO BOX 67 BADGER, MN 56714	41-0888567		12,500.	0. BOOK			NORTHWEST YOUTH INTERVENTION PROJECT

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public
Inspection

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number
41-1556013

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST MINNESOTA FOUNDATION 4225 TECHNOLOGY D BEMIDJI, MN 56601	41-1556013		8,861.	0. BOOK			BEMIDJI AREA PUBLIC LIBRARY RENOVATIONS
NORTHWEST REGIONAL DEVELOPMENT COMMISSION - 115 S MAIN STE 1 - WARREN, MN 56762	41-1231594		12,500.	0. BOOK			NORTHWEST MINNESOTA REGIONAL TRAIL PLAN
PEACEMAKER RESOURCES PO BOX 862 BEMIDJI, MN 56619	45-0507287		12,500.	0. BOOK			BEMIDJI AREA PREVENTION COLLABORATION CREATION AND DEVELOPMENT
POLK COUNTY PUBLIC HEALTH PO BOX 403 CROOKSTON, MN 56716	41-6005869		12,500.	0. BOOK			NORTHWEST MINNESOTA HEALTH IMPROVEMENT PROGRAM
PEMBINA TRAIL RC & D 2605 WHEAT DR RED LAKE FALLS, MN 56750	41-1727606		16,667.	0. BOOK			NOXIOUS & INVASIVE SPECIES PROJECT: A PILOT FOR NORTHWEST MINNESOTA
RED LAKE BAND OF CHIPPEWA INDIANS PO BOX 550 RED LAKE, MN 56671	41-0692381		30,350.	0. BOOK			WARRIOR CHALLENGE
RED LAKE BAND OF CHIPPEWA PO BOX 588 RED LAKE, MN 56671	41-0692381		12,500.	0. BOOK			TRANSPORTATION AND LAND-USE PLAN DEVELOPMENT FOR THE RED LAKE RESERVATION
ROSEAU COUNTY HISTORICAL SOCIETY 121 CENTER ST E, ST ROSEAU, MN 56751	23-7120887		7,468.	0. BOOK			GENERAL OPERATION FUNDING

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number
41-1556013

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RABIDEAU CONSERVATION ACADEMY & LEARNING CTR., INC. - 200 ASH AVE. - CASS LAKE, MN 56633	20-0023941		10,000.	0. BOOK			RABIDEAU YOUTH PROJECT
RED LAKE HOMELESS SHELTER PO BOX 280 REDLAKE, MN 56671	84-1661929		14,054.	0. BOOK			RED LAKE HOMELESS SHELTER SERVICE CENTER
RED LAKE NATION BOYS & GIRLS CLUB PO BOX 1124 RED LAKE, MN 56671	41-1935631		12,480.	0. BOOK			RED LAKE BOYS & GIRLS CLUB TEEN EDUCATIONAL CHALLENGE
RURAL MINNESOTA CEP, INC. PO BOX 1108 DETROIT LAKES, MN 56502	41-0942639		12,500.	0. BOOK			INCREASING WORKPLACE SKILLS FOR AT RISK, DISCONNECTED, DISADVANTAGED, AND
TIM SARGENT 2722 STATE HWY 20 ADA, MN 56510	47-7860693		7,411.	0. BOOK			IDEA AWARD WINNER
CITY OF STEPHEN PO BOX 630 STEPHEN, MN 56757	41-6005860		7,500.	0. BOOK			CAPITAL IMPROVEMENTS ON CURLING RINK
STRANDQUIST AREA FOOD SHELF 403 LINCOLN STREET STRANDQUIST, MN 56758	41-1737565		6,677.	0. BOOK			COMMERCIAL REFRIGERATOR AND FREEZER
CITY OF THIEF RIVER FALLS PO BOX 528 THIEF RIVER FALLS, MN 56701	41-6005572		12,500.	0. BOOK			TRF AREA FUTURE FOCUS

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number
41-1556013

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THIEF RIVER FALLS SCHOOL DIST #564 230 LABREE AVE S							
THIEF RIVER FALLS, MN 56701	41-6003126		10,000.	0. BOOK			EARLY CHILDHOOD FAMILY SUPPORT WORKER/HOME VISITOR
TRI-VALLEY OPPORTUNITY COUNCIL, INC. - PO BOX 607 - CROOKSTON, MN 56716	41-0888488		6,250.	0. BOOK			FAMILY MENTORING
ULTRALIGHT SOARING AVIATION 723 SCOTT AVE SE BEMIDJI, MN 56601	47-2728355		6,207.	0. BOOK			IDEA AWARD WINNER
UNIVERSITY OF MINNESOTA EXTENSION SERVICE - 262 OWEN HALL - CROOKSTON, MN 56716	41-6007513		6,250.	0. BOOK			ORGANIC FRUIT PRODUCTION IN HIGH TUNNELS IN ZONES 2 AND 3
CITY OF WARROAD PO BOX 50 WARROAD, MN 56763	41-6005618		17,700.	0. BOOK			FIRE PITS, BIKE PATH BENCHES, GARBAGE CANS, AND PICNIC SHELTER
WELLS ACADEMY, INC. 4885 WINDSOR COU BEMIDJI, MN 56601	20-3579589		25,000.	0. BOOK			TRAINING AND CAPACITY BUILDING PROJECT EXPENSES
WETLANDS PINES & PRAIRIE AUDUBON SANCTUARY - 27391 190TH ST N - WARREN, MN 56762	41-1434405		15,000.	0. BOOK			OPERATION
WHITE EARTH RESERVATION - HUMAN SERVICE DEPT. - PO BOX 79 - NAYTAHWAUSH, MN 56566	41-1737979		9,000.	0. BOOK			CONSTITUENT SERVICE DATA COLLECTION SYSTEM

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

Schedule I-1 (Form 990) 2009

Employer identification number
41-1556013

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)
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[illegible]

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BEMIDJI FOOD SHELF

(H) PURPOSE OF GRANT OR ASSISTANCE: INFRASTRUCTURE UPGRADE. PROVIDING
QUALITY SERVICE TO CLIENTS AND DONORS UTILIZING CLIENT TRACK SYSTEM

NAME OF ORGANIZATION OR GOVERNMENT: B-WELL

(H) PURPOSE OF GRANT OR ASSISTANCE:

TRACKING THE CHALLENGE OF CHILDHOOD OBESITY IN BEMIDJI AND SURROUNDING
COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: RURAL MINNESOTA CEP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASING WORKPLACE SKILLS FOR AT
RISK, DISCONNECTED, DISADVANTAGED, AND DISABLED YOUTH

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2009

Open to Public
Inspection

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

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	4	54,255.	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other ► ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

SCHEDULE M, LINE 32B: NONCASH CONTRIBUTIONS THAT ARE MARKETABLE

SECURITIES ARE SOLD BY BREMER TRUST, N.A., ONE OF THE FOUNDATION'S

INVESTMENT MANAGERS. NO COSTS ARE CHARGED FOR THESE SERVICES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number
41-1556013

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO MAKE THE REGION A BETTER PLACE TO LIVE AND WORK.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE PRESENTED TO THE
BOARD FOR REVIEW AND APPROVAL BEFORE IT IS 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, TO
ENSURE THERE WILL BE NO BASIS FOR LEGAL ACTION OR ACCUSATIONS OF
SELF-DEALING. THE BOARD WILL EXCLUDE ANY MEMBER FROM ALL DELIBERATIONS AND
DECISIONS CONCERNING ACTIONS ON ANY PROJECT, SERVICE OR OTHER MATTER
PROPOSED FOR FUNDING IN WHICH SUCH MEMBER MAY HAVE A DIRECT OR INDIRECT
FIDUCIARY INTEREST. ANY MEMBER OF THE BOARD MAY QUESTION ANOTHER BOARD
MEMBER AS TO CONFLICT OF INTEREST, AND THE BOARD OF DIRECTORS AS A WHOLE
WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT IS SUBJECT TO ANNUAL
REVIEW BY THE BOARD WHO SUBSEQUENTLY DETERMINES THE SALARY. OTHER KEY
EMPLOYEES ARE REVIEWED BY SUPERVISORS AND THE PRESIDENT DETERMINES SALARY
BASED ON EXTERNAL DATA.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S 990 AND ANNUAL
REPORT (INCLUDING FINANCIAL STATEMENTS) ARE AVAILABLE UPON REQUEST. THE 990
IS ALSO AVAILABLE ON THE GUIDESTAR WEBSITE. THE ORGANIZATION'S GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE PUBLIC.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

NORTHWEST MINNESOTA FOUNDATION

Employer identification number
41-1556013

THE INDEPENDENT ACCOUNTANT IS CHOSEN BY THE BOARD OF DIRECTORS. THE
INTERNAL AUDIT COMMITTEE IS RESPONSIBLE FOR OVERSEEING THE AUDIT.

NORTHWEST MINNESOTA FOUNDATION
EIN 41-1556013
FORM 990

Mission Statement

The Northwest Minnesota Foundation invests resources, creates opportunities, and promotes philanthropy to make the region a better place to live and work.

Statement of Program Service Accomplishments

A) TRAINING AND EDUCATION

The foundation is committed to strengthening the ability of the region's communities and organizations to confront problems and issues with good decision-making skills. The foundation believes that skilled leadership is essential to ensure that people retain the ability to create a bright future for the area, as leadership is a key ingredient in implementing constructive change.

A total of \$325,259 was spent for training and education in FY 2010 and included the following activities:

- Annual outstanding leadership awards with grants were presented to a leadership training participant demonstrating increased community leadership and a nonprofit organization showing impact due to quality management.
- Three two-day, one-night elementary and middle school youth leadership sessions were held in the fall of 2009 with one hundred forty-nine participants. These same participants returned in the winter for three two-day, one-night sessions.
- A series of twelve workshops for nonprofit middle management and above were delivered. Overall, there were one hundred thirty-nine participants.
- One organizational assessment and one mini-assessment were conducted that will allow these participating organizations to access technical assistance grants.
- LeaderImpact training was delivered to forty-one participants in FY 2010. This represents two programs consisting of two retreats separated by three months during which each participant receives professional coaching.
- Technical assistance is available to help entrepreneurs understand their strengths and needs in establishing or expanding a self-employment opportunity. Individual training was provided throughout the region.

- A Compassion Capital Fund grant was received from the U. S. Department of Health and Human Services to assist both community and faith-based organizations (non-profits) in building their capacity to better serve those most in need. Capacity building activities were defined in five areas: Community Engagement; Program Development; Organization Development; Leadership Development and Financial Development.
- Additional support was provided to economic conferences and training programs in the region.

B) GRANTS

Grant programs have been established providing flexibility to nonprofit organizations and public agencies as they address organizational, community and regional issues. Each program has its own set of priorities, eligibility and review process.

A total of \$1,587,357 was awarded for grant programs in FY 2010 and included the following:

- Five grants totaling \$60,000 were awarded under the emergency assistance program, a program designed to provide one-time support for food/shelter/clothing needs during times of individual or family crisis.
- Thirty-eight grants totaling \$42,683 were awarded for continuing support of small businesses to receive assistance with business management techniques.
- Grants are made to promote, preserve or add value to the region's natural resource base. Two grants totaling \$27,500 for research and three grants totaling \$55,886 for promotion and preservation were awarded under this program.
- Five grants totaling \$102,548 were awarded for joint ventures that specifically address the needs of children, families and the elderly.
- As part of the foundation's commitment to strengthen the capacity of individuals, organizations and communities to shape their future, we administer component funds to assist communities and nonprofit agencies in building their resources. There were two hundred eighty-six component funds under this program. A total of three hundred fourteen grants and scholarships totaling \$791,599 were awarded in FY 2010.
- Two grants totaling \$31,250 were awarded for the development and implementation of plans to manage growth and control development within communities.
- Three grants totaling \$52,000 were awarded to local governments for community and economic development.

- Three grants totaling \$70,000 were awarded under a program to help organizations develop new networks, foster coalition building, and promote collaborations between human service providers, other organizations, and/or public agencies.
- Twenty-five grants totaling \$216,000 were awarded under the Department of Health and Human Services Compassion Capital Fund program for training and technical assistance to community-based and faith-based organizations (non-profits) to build their capacity to better serve those most in need.
- Four grants totaling \$40,000 were awarded under the Rural Energy Development Catalyst/Transition Project to expand outreach and education efforts to promote new renewable energy/conservation projects throughout the twelve-county service area.
- Five grants totaling \$50,000 were awarded under the IDEA (Ingenuity Drives Entrepreneur Acceleration) program, which assists promising local entrepreneurs in the commercialization of innovative products, processes and deliveries by connecting them to the best resources available.
- Two grants totaling \$100,000 were awarded as part of the Northwest Minnesota Regional Economic Alliance program. The purpose of the Alliance is to increase high school and college graduation rates, enhance leadership skills of the region's first-line and mid-level managers, and support installation of high-speed internet access throughout the region.
- A total of \$52,109 in previously awarded grants were rescinded.

C) BUSINESS DEVELOPMENT

The foundation is committed to improving the quality of life in the northwest region of Minnesota. As a part of that mission, several business development programs are available to promote a high level of economic opportunity in the region.

Sixteen loans were funded under the business development programs in FY 2010 and included the following:

- Small business loans are available for entrepreneurs who have experience, expertise and a well-developed business plan. Nine loans totaling \$189,100 were funded under this program.
- The revolving loan fund program provides gap financing for business start-ups and expansions which create new jobs and leverage additional monies. Six loans totaling \$680,045 were funded under this program.
- The community loan fund program reinvests resources in communities that have raised a pool of loan fund dollars to promote economic growth within their community. One loan for \$15,000 was approved under this program.

D) ADMINISTRATIVE EXPENSES

The foundation incurred \$2,031,817 in administrative costs for delivery of program services. These costs included salaries, fringe benefits, supplies, telephone, postage, travel, overhead, printing, loan losses, loan interest, purchased services, education and promotion.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	NORTHWEST MINNESOTA FOUNDATION	41-1556013
	Number, street, and room or suite no. If a P O box, see instructions 4225 TECHNOLOGY DR NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BEMIDJI, MN 56601	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

TIMOTHY WANG

- The books are in the care of ▶
- 4225 TECHNOLOGY DR. NW - BEMIDJI, MN 56601**

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 EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶ ☐ calendar year _____ or
 ▶ ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)