Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made publice ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For th	e 2016 calendar year, or tax year beginning $$	ending J	<u>UN 30, 2017</u>	
В	Check if applicat	C Name of organization		D Employer identifi	cation number
	Addre	e SOUTHWEST INITIATIVE FOUNDATION			
	Name chan	Doing business as		41-1	555592
Ļ	Instial		Room/suite	E Telephone numbe	
L	Final returr termi			(320	
T 70	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	170,161,197.
卢	returr Appli	HUICHINSON, MIN 33330		H(a) Is this a group re	
_	tion pend	I F Name and address of principal officer DIANA D. ANDERSON		for subordinates  H(b) Are all subordinates in	
<u></u>	Tax-ex	empt status:   X 501(c)(3)	r 527	1 ''	list (see instructions)
		te: > WWW.SWIFOUNDATION.ORG	02.	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: MN
	art I	Summary			
4	1	Briefly describe the organization's mission or most significant activities A REG	IONAL	COMMUNITY	FOUNDATION
5.D. MAR		DEDICATED TO ADVANCING SOUTHWEST MINNESOT	'A.		
Ç₽.	2	Check this box  if the organization discontinued its operations or disp	ore	than 25% of its net as	
<b>三</b> 位	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
Activities and	4	Number of independent voting members of the governing body (Part VI, line 1b		4	11 25
	5 -6	Total number of individuals employed in calendar year 2016 (Part V, line 2a)  Total number of volunteers (estimate if necessary)		5	* 300
<b>7</b> ≩	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	300
٨		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		· -	-	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		4,551,115.	4,584,088.
	9	Program service revenue (Part VIII, line 2g)		541,359.	500,286.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,840,672.	15,177,652.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		132,424.	62,543.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,065,570.	20,324,569
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,924,228. 0.	1,300,891.
	14 15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	1,753,333.	0. 1,779,858.
Expenses	162	Professional fundraising fees (Part 1) Tolumn (A), line 11e)	-	<u> </u>	1,779,838.
per	Ь	Total fundraising responses (Park X colomn (Virgine 25)  513, 49	)2. <del> </del>	0.	
Щ	17	Other expenses (Part IX column (A), Imes 11a Pld, 11f-24e)		1,568,171.	1,770,362.
	18	Total expenses (Add lines 13/17) (must equal Partyly, column (A), line 25)		5,245,732.	4,851,111.
	19	Total expenses (Add lines 13/17)(must equal Partix, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		1,819,838.	15,473,458.
Net Assets or Fund Balances		Total assets (Part X, line 16) GDEN, UT Total liabilities (Part X, line 26)	Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		79,244,088.	85,680,210.
et A	21			9,643,924.	9,496,815.
		Net assets or fund balances Subtract line 21 from line 20		69,600,164.	76,183,395.
$\overline{}$	art II	Signature Block  Ities of perjury, I declare that I have examined this return, including accompanying schedules	and atatam	and and to the best of m	ulunguladan and haliaf it is
		it, and complete. Declaration of preparer <u>(o</u> ther than officer) is based <u>on</u> all information of whi			y knowledge and belief, it is
1100	, 00110	the discontinuous property that their other) is passed an information of with	on proparer	nas any knowledge.	
Sig	n	Signature obsticer CV		Date	· 1
Her		DIANA D ANDERSON, PRESIDENT/CEO		12	110/18
		Type or print name and title			11
		Print/Type preparer's name Preparer's signature		late Check	PTIN
Paid		KRISTIN L. SCHMIDT June J. Jehn	witt !	$\frac{3/3/8}{ self-employe}$	
	arer	Firm's name CLIFTONLARSONALLEN/LLP	0.0	Firm's EIN	41-0746749
Use	Only		20	2 22	0 000 5500
	, 4h = 11	WAITE PARK, MN 56387		Phone no 32	0-203-5500
	/ tne II	RS discuss this return with the preparer shown above? (see instructions)		<del>-</del>	X Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	rt III   Statement of Program Service Accomplishments	333392 Page 2
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III	$\mathbf{x}$
1	Briefly describe the organization's mission	<u></u>
'	bliefly describe the organization s mission	
	SEE SCHEDULE O	<del> </del>
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	al expenses, and
	revenue, if any, for each program service reported	<u> </u>
4a	(Code) (Expenses \$ 1,640,533. including grants of \$ 84,000. ) (Revenue \$	<u>415,520.</u> )
		· · · · · · · · · · · · · · · · · · ·
	ECONOMIC DEVELOPMENT(SEE SCHEDULE O)	
	-	····
		_
	•	
4b	(Code) (Expenses \$ 797, 406. Including grants of \$ 292, 846.) (Revenue \$	
40,	(Code) (Expenses \$/91,406 . including grants of \$292,846 . ) (Revenue \$	/
	COMMUNITY FOUNDATIONS AND DESIGNATED FUNDS (SEE SCHEDULE O)	<del></del>
		· · · · · · · · · · · · · · · · · · ·
4¢	(Code) (Expenses \$ 912,342. including grants of \$ 924,045.) (Revenue \$	84,766.
	LEADERSHIP AND COMMUNITY DEVELOPMENT PROGRAMS (SEE SCHEDULE (	0)
		<del>.</del>
4d	Other program services (Describe in Schedule O)	,
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e_	Total program service expenses ▶ 3,350,281.	Form <b>990</b> (2016)
		rorm <b>330</b> (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		3,5	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a		-
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	<u> </u>	<del> </del>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d		110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			[
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19 -	000	X
		Form	990	(2016)

Form 990 (2016) SOUTHWEST INITIATI

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	_23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u> _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			3,5
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		<b>.</b>
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X_	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_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? If "Yes," complete Schedule R, Part VI	_37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	7,	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	(2016)
		rorm	<b>シブ</b> し (	(ZU16)

	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			•
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		- '
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 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	` -
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			1 :
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		_	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	.		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			-
	sponsoring organization have excess business holdings at any time during the year?	8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_ <u>X</u> _
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> X</u>
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	j		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ĺ		
11	Section 501(c)(12) organizations. Enter	ŀ	-	l
	Gross income from members or shareholders  11a			į
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	40.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c	Ì		
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
D	ii res, rias it med a l'unit rzu to report these payments. Il riu, provide an explanation il schedule o		990	(2016)

Form 990 (2016) SOUTHWEST INITIATIVE FOUNDATION 41-1555592 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 X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 11 b Enter the number of voting members included in line 1a, above, who are independent 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 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 Did the organization have members or stockholders? 6 Х R 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? Х 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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 Х Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

MARGIE NELSEN, CFO - (320) 587-4848 15 3RD AVE NW, HUTCHINSON, MN 5535

<del>55</del>0

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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

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

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

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ROBERT THURSTON CHAIR	4.00	X		x				0.	0.	0.	
(2) JANICE NELSON VICE CHAIR	4.00	x		х				0.	0.	0.	
(3) ROB SAUNDERS PAST CHAIR	4.00	x		x				1,147.	0.	0.	
(4) TIM CONNELL	4.00	X		X				2,581.	0.	0.	
SECRETARY (5) JAN LUNDEBREK	4.00	X		X				652.	0.	0.	
TREASURER (6) CHRISTIE ROCK HANTGE	4.00			Δ							
BOARD MEMBER (7) PATTI DOLS	4.00	X						0.	0.	0.	
BOARD MEMBER (8) MARY MAERTENS	4.00	X						0.	0.	0.	
BOARD MEMBER (9) GREG RAYMO	4.00	X						0.	0.	0.	
BOARD MEMBER (10) RANDY REINKE	4.00	X			 			1,413.	0.	0.	
BOARD MEMBER (11) TERESA PETERSON BOARD MEMBER	4.00	X						861.	0.	0.	
(12) MARK TITUS BOARD MEMBER	4.00	X				-		1,100.	0.	0.	
(13) DIANA D. ANDERSON PRESIDENT/CEO	50.00			х				164,467.	0.	32,905.	
(14) SCOTT MARQUARDT VICE PRESIDENT	50.00			х				97,627.	0.	24,363.	
(15) MARGIE NELSEN CFO	50.00			х				99,208.	0.	4,579.	
										Form <b>990</b> (2016)	

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d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes N  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 or individual for services	Se vii Se	ection A. Officers, Directors, Trus		pioy	ees			gne	St (	ompensated Employe	es (conunuea)				
(list arry hours for related organizations below line)  1b Sub-total  1 c Total from continuation sheets to Part VII, Section A  1 d Total (add lines th and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization in line 19 from 19		•		l						1					
Sub-total		Name and title	1		not c	heck	more	than							
hours for related organization (W2/1099-MISC)  The construction of the companies of the com										1 '			ar		
to Sub-total  1b Sub-total  1c Total from continuation sheets to Part VII, Section A  1d Total (add lines 1s and 1c)  2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization strainty for such individual for Port and invitation sheets to Part VII, Section A  2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist 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 him 1a, is the sum of reportable compensation and other compensation from the organization or line 1a? If Yes, complete Schedule J for such preson  2. Did any person listed on line 1a receive or access compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such preson  2. Complete this table for your five highest compensation dependent contractors that received more than \$100,000 of compensation from the organization. Report compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such preson  2. Complete this table for your five highest compensation dependent contractors that received more than \$100,000 of compensation from the organization. Report compensation dependent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization of services.  2. Complete this table for your five highest compensation dependent contractors that received more than \$100,000 of compensation from the organization. Report compensation from the organization of services.  2. Complete this table for your five highest compensation dependent contractors that received more than \$100,000 of compensation from the organization				<del></del>	ľ				ĺ	-		- 1	COL		
tb Sub-total c Total from continuation sheets to Part VII, Section A c Total from continuation sheets to Part VII, Section A d Total (add lines 1 to and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a² /// 1/ves. "complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and distance of the organization and related organizations greater than \$150,000° // 1/ves. "complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed to line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // 1/ves. "complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (B)  Description of services (C) Compensation  REDPATH CONSULTING GROUP, 1011 WASHINGTON SOFTWARE  CUSTOMIZATION 192, 475				direc				8		1	•	i i			
tb Sub-total c Total from continuation sheets to Part VII, Section A c Total from continuation sheets to Part VII, Section A d Total (add lines 1 to and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a² /// 1/ves. "complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and distance of the organization and related organizations greater than \$150,000° // 1/ves. "complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed to line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // 1/ves. "complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (B)  Description of services (C) Compensation  REDPATH CONSULTING GROUP, 1011 WASHINGTON SOFTWARE  CUSTOMIZATION 192, 475			related	te o	ustee			ensate		1	•		org	janiza	tion
tb Sub-total c Total from continuation sheets to Part VII, Section A c Total from continuation sheets to Part VII, Section A d Total (add lines 1 to and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a² /// 1/ves. "complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and distance of the organization and related organizations greater than \$150,000° // 1/ves. "complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 5 Did any person listed to line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // 1/ves. "complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (B)  Description of services (C) Compensation  REDPATH CONSULTING GROUP, 1011 WASHINGTON SOFTWARE  CUSTOMIZATION 192, 475			-	i i	nal tr		o) ee	lg a					an	d rela	ted
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c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c)  2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   N			iiiie)	Ē	Ĕ	5	\$ <u>2</u>	₹5	8						
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c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N				]											
c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Ves   N															
c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c)  2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   N				-											
c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c)  2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   N				_				_							
c Total from continuation sheets to Part VII, Section A d Total (add lines to and 1c)  2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   N				i											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   N															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   N				$\vdash$											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   N						-	_								
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   N	1h Sub-tot							1	<u> </u>	369.056.		0.	6	1.8	47.
d Total (add lines 1b and 1c)  2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   N			II. Section A						•						0.
2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.  3. 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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5. Section B. Independent Contractors  1. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  (B)  (C)  Compensation  REDPATH CONSULTING GROUP, 1011 WASHINGTON  REDPATH CONSULTING GROUP, 1011 WASHINGTON  AVE. S. #350, MINNEAPOLIS, MN 55350  CUSTOMIZATION  192,475			.,						<b>•</b>	369,056.			6	1,8	
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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  REDPATH CONSULTING GROUP, 1011 WASHINGTON  REDPATH CONSULTING GROUP C			not limited to th	nose	liste	ed al	bov	e) wh	no r		,000 of reportab	le		-	
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  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  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  REDPATH CONSULTING GROUP, 1011 WASHINGTON  REDPATH CONSULTING GROUP, 1011 WASHINGTON  AVE. S. #350, MINNEAPOLIS, MN 55350  CUSTOMIZATION  192, 475	compen	sation from the organization	_											,	1
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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  REDPATH CONSULTING GROUP, 1011 WASHINGTON  REDPATH CONSULTING GROUP, 1011 WASHINGTON  AVE. S. #350, MINNEAPOLIS, MN 55350  CUSTOMIZATION  192, 475												r		Yes	No
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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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Name and business address  REDPATH CONSULTING GROUP, 1011 WASHINGTON  AVE. S. #350, MINNEAPOLIS, MN 55350  CUSTOMIZATION  192,475		•										}	3		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  REDPATH CONSULTING GROUP, 1011 WASHINGTON  AVE. S. #350, MINNEAPOLIS, MN 55350  CUSTOMIZATION  192,475	•		-							•	the organization				
rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  REDPATH CONSULTING GROUP, 1011 WASHINGTON  REDPATH CONSULTING GROUP, 1011 WASHINGTON  AVE. S. #350, MINNEAPOLIS, MN 55350  CUSTOMIZATION  192,475		-									dual for services	ŀ	4		
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  REDPATH CONSULTING GROUP, 1011 WASHINGTON AVE. S. #350, MINNEAPOLIS, MN 55350  CUSTOMIZATION  192,475	·-								Cia	ted organization or many	dual for services	İ	5		X
the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  REDPATH CONSULTING GROUP, 1011 WASHINGTON AVE. S. #350, MINNEAPOLIS, MN 55350  CUSTOMIZATION  192,475			pioto comocur	<del></del>	<u> </u>	20.1	<del>, , , , , , , , , , , , , , , , , , , </del>	5011						<u> </u>	
(A) Name and business address  REDPATH CONSULTING GROUP, 1011 WASHINGTON AVE. S. #350, MINNEAPOLIS, MN 55350  CUSTOMIZATION  (C) Compensation  CUSTOMIZATION  192,475	=	•										pens	ation	from	
Name and business address  REDPATH CONSULTING GROUP, 1011 WASHINGTON AVE. S. #350, MINNEAPOLIS, MN 55350  CUSTOMIZATION  192,475	the orga		the calendar y	ear	endı	ng v	vith	or w	ithi		/ear			<u> </u>	
AVE. S. #350, MINNEAPOLIS, MN 55350 CUSTOMIZATION 192,475			address								ervices	С			on
						ENC	GT(	ON		SOFTWARE					
2 Total number of independent contractors (including but not limited to those listed above) who received more than	AVE. S.	#350, MINNEAPOLI	S, MN 5!	53!	<u>50</u>					CUSTOMIZATIO	N		19	2,4	75.
2 Total number of independent contractors (including but not limited to those listed above) who received more than															_
2 Total number of independent contractors (including but not limited to those listed above) who received more than												-			
2 Total number of independent contractors (including but not limited to those listed above) who received more than											-				
2 Total number of independent contractors (including but not limited to those listed above) who received more than															
2 Total number of independent contractors (including but not limited to those listed above) who received more than									-						
\$100,000 of compensation from the organization		•	_	ot li	mite	d to		_	stec	d above) who received m	ore than				

		Check if Schedule O cont		or note to any lin	ne in this Part VIII			
·		· ·	tains a response	• .	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
fts, Grants	b c	Federated campaigns Membership dues Fundraising events	1a 1b 1c		•			1.3
Contributions, Gifts, Grants and Other Similar Amounts	е	Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	nts, and	264,626. 4,319,462.				
Sontr and O	-	Noncash contributions included in lines  Total. Add lines 1a-1f	s 1a-1f \$	1,178,775.	4 584 088			13 y 16 P A6   1
		Total://da iii/oo Ta Ti		Business Code	4,304,000,			-
9	2 a	LOAN INTEREST		522100	411,183.	411,183,		
ervi	b	OTHER PROGRAM INCOME		900099	74,437.	74,437.		
n Si	С	PROJECT SPECIFIC REV		900099	10,329.	10,329.		
Program Service Revenue		LOAN ADMIN FEES		900099	4,337.	4.337.		
Pro	e f	All other program service reve	enue					
	9	Total. Add lines 2a-2f	•	<b>▶</b>	-500 286.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>&gt;</b>	1,270,340.			1,270,340.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties		- <b>-</b>				
	_	•	(i) Real	(II) Personal				, , ,
	_	Gross rents	62,543.	· ·				}
	b	Less rental expenses Rental income or (loss)	62.543	<del></del>				
		Net rental income or (loss)	62,543,		62,543.			62,543.
		Gross amount from sales of	(i) Securities	(II) Other	02,343.			02,543.
		assets other than inventory	163,743,940.	, <u>, , , , , , , , , , , , , , , , , , </u>				
	b	Less, cost or other basis					. •	
		and sales expenses	149.836.628.	]				'
	С	Gain or (loss)	13 907 312				1 gH h	
	d	Net gain or (loss)		<b>•</b>	13,907,312.			13,907,312.
ne	Ва	Gross income from fundraisin		i	A NOT A	1	CAP .	
Other Revenue	-	of contributions reported on line 1c) See			t de la grande	ma . S	и	, , ,
ther	b	Part IV, line 18 Less. direct expenses	a b					
0	С	Net income or (loss) from fund	draising events	<b></b>				
	9 a	Gross income from gaming ac	ctivities See					Į
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities	<b></b>				
	10 a	Gross sales of inventory, less	returns			i trans i met Li istem pagan g	and tales (1965-1965-1975) And tales (1965-1975)	44
		and allowances	а			in the drawn +		
		Less cost of goods sold	b				مالايام شاهيسياليا مسمعاليات مسمع	
	С	Net income or (loss) from sale	•	. •				·
		Miscellaneous Revenu	ıe	Business Code	····			<del>`</del>
	11 a					<del></del>		
	b							
	c d	All other revenue		· · ·				
	_	Total. Add lines 11a-11d						<u> </u>
	12	Total revenue See instructions.			20 324 569	500 286.	0.	15 240 195
63200	9 11-11							Form <b>990</b> (2016)

	Check if Schedule O contains a responsible amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<u></u> _	nts and other assistance to domestic organizations		expenses	general expenses	ехрепзез
	domestic governments. See Part IV, line 21	1,300,891.	1,300,891.		
	ants and other assistance to domestic				
ındı	ıvıduals See Part IV, line 22				
	ants and other assistance to foreign				
org	anizations, foreign governments, and foreign				
ındı	ividuals See Part IV, lines 15 and 16				
4 Ber	nefits paid to or for members				
5 Cor	mpensation of current officers, directors,				
trus	stees, and key employees	414,969.	225,992.	100,001.	88,976
6 Con	npensation not included above, to disqualified				
pers	sons (as defined under section 4958(f)(1)) and				
pers	sons described in section 4958(c)(3)(B)				
7 Oth	ner salaries and wages	1,060,105.	641,506.	251,486.	167,113
8 Pen	sion plan accruals and contributions (include				
sect	tion 401(k) and 403(b) employer contributions)	51,971.	31,417.	12,329.	8,225
9 Oth	ner employee benefits	156,132.	79,269.	54,827.	22,036
0 Pay	yroll taxes	96,681.	56,868.	23,198.	16,615
1 Fee	es for services (non-employees)			}	
a Ma	nagement				
<b>b</b> Leg	gal	53,362.	28,146.	2,040.	23,176
c Acc	counting	29,714.	18,100.	7,296.	4,318
d Lot	obying				<u>-</u>
e Pro	fessional fundraising services. See Part IV, line 17	_			
f · Inv	estment management fees	164,321.		164,321.	
g Oth	ner (If line 11g amount exceeds 10% of line 25,				
colu	umn (A) amount, list line 11g expenses on Sch 0.)	163,719.	127,970.	22,895.	12,854
12 Adv	vertising and promotion	62,093.	35,627.	17,152.	9,314
3 Off	ice expenses	118,915.	57,103.	28,564.	33,248
14 Info	ormation technology	194,079.	110,074.	51,334.	32,671
15 Roy	yalties				
1 <b>6</b> Occ	cupancy	54,318.	32,120.	14,103.	8,095
1 <b>7</b> Tra	vel	120,420.	89,636.	24,515.	6,269
18 Pay	yments of travel or entertainment expenses				
for	any federal, state, or local public officials				
9 Cor	nferences, conventions, and meetings	249,418.	135,093.	112,410.	1,915
O Inte	erest	49,463.	34,718.	9,237.	5,508
1 Pay	yments to affiliates				
<b>2</b> Dep	preciation, depletion, and amortization	100,515.	56,659.	27,336.	<u> 16,520</u>
3 Insi	urance	27,826.	16,481.	7,215.	4,130
abo 24e	er expenses. Itemize expenses not covered over (List miscellaneous expenses in line 24e. If line amount exceeds 10% of line 25, column (A) ount, list line 24e expenses on Schedule 0.)				
	ROVISION FOR LOAN LOSS	256,636.	256,636.		
	JNDRAISING COSTS	51,811.	•		51,811
	JBLIC RELATIONS	22,350.	1,974.	20,376.	
d =					
	other expenses	51,402.	14,001.	36,703.	698
	al functional expenses Add lines 1 through 24e	4,851,111.	3,350,281.	987,338.	513,492
	nt costs. Complete this line only if the organization	_, , ,			
	orted in column (B) joint costs from a combined				
-	cational campaign and fundraising solicitation.				
	ck here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		·	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	3,600.	1	3,800.
	2	Savings and temporary cash investments	1,207,488.	2	1,568,313.
	3	Pledges and grants receivable, net	545,594.	3	244,711.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			1
		trustees, key employees, and highest compensated employees. Complete	- <u>-</u> -	_	*
		Part II of Schedule L		_ 5	
	6	Loans and other receivables from other disqualified persons (as defined under			•
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		_	
sts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	7,001,544.	7	6,274,558.
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	35,898.	9	50,935.
	10a	Land, buildings, and equipment cost or other			;
		basis Complete Part VI of Schedule D 10a 3,773,590.			
	b	Less accumulated depreciation 10b 1,097,779.	2,487,148.	10c	2,675,811.
	11	Investments - publicly traded securities	60,188,830.	11	66,507,265.
	12	Investments - other securities See Part IV, line 11	7,670,318.	12	8,214,854.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	102 660	14	120 062
	15	Other assets See Part IV, line 11	103,668. 79,244,088.	15	139,963. 85,680,210.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	179,623.	16 17	258,606.
	17	Accounts payable and accrued expenses Grants payable	384,554.	18	212,150.
	18 19	Deferred revenue	115,546.	19	197,996.
	20	Tax-exempt bond liabilities	1,724,547.	20	1,508,010.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	1,496,167.	21	1,581,344.
(A	22	Loans and other payables to current and former officers, directors, trustees,	1,430,107.		1,301,344.
Liabilities		key employees, highest compensated employees, and disqualified persons			
ilidi		Complete Part II of Schedule L		22	
Li	23	Secured mortgages and notes payable to unrelated third parties	1,783,856.	23	1,746,353.
	24	Unsecured notes and loans payable to unrelated third parties		24	=7. = 47 4 4 4
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	3,959,631.	25	3,992,356.
	26	Total liabilities. Add lines 17 through 25	9,643,924.	26	9,496,815.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
Duc.	27	Unrestricted net assets	21,385,962.	27	25,538,405.
3ala	28	Temporarily restricted net assets	14,663,065.	28	16,350,425.
Jd E	29	Permanently restricted net assets	33,551,137.	29	34,294,565.
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds	60 600 100	32	
_	33	Total net assets or fund balances	69,600,164.	33	76,183,395.
	34	Total liabilities and net assets/fund balances	79,244,088.	34	85,680,210. Form <b>990</b> (2016)

Form **990** (2016)

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

Form **990** (2016)

#### **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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization **Employer identification number** 41-1555592 SOUTHWEST INITIATIVE FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state \_\_\_ 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 L 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 ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	<u> </u>	<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and				•		
	membership fees received. (Do not						
	ınclude any "unusual grants ")	4,135,439.	4,176,639.	2,991,161.	4.551.115.	4,584,088.	20,438,442,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						-
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	4,135,439.	4,176,639.	2,991,161.	4.551.115.	4,584,088.	20 438 442.
	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)						6,585,203.
6	Public support. Subtract line 5 from line 4				·· · · · · · · · · · · · · · · · ·		13 853 239
	ction B. Total Support		<del></del>			<u> </u>	10,000,100,
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	4,135,439.	4,176,639.	2,991,161.	4,551,115,	4,584,088.	20,438,442,
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,099,536.	1,109,517.	951,239.	927,798.	1,332,883.	5,420,973.
9	Net income from unrelated business	2,055,000.				2,002,000.	0,120,575.
Ĭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI )						
11	Total support. Add lines 7 through 10						25,859,415.
	Gross receipts from related activities,	etc. (see instruction	ns)			12 2	,394,868.
	First five years. If the Form 990 is for	•	•	d. fourth, or fifth ta	ıx vear as a sectio		7 - 7 - 7 - 7 - 7
	organization, check this box and stop		,,	•	,		
Sec	ction C. Computation of Publi		centage				
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	53.57 %
	Public support percentage from 2015					15	52.12 %
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						$\triangleright x$
b	33 1/3% support test - 2015. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ıs box .
	and stop here. The organization quali	-		_			▶□
17a	10% -facts-and-circumstances test	t - 2016. If the orga	anization did not c	heck a box on line	: 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	ere. Explain in Pai	t VI how the organ	ızatıon
	meets the "facts-and-circumstances"		· ·	•	•	J	ightharpoons
b	10% -facts-and-circumstances test	<del>-</del>	•	• • •	•	17a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organizatio				=		· •
						dule A (Form 990	

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

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

Section A. Public Support				_												
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 per-																
formed, 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 bus-																
iness under section 513																
4 Tax revenues levied for the organ-																
ization'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		•				<u> </u>										
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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>b</b> Unrelated business taxable income																
(less section 511 taxes) from businesses					!											
acquired after June 30, 1975					1											
c Add lines 10a and 10b																
11 Net income from unrelated business																
activities not included in line 10b, whether or not the business is																
regularly carried on																
12 Other income Do not include gain																
or loss from the sale of capital assets (Explain in Part VI.)																
13 Total support (Add lines 9, 10c, 11, and 12)						_										
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,										
check this box and stop here	•			•	,											
Section C. Computation of Publ	ic Support Pe	rcentage														
15 Public support percentage for 2016 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%										
16 Public support percentage from 2015	Schedule A, Part	III, line 15			16	%										
Section D. Computation of Inves	stment Incom	e Percentage														
7 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  17 %																
8 Investment income percentage from 2015 Schedule A, Part III, line 17																
19a 33 1/3% support tests - 2016. If the	19a 33 1/3% support tests - 2016. 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 a						ightharpoons										
b 33 1/3% support tests - 2015. If the	-					and										
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions										

#### Part IV Support

#### **Supporting Organizations**

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

Sec	tion A. All Supporting Organizations		` *	`
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			!
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			!
	organization was described in section 509(a)(1) or (2)	2		<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			<u>-</u>
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			<u>.                                      </u>
	organization made the determination	_3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		Ĺ
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	_ 4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			<u> </u>
	purposes	4c		Ĺ
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		-	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			!
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		

- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to, anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type III supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

5b 6 7 8 9a 9b 9с 10a

10b

632025 09-21-16

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Sche	dule A (Form 990 or 990 EZ) 2016 SOUTHWEST INITIATIVE FO	יי ברואוז	TON	41-1555592 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supportin			41 1333372 Fage 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ın Part VI ) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co			,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7.	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			i
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2016

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

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2014 e Excess from 2016

Schedule A	. (Form 990 or 990-EZ) 2016 SOUTHWEST			41-1555592 Page 8
Part VI	Supplemental Information. Provide the Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 50 lines 1, 2, 3b, 3c, 4b, 4c, 5c, 5c, 5c, 5c, 5c, 5c, 5c, 5c, 5c, 5	ia, 6, 9a, 9b, 9c, 11a, 11b, V. Section E. lines 1c. 2a, 2	and 11c, Part IV, Section B, line 2b, 3a, and 3b; Part V, line 1, Pai	s 1 and 2, Part IV, Section C, t V. Section B. line 1e. Part V.
	(See instructions)	-,		
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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

➤ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-1555592 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 22 192 Total number at end of year 1 447,667. 2,246,958. Aggregate value of contributions to (during year) 1,217,047. 29,819. Aggregate value of grants from (during year) 3 2,288,853. 73,894,544 Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2016

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

	dule D (Form 990) 2016 SOUTHWE  † III Organizations Maintaining C	ST INITIAT			r Other				2 Page 2
	Using the organization's acquisition, accessing						_		
3	(check all that apply)	on, and other record	s, check any or the	iollowing that	are a sig	milicarit	use or its	collection	i items
_	Public exhibition	d	Loan or evol	hange progra	me				
a	Scholarly research	e e		nange progra	1115				
b		е	Collei						
C A	Preservation for future generations	llections and avalou	a have those further th	no organizatio	n'o ovom	nt nurn	oo in Bor	• VIII	
4	Provide a description of the organization's co						ose in Par	L AIII.	
5	During the year, did the organization solicit o				er Sirrillar a	isseis		٦٧	□ Na
Dai	to be sold to raise funds rather than to be matter to be matter than to be matter to be matter to be matter to be matter to be matter to be matter to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be		· <del>-</del>		Voo" on E	000	) Dort IV	_ Yes	No_
· u	reported an amount on Form 990, Pai		te ii tile Organizatio	ii alisweleu	Tes Unit	OIIII 330	, raitiv,	iii le 5, Oi	
10	Is the organization an agent, trustee, custodi		lians for contribution	e or other acc	etc not in	cluded			
ıa	on Form 990, Part X?	an or other intermed	nary for contribution	S OF OTHER ASS	sets not ii	icidaea		Yes	X No
_	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table					_ 162	LAJ NO
b	in res, explain the arrangement in Part Alli	and complete the lo	llowing table					Amount	
_	Beginning balance					1c		Amount	
c d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990 Part Y line	21 for escrow or cu	istodial accor	int liability		x	Yes	□ No
	If "Yes," explain the arrangement in Part XIII					<i>,</i> .	L <b>23</b>	162	$\mathbf{x}$
Par						)			
<u> </u>	and a second sec	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	years back
1a	Beginning of year balance	46,493,493.	46,535,872,	45,965			94.208.		815.739.
b	Contributions	625,171.	1,874,516.	1,092	_		71,173.		070,416.
_	Net investment earnings, gains, and losses	5,770,342.	435,959.	1,032	•		79 <sub>.</sub> 176.	,	095.036.
c d	Grants or scholarships	3,770,342,	433,333.	1,2/4	,333.	0,5	19,110.	**	093,036.
u ^	Other expenditures for facilities						<del></del>		
-	and programs	1,463,791.	2,352,854,	1,797	652	1 0	78,629.	1	586,983.
f	Administrative expenses	1,403,791,	2,332,634.	1,131	,032.	1,0	10,023.		300,303.
g	End of year balance	51,425,215.	46.493.493.	46,535	972	45.0	65,928.	40	394,208.
2			· · · · · ·		.072.1	49,9	03,320.	40,	J94,200.
	<ul> <li>2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as</li> <li>a Board designated or quasi-endowment ►32.50%</li> </ul>								
b	Permanent endowment > 5.67	<u> </u>							
C		1.83 %							
·	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	•	ation that are held a	nd administer	ed for the	organiz	ation		
- Ou	by	55.517 51 11.5 5. gu				ga			Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule R?					3b	<del></del>
4	Describe in Part XIII the intended uses of the	•							
	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		), Part IV, line 11a S	see Form 990,	Part X, III	ne 10			
	Description of property	(a) Cost or o				umulate	ed	(d) Book	value
		basis (investr	1 ' '	(other)	,	eciation	_	(-,	
	Land			5,000.	-	-		1,015	5,000.
b	Buildings	<u> </u>		9,402.	4!	57,7	04.		698.
c	Leasehold improvements		19	2,899.		24,1			3,752.
d	Equipment	-		$\frac{2}{6},289.$		15,9			361.
	Other								<u>, - , <del>- ,</del> -</u>
	Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X column (B) line 1	0c.)				2.675	5.811.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 SOUTHWEST I	NITIATIVE F	OUNDATION	41	-1555592 Pa
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11b See Form 990	, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value		valuation. Cost or end	l-of-year market value
(1) Financial derivatives		- 1		
(2) Closely-held equity interests				
(3) Other		-		
(A) DONATED REAL ESTATE HELD				
(B) AS INVESTMENTS	1,360,50	O. COST		
(C) FARMLAND WITH LIFE ESTATE				
(D) CHARITABLE REMAINDER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(E) UNITRUST	205,76	9. COST		
(F)				
(G)				
(H)	-			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,214,85	4.		
Part VIII Investments - Program Related.	,			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11c See Form 990	. Part X. line 13	
(a) Description of investment	(b) Book value		valuation Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				•
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.)				-
Part IX Other Assets.	•	•		
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11d See Form 990	, Part X, line 15	
	Description		· · · ·	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		-		
(7)	•			
(8)				<del>-</del> -
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ē 15)		•	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f See For	m 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			7	
(2) ANNUITY PAYABLE .		12,372.	.]	
· CARTERIA TERME		<u> </u>	7	

(3) CAPITAL LEASE PAYABLE 3,768,235. (4) LIFE ESTATE LIABILITY (5) OBLIGATIONS OF SPLIT-INTEREST 204,819. (6) AGREEMENTS (7) (8) 3,992,356. Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ightharpoons

Schedule D (Form 990) 2016

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Par	t XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	eturn	<b>1.</b>	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total r	revenue, gains, and other support per audited financial statements		1	11,200,182.	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12		1		
а	Net ur	nrealized gains (losses) on investments	2a -8,835,573.			
b	Donat	ed services and use of facilities	2b			
С	Recov	veries of prior year grants	2c			
d	Other	(Describe in Part XIII)	2d 111,270.	.		
е	Add lii	nes 2a through 2d		2e	<u>-8,724,303.</u>	
3	Subtra	act line 2e from line 1		3	19,924,485.	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1	1 1	ŀ		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a 164,321.			
b	Other	(Describe in Part XIII)	4b 235,763.			
C	Add III	nes <b>4a</b> and <b>4b</b>		4c	400,084.	
		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	20,324,569.	
Par	t XII	Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Retu	rn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1		expenses and losses per audited financial statements		_1_	<u>4,616,951.</u>	
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donat	ed services and use of facilities	2a			
b	Prior y	year adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII )	2d			
е	Add III	nes 2a through 2d		2e	<u> </u>	
3	Subtra	act line 2e from line 1		3	4,616,951.	
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1.	1 1			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a 164,321.			
b	Other	(Describe in Part XIII )	4b 69,839.			
С	Add III	nes 4a and 4b		4c	234,160.	
		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,851,111.	
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV		I, Part	X, line 2; Part XI,	
ines 2	2d and	4b, and Part XII, lines 2d and 4b Also complete this part to provide any additi	onal information			
מ ג ם	т т	W ITNE OD.				
PAR	TI	V, LINE 2B:	· · · · · · · · · · · · · · · · · · ·			
ASSETS HELD ON DONOR'S REHALE CONSISTS OF 22 FINDS IN WHICH THE						
ASSETS HELD ON DONOR'S BEHALF CONSISTS OF 22 FUNDS IN WHICH THE						
BENEFICIARIES WERE DESIGNATED BY THE DONOR AT THE TIME THE FUNDS WERE						
				<u> </u>		
EST	'ABL	ISHED. THEREFORE, THE FOUNDATION HAS NO	CONTROL OVER T	HE		
					3	
DIS	TRI	BUTION OF THESE FUNDS.				
			·			
PAR	T V	, LINE 4:				
<u> </u>	SW	IF GENERAL ENDOWMENT FUND IS ACCESSED T	HROUGH BOARD AP	PRO	VAL, GUIDED	
BY_	<u> </u>	PENDING POLICY THAT ALLOWS RESOURCES TO	BE USED TO SUP	PLE	MENT	
PRO	GRA	M ACTIVITIES AND OPERATION BUDGET EXPEN	SES. OTHER DESI	GNA'	red endowed	
FUN	DS .	ARE DIRECTED TO GRANTS AND EXPENSES REL	ATED TO THE DON	OR'S	S ORIGINAL	
LNT	ENT	•	<del></del>			

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SOUTHWEST INITIATIVE FOUNDATION

Schedule D (Form 990) 2016

41-1555592 Page 4

#### PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE INCOME TAX LAWS. THE FOUNDATION IS A NON-PRIVATE FOUNDATION AND CONTRIBUTIONS TO THE ORGANIZATION OUALIFY AS A CHARITABLE TAX DEDUCTION BY THE CONTRIBUTOR. AWSM LLC. AND SWIF REAL ESTATE HOLDINGS, LLC ARE 100% OWNED LLC'S AND AS SUCH ARE CONSIDERED DISREGARDED ENTITIES FOR TAX PURPOSES. IT IS THE POLICY OF THE FOUNDATION, IN ACCORDANCE WITH GAAP, TO ASSESS ANY UNCERTAIN TAX PROVISIONS AND, IF NECESSARY, RECORD A TAX ASSET OR LIABILITY, AND THE RELATED INCOME TAX EXPENSE, FOR ANY UNCERTAIN TAX PROVISIONS. THE FOUNDATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR UNRELATED BUSINESS INCOME.

THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENT 111,270.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

235,763. AGENCY FUND REVENUES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016	SOUTHWEST	INITIATIVE	FOUNDATION	41-1555592 Page
Schedule D (Form 990) 2016 Part XIII Supplemental Info	rmation (continued)			
AGENCY FUND EXPENSE	ES			69,839
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Schedule D (Form 990) 2016

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

41-1555592

Employer identification number ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. SOUTHWEST INITIATIVE FOUNDATION Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	lion
criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the us	stance? ocedures for moni	toring the use of grant	e of grant funds in the United States	J States	•		X Yes No
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organi		Governments. Co	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if addition	onal space is need	pa			
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, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BIRD ISLAND CULTURAL CENTRE PO BOX 434							
BIRD ISLAND, MN 55310	81-4413103	50103	5,550.	0			BOLD ECI VISION TO ACTION
Contract of Contra		,					
BOOKSIDE SENIOR LIVING 804 BENSON RD						<u>-</u>	
MONTEVIDEO MN 56265	41-0871848	50103	5,000,	0.			BROOKSIDE MANOR
CHILD CARE & NUTRITION INC			-				
PO BOX 138							SOUTHWEST STRONG: FAMILY
IVANHOE MN 56142	41-1496910	501C3	5,000.	0.			CONNECTIONS
		•				,	•
CHURCH OF ST. ANTHONY							
170 MEEKER AVE. S.							MEEKER COUNTY TORNADO
WATKINS, MN 55389	41-0765340	RELIGIOUS	16,835,	0	r		RECOVERY
		1					
CITY OF APPLETON							
323 W SCHLIEMAN AVENUE							NEW RESTROOM BÜILDING AT
APPLETON, MN 56208	41-6004938	GOVERNMENT	16,005.	0.			RIVERVIEW PARK
Tree of the tree o							
CIII OF LISMORE				_		_	
PO BOX 188							
LISMORE, MN 56155	41-6005319	GOVERNMENT	5,555.	0			LISMORE FIRE DEPARTMENT
2 Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations listed in the	listed in the line 1 table				<b>▶</b> 41
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					▼ 20.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

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Page 1

Schedule I (Form 990) SOUTHWEST INITIATIVE FOUNDATION

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

rates Communication of dams and other Assistance to dovernments at	Assistance to de	Verninents and Organ	iizations in the Or	ilted States (Scille	d Organizations in the Onited States (Schedule I (Point 990), Part in		
(a) Name and address of organization or government	( <b>b</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 LITCHFIELD 126 N MARSHALL AVENUE LITCHFIELD, MN 55355	41-6005320	GOVERNMENT	5,000,	0			LITCHFIELD RECREATIONAL
CITY OF MADISON 404 6TH AVENUE N MADISON, MN 56256	41-6005335	GOVERNMENT	5,868,	0		·	MEMORIAL BALL PARK
	41-6005335	GOVERNMENT	36,438,	0			
CITY OF TYLER 230 N TYLER ST TYLER, MN 56178	41-6005587	GOVERNMENT	26,000,	0			YLER GOLF COURSE
CITY OF WALNUT GROVE 311 6TH STREET WALNUT GROVE, MN 56180	41-6005611	GOVERNMENT	*000*9	.0			EMERGENCY CALL SYSTEM AT COUNTRY VIEW SENIOR LIVING COMMUNITY
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DR STE 700 ARLINGTON, VA 22202	13-6068327	501C3	14,350,	0.			2017 MEMBERSHIP
CROSSROADS KIDS 4 CHRIST LEARNING CENTER - 2948 180TH STREET - DAWSON, MN 56232	41-4651698	RELIGIOUS	.000.3	0			EXPANDING TO A YEAR-RD 5 DAY/WEEK LEARNING CENTER
FRIENDS OF THE ORCHESTRA LTD. 803 CHERYL AVENUE MARSHALL, MN 56258	41-1799541	50103	5,426,	,0			FISCAL YEAR 2017 OISBURSEMENT
FULTON CHRISTIAN FELLOWSHIP 118 EAST 4TH AVENUE, PO BOX 106 FULTON, SD 57340	01-0710215	RELIGIOUS	10,000,	0			BENIN AFRICA MISSION TRIP
							Schedule I (Form 990)

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Schedule I (Form 990) SOUTHWEST INITIATIVE FOUNDATION

Schedule I (Form 990) HUTCHINSON ELKS INCLUSIVE KINDERGARTEN READINESS MDE PREK-3 ALIGNMENT / WHEEL & COG MUSEUM OF SCHOOL GRANT REQUESTS GIRL SCOUTS CONNECTZ: (h) Purpose of grant or assistance WORTHINGTON, NOBLES MURRAY COUNTY EARLY 2017 TEACHER GRANTS 2017 MINI-GRANTS PREK-3 ALIGNMENT HILDHOOD FUND IUTCHINSON COUNTY ARK (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) Ö ö Ö o, Ö (e) Amount of non-cash assistance 5,520, 8,936, 5 000 (d) Amount of cash grant 5,000 7,242, 5,000, 5,000 5,000 8,000 (c) IRC section if applicable EDUCATION EDUCATION EDUCATION EDUCATION EDUCATION EDUCATION 501C3 26-2263988 501C3 501C3 ROBERT ST S - SAINT PAUL, MN 55107 41-0693910 41-1778191 41-1783004 36-3317820 41-1872029 41-8013222 41-1912963 41-1872029 (b) EIN NORTH HIGHWAY - JACKSON, MN 56143 ISD #2169 - MURRAY COUNTY CENTRAL BEARDSLEY - PO BOX 361 - CLINTON, CENTRAL-HIGH SCHOOL - PO BOX 119 ISD #2897 - REDWOOD AREA SCHOOLS ISD #2888 - CLINTON GRACEVILLE CENTRAL-DISTRICT OFFICE - 1128 HUTCHINSON CENTER FOR THE ARTS WISCONSIN RIVER VALLEYS - 400 HUTCHINSON HEALTH FOUNDATION (a) Name and address of organization or government GIRL SCOUTS OF MINNESOTA & ISD #2895 - JACKSON COUNTY ISD #2180 - M.A.C.C.R.A.Y. ISD #2895- JACKSON COUNTY REDWOOD FALLS, MN 56283 1095 HIGHWAY 15 SOUTH 100 GEORGE RAMSETH DR HUTCHINSON, MN 55350 HUTCHINSON, MN 55350 CLARA CITY, MN 56222 JACKSON MN 56143 SLAYTON, MN 56172 2420 28TH STREET PO BOX 667 PO BOX 690 MN 55021

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SOUTHWEST INITIATIVE FOUNDATION

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part III)	Assistance to Go	vernments and Organ	anizations in the Ur	ited States (Sche	dule I (Form 990). Par	F (II)	י באפר ביייים באפרי
	(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.
ISD #330 - HERON LAKE/OKABENA PO BOX 97 <u>OKABENA, MN 56161</u>	41-1330168	EDUCATION	6,575,	0		•	IA SHOP EQUIPMENT AND CHOIR ROBES
ISD #347 - WILLMAR 1234 KANDIYOHI AVENUE SW WILLMAR, MN 56201	41-6001746	EDUCATION	. 5,000,5	0,			PRE-K TO GRADE 3 PARENT EDUCATION
ISD #347 - WILLMAR 611 5TH ST SW WILLMAR, MN 56201	41-6001746	EDUCATION	5,000,	0			, WILLMAR AREA LEARNING CENTER - PROMISE FELLOW
ISD #403 - IVANHOE PUBLIC SCHOOL PO BOX 9 IVANHOE, MN 56142	41-6001990	EDUCATION	5,549,	0			STUDENT COMPUTERS AND IXL RENEWAL
ISD #423 - HUTCHINSON WEST ELEMENTARY - 875 SCHOOL ROAD SW - HUTCHINSON MN 55350	41-6002222	EDUCATION	5,000	.0			 MDE PREK-3 ALIGNMENT
ISD #775 - KERKHOVEN/MURDOCK/SUNBURG - PO BOX 168 - KERKHOVEN, MN 56252	41-1329385	EDUCATION	5,000,	0			PREK-GRADE 3 ALIGNMENT TRAINING AND PLANNING
JACKSON COMMUNITY FOUNDATION PO BOX 91 JACKSON, MN 56143	41-1555592	50103	6,750,	*0			KRISTI ELAINE TEIGEN SCHOLARSHIP AWARDS
KANDIYOHI COUNTY AND CITY OF WILLMAR EDC - PO BOX 1783 - WILLMAR, MN 56201	41_1662533	GOVERNMENT	15,000,	0			DIVERSE BUSINESS RETENTION AND EXPANSION PROGRAM
LEARNING FUNHOUSE INC. 199 MAIN STREET BIRD ISLAND, MN 55310	41-1930163	501C3	26,500.	0			THE LEARNING FUNHOUSE EXPANSION Schodule Hearn 000)
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	the United States (Schedule I (Form 990), Part II)	
SOUTHWEST INITIATIVE FOUNDATION	Assistance to Governments and Organizations in t	
le I (Form 990) SOUTHWEST	Continuation of Grants and Other	
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(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) organization or government (h) Method of (g) IRC section (d) Amount of (e) Amount of (f) Method of (g) IRC section (d) Amount of (g) Method of (g) IRC section (d) Amount of (g) Method of (g) IRC section (d) Amount of (g) Method of (g) IRC section (d) Amount of (g) Method of (g) IRC section (d) Amount of (g) Method of (g) IRC section (d) Amount of (g) Method of (g) IRC section (d) Amount of (g) Method of (g) IRC section (d) Amount of (g) Method of (g) IRC section (d) Amount of (g) Method of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) Amount of (g) IRC section (d) IRC se	(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.
LET'S GO FISHING OF MINNESOTA 1025 19TH AVE SW WILLMAR, MN 56201	48-1259413	50103	7,500.	0			GETTING HOOKED
LITCHFIELD AREA MENTORSHIP PROGRAM - KINSHIP - PO BOX 82 - LITCHFIELD, MN 55355	13-4365598	50103	5,000.	0			2017-2018 LUNCH BUDDIES
LUVERNE AREA COMMUNITY FOUNDATION PO BOX 623 LUVERNE, MN 55021	41-1512905	50103	10,000,		-	X	CREATING ENTREPRENEURSHIP OPPORTUNITIES
LYON-LINCOLN ELECTRIC TRUST PO BOX 639 TYLER, MN 56178	41-1930173	501C3	5,000,	0			TYLER GOLF CLUB YOUTH
MINNESOTA RIVER AREA AGENCY ON AGING - 201 N BORAD ST. STE 102 - MANKATO, MN 56001	26-1632413	50103	67,300,	0			AGE FRIENDLY COMMUNITIES - ASSESSMENT
NOBLES COUNTY LIBRARY 407 12TH STREET, PO BOX 1049 WORTHINGTON, MN 56187	41-6005845	GOVERNMENT	68,068,	.0			ADKIAN BRANCH/NOBLES COUNTY LIBRARY
PARENT_CONNECTION 530 HIDDEN CIRCLE SW HUTCHINSON, MN 55350	27-0247232	50103	5,000,	0			PARENT CONNECTION ORGANIZATION
PIPESTONE COUNTY FOOD SHELF 223 2ND ST NW PIPESTONE MN 56164	55-0888466	501C3	. 5,000,	.0		,	PIPESTONE COUNTY FOOD SHELF SUPPORT
PRAIRIE FIVE COMMUNITY ACTION COUNCIL - PO BOX 159 - MONTEVIDEO, MN 56265	41-0904802	50103	2,000	0			FREE VITA TAX CLINIC Schedule I (Form 990)
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Schedule I (Form 990)	Part II Continuation

(a) Name and address of conganization or government if applications and address of conganization or government conganization con	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	ction (d) Amount of cash grant non-cash (f) Method of services (book, FMV, assistance (book, FMV, assistance cash grant assistance c	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRAIRIE HOME HOSPICE 408 E MAIN ST, #8 MARSHALL, MN 56258	41-1494079	501C3	9,000,	0	appraisa, orier		PALLIATIVE CARE/CHRONIC DISEASE MANAGEMENT PROGRAM YEAR 2
PRAIRIE HOME HOSPICE 408 E MAIN ST, #8 · MARSHALL, MN 56258	41-1494079	501C3	10,888.	,			
REDWOOD AREA COMMUNITIES FOUNDATION - 200 S MILL STREET - REDWOOD FALLS, MN 56283	36-3611923	501C3	10,000,	0,			TECHNOLOGY AND TRADES ON THE PRAIRIE
	41-1611555	501C3	25,000	0		,	EVERYONE DESERVES A SMILE
SOUTHWEST HEALTH AND HUMAN SERVICES - 607 W MAIN, STE 200 - MARSHALL, MN 56258	41-1597340	GOVERNMENT	2,000	0	,		INCREASING DENTAL AVAILABILITY TO OUR SERVICE AREA
SOUTHWEST INITIATIVE FOUNDATION PO BOX 91 JACKSON, MN 56143	41-1555592	501C3	6,250,	0			KRISTI ELAINE TEIGEN SCHOLARSHIP AWARDS.
SOUTHWEST INITIATIVE FOUNDATION 15 3RD AVE NW HUTCHINSON, MN 55350	41-1555592	501C3	7,000,	0			EARLY CHILDHOOD DENTAL NETWORK - SOUTHWEST
SOUTHWEST MINNESOTA HOUSING PARTNERSHIP - 2401 BROADWAY AVE - SLAYTON, MN 56172	41-1721815	501C3	25,000,	0			PUSH PROJECT UNITING SOUTHWEST HMONG
SOUTHWEST MINNESOTA STATE UNIVERSITY FOUNDATION - 1501 STATE STREET - MARSHALL, MN 56258	. 23-7108470	50103	5,000	0			MARL CLASS IX YEAR 1 PROGRAM
							Schedule I (Form 990)

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Schedule I (Form 990) SOUTHWEST INITIATIVE FOUNDATION

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

Part ii Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.	ASSISTANCE TO GO	vernments and Organ	MIZATIONS IN THE OF	aine) sages	dule I (rollil 990), rai	(11)	
(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
SOUTHWEST REGIONAL DEVELOPMENT COMM 2401 BROADWAY AVE STE 1 - SLAYTON, MN 56172	41-1235045	GOVERWMENT	7,458,	0	•		MURRAY COUNTY EARLY CHILDHOOD FUND
ST. JAMES EPISCOPAL CHURCH 101 N 5TH STREET MARSHALL, MN 56258	41-6098516	RELIGIOUS	13,628.	0		·	FISCAL YEAR 2017 DISBURSEMENT
UNITED COMMUNITY ACTION PARTNERSHIP - 1400 S SARATOGA ST - MARSHALL, MN 56258	41-0904860	50103	.000				; DENTAL ACCESS
UNITED COMMUNITY ACTION PARTNERSHIP - 1400 S SARATOGA ST -	41-0888137	501C3	.000 6	0			VOLUNTEER INCOME TAX ASSISTANCE (VITA) SERVICES
UNIVERSITY OF NEW HAMPSHIRE 73 MAIN STREET DURHAM, NH 03824	02-0437506	EDUCATION	25,962.	0			SOUTHWEST MINNESOTA RESEARCH / OPPORTUNITY GAP
VACKER PLACE 69531 213TH STREET DARWIN, MN 55324	41-1758705	50103	5,000.	0			VACKER PLACE BOARD STRATEGIC PLANNING
VICTORY CHRISTIAN CHURCH PO BOX 250 BALATON, MN 56115	41-1463914	RELIGIOUS	26,500.	0	,		ADDING CHILD CARE SPACE IN NEW BUILDING
WEST CENTRAL MINNESOTA EDUCATIONAL TELEVISION CO 120 W SCHLIEMAN AVE - APPLETON, MN 56208	41-6038611	50103	5,000	0			GROW OUR OWN TELEVISION SPECIAL
WILLMAR AREA COMMUNITY FOUNDATION 1601 HWY 12 E, STE 9 WILLMAR, MN 56201	36-3412544	50103	5,000,	0			ROBBINS ISLAND PLAYGROUND
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Schedu	le I (Form 990)	SOUTHWEST	WEST INITIATIVE FOUNDATION
Part II	Continuation o	f Grants and Other A	and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of (b) EIN (c) IRC section or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	on (d) Amount of cash grant assistance (book, FMV, appraisal, other)	(g) Description of a non-cash assistance	(h) Purpose of grant or assistance
WILLMAR AREA MULTICULTURAL BUSINESS CENTER - 311 BENSON AVENUE SW - WILLMAR, MN 56201	01-0893778	50103	12,000,	0		• .	WAM-BC ENTREPRENEURSHIP
WILLMAR COMMUNITY EDUCATION & RECREATION - 1234 KANDIYOHI AVENUE SW - WILLMAR, MN 56201	41-6001746	EDUCATION	10,000,	0			PREK-GRADE 3 ALIGNMENT IMPLEMENTATION
WORTHINGTON AREA CHAMBER OF COMMERCE - 1121 3RD AVENUE - WORTHINGTON, MN 56187	41-0620765	501C6	22,000.		,		DIVERSE BUSINESS RETENTION AND EXPANSION PROGRAM
WORTHINGTON REGIONAL ECONOMIC DEVELOPMENT CORP - 1121 3RD AVENUE - WORTHINGTON, MN 56187	36-3339749	GOVERNMENT	10,000,	0			WORTHINGTON GLOBAL MARKET FEASIBILITY ANALYSIS
YMCA OF WORTHINGTON 1501 COLLEGEWAY WORTHINGTON, MN 56187	41-6007569	501C3	7,782,	0			FISCAL YEAR 2017 DISBURSEMENT
			•				
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							Schedule I (Form 990)

Part III

41-1555592

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) w AS USING RESOURCES SUCH Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information THE REPOSITORY FOR ALL SWIF CONDUCTS Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance GRANTS MADE AND/OR ASSISTANCE PROVIDED. (c) Amount of cash grant RESEARCH TO VERIFY THE ELIGIBILITY OF ALL GRANTEES, E H THE DATABASE (b) Number of recipients THE GRANTS MANAGEMENT FUNCTION OF Ĺ (a) Type of grant or assistance RECORDS RELATED TO 7 LINE PART I Part IV

OF.

SUBMIT A ROSTER OF THEIR ADVISORS FOR BOARD REVIEW AND APPROVAL ANNUALLY

GUIDESTAR AND THE IRS PUBLICATION 78.

EACH ADVISED FUND COMMITTEE MUST

STATE AND FEDERAL REGULATIONS AND MEETS THE REQUIRED CHARITABLE PURPOSE

THE FUND AGREEMENTS IN PLACE

632102 11-01-16

AND CRITERIA FOR THEIR GRANT IS REVIEWED TO ENSURE COMPLIANCE WITH ALL

### **SCHEDULE J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

SOUTHWEST INITIATIVE FOUNDATION

41-1555592

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			`
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		ļ
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			1 1
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations Approval by the board or compensation committee	,		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
•	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		:	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		_ X_
b	Any related organization?	5b	_	X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			لـــا
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b		_X
	If "Yes" on line 6a or 6b, describe in Part III			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			!
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2016

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	E
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) DIANA D. ANDERSON	Ξ	159,091.	0	5,376.	10,000.	22,905.	197,372.	0
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Schedule J (Form 990) 2016

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PART I, LINE 3:	THE EXECUTIVE COMMITTEE REVIEWED INFORMATION FROM SIMILAR ORGANIZATION'S	REPORTED SALARIES WHICH INCLUDED LOOKING AT OTHER ORGANIZATION'S 990'S AS	WELL AS A SURVEY OF OTHER SIMILAR ORGANIZATION'S COMPENSATION PRACTICES.			•							
PAR1	THE	REP(	WELI										

SCHEDULEK (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Supplemental Information on Tax-Exempt Bonds

explanations, and any additional information in Part VI.

2016 Open to Public Inspection

OMB No 1545-0047

ž (g) Defeased (h) On behalf (i) Pooled financing × Employer identification number Yes 읟 ŝ 41-1555592 ž × of Issuer Yes Yes Yes ŝ × Yes ŝ 읭 1,830,000. ISSUED ON 12/29/2 O (f) Description of purpose ► Attach to Form 990. ► Information about Schedule K (Form 990) and its instructions is at www.lrs.gov/form990. REFUNDED BONDS Yes Yes ŝ No 8 œ Yes Yes CONTINUATIONS (e) Issue puce 1,806,792. 230,000 1,830,000 18,300 4,908 × × ŝ ဍ 03/10/16 (d) Date issued Yes Yes × × × (F) FOR COLUMN SOUTHWEST INITIATIVE FOUNDATION 41-6005841582258AR0 (c) CUSIP # Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, PART VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? SEE Has the final allocation of proceeds been made? Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use bond-financed property? Other unspent proceeds Amount of bonds retired A MCLEOD COUNTY Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service Part II Part N ß 9 16 N 8 6 위 5 5 4 약 œ ပ ۵ Ξ 4

832121 10-19-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 44

Schedule K (Form 990) 2016

FOUNDATION	
INITIATIVE	
SOUTHWEST	
2016	

Page 2

41-1555592

Schedule K (Form 990) 2

Schedule K (Form 990) 2016 % % % ŝ ŝ Yes Yes % % % % ŝ ŝ Yes Yes % % % % ŝ Š Yes Yes % % % % 2 × ŝ × × × × × × × × × Yes Yes × counsel to review any management or service contracts relating to the financed property? c. Are there any research agreements that may result in private business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside governmental person other than a 501(c)(3) organization since the bonds were issued? Enter the percentage of financed property used in a private business use as a result of b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed Has there been a sale or disposition of any of the bond-financed property to a nonc If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified entities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another If "Yes" to line 2c, provide in Part VI the date the rebate computation was Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 4a Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1 141-12 and 1.145-27 business use of bond-financed property? If "No" to line 1, did the following apply? Part III Private Business Use (Continued) Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? e Was the hedge terminated? 1 141-12 and 1 145-2? b Exception to rebate? Total of lines 4 and 5 a Rebate not due yet? b Name of provider c No rebate due? Part IV Arbitrage c Term of hedge performed ဖ 8

Schedule K (Form 990) 2016

632123 10-19-16

## SCHEDULE M (Form 990)

01111 990*)* 

Name of the organization

**Noncash Contributions** 

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

orm990. Inspection
Employer identification number

		<u>ITIATI</u>	<u>VE FOUNDA</u>	TION	41-3	1555	592	1
Par	t I Types of Property							
		(a)	(b)	(c)	(d			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of d noncash contrib			to.
		applicable		Form 990, Part VIII, line 1g	Honeasi contrib	outon a	moun	เอ
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	Х	5	793,481.	HI/LOW AVE	RAGE	SA	LE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13 <sup>*</sup>	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate · Commercial							
17	Real estate - Other	X	1	384,624.	AG APPRAISA	AL		
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts				•			
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (GRAIN )	Х	3	670.	MKT VALUE I	PER	BUS	HEL
26	Other ( )		_					
27	Other ( )							
28	Other (							
29	Number of Forms 8283 received by the organi	zation durine	the tax vear for c	ontributions				
	for which the organization completed Form 82						1	
							Yes	No
30a -	During the year, did the organization receive b	v contributio	on any property reg	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	-			=			
	exempt purposes for the entire holding period	_		·		30a		X
b	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any nonstandard contribu	itions?	31	х	
	Does the organization hire or use third parties	•		-				
	contributions?			,		32a		Х
b	If "Yes," describe in Part II							_ <del>-</del> _
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked.			
	describe in Part II	. (=/	21 - PERSONS	, , , , , , , , , , , , , , , , , , , ,	- •			

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

Schedule M (Form 990) (2016)

Schedule M	(Form 990) (2016)	SOUTHWEST	INITIATIVE	_FOUNDATION	<u>N</u>	41-1555592	Page 2
Part II	Supplemental	Information. Pr	ovide the information	required by Part I, Iir	nes 30b, 32b, and 33.	and whether the organize	ation
	is reporting in Part	t I, column (b), the nu	imber of contributions	s, the number of item	is received, or a comb	ination of both Also com	nplete
	this part for any ac	dditional information		,	,	•	
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Schedule M (Form 990) (2016)

632142 08-23-16

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 OMB No 1545-0047 Open to Public

Inspection

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

**Employer identification number** 41-1555592

FORM 990, PART III, ORGANIZATION'S MISSION LINE 1, SINCE 1986, SOUTHWEST INITIATIVE FOUNDATION HAS BEEN COMMITTED TO THE SOCIAL AND ECONOMIC GROWTH OF SOUTHWEST MINNESOTA BY EVOLVING, GROWING AND RESPONDING TO THE EVER-CHANGING, 18-COUNTY REGION THAT SWIF PROUDLY CALLS HOME. BEGINNING IN 1997, THE BOARD AND LEADERSHIP POSITIONED SWIF AS A SPARK FOR CHANGE THROUGH PHILANTHROPY, LEADERSHIP, INNOVATION AND COLLABORATION. THESE OUALITIES ARE NOW WIDELY RECOGNIZED AS CORE TO SWIF'S APPROACH AND SUCCESS.

SWIF'S ORIGINAL MISSION WAS TO STRENGTHEN SOUTHWEST MINNESOTA IN THREE WAYS: IMPROVING THE REGION'S ECONOMIC SELF-RELIANCE, OVERCOMING HUMAN DISTRESS, AND PROMOTING REGIONAL LEADERSHIP, COORDINATION AND PARTNERSHIPS. WHILE THE WORK CONTINUES TO ADDRESS THESE BROAD AREAS. THE CHANGING REGIONAL REALITY NOW CALLS SWIF TO ACT IN NEW WAYS. IN FISCAL YEAR 2017, SWIF ADOPTED A NEW FOCUS TO HELP ALL SOUTHWEST MINNESOTA KIDS SUCCEED.

SWIF'S 12-MEMBER VOLUNTEER BOARD OF DIRECTORS-WHICH REPRESENTS DIVERSE GEOGRAPHIC LOCATIONS, PROFESSIONS AND BACKGROUNDS-TOGETHER WITH SWIF'S PROFESSIONAL STAFF AND RESEARCH PARTNERS, EXPLORED DEMOGRAPHICS AND TRENDS IMPACTING THE REGION. IN SOUTHWEST MINNESOTA, THERE IS GROWING INCOME DISPARITY AMONG FAMILIES WITH CHILDREN. MEDIAN INCOMES FOR FAMILIES IN THE BOTTOM 20 PERCENT OF THE INCOME DISTRIBUTION DECLINED BY 9 PERCENT BETWEEN 1999 AND 2014, WHILE MEDIAN INCOMES FOR FAMILIES IN THE TOP 20 PERCENT ROSE BY 9 PERCENT DURING THAT SAME PERIOD.

AS COMMUNITIES ACROSS THE REGION CHANGE, KIDS FROM LOW INCOME FAMILIES

ARE FACING OBSTACLES THAT REMOVE STEPPING STONES TO UPWARD MOBILITY-OR

THEIR ABILITY TO DO BETTER THAN THEIR PARENTS THROUGH HARD WORK.

RESEARCH SHOWS THAT THESE CHILDREN HAVE LESS ACCESS TO EVERYTHING FROM

QUALITY EARLY CHILDHOOD EDUCATION TO ADVANCED PLACEMENT COURSES IN HIGH

SCHOOL TO SPORT AND ENRICHMENT ACTIVITIES THAT PROVIDE MENTORING,

TEAMBUILDING AND OTHER LIFE-LONG SKILLS THEY NEED TO BE GOOD CITIZENS

AND GOOD EMPLOYEES. THIS DIVIDE IS COMMONLY KNOWN AS "THE OPPORTUNITY

SWIF BELIEVES THE REGION'S FUTURE ECONOMIC SUCCESS DEPENDS ON THE

SUCCESS OF OUR NEXT GENERATION AND MOST VULNERABLE RESIDENTS. FOR THE

REGION, 17 PERCENT OR 11,000 KIDS UNDER AGE 18 ARE LIVING IN POVERTY.

EVEN MORE ALARMING, 21 PERCENT OR 4,499 KIDS ARE LIVING IN POVERTY

BEFORE THEY REACH ELEMENTARY SCHOOL. AS SOUTHWEST MINNESOTA'S FUTURE

EMPLOYEES, ENTREPRENEURS, COMMUNITY LEADERS, VOLUNTEERS, HOMEOWNERS AND

TAXPAYERS, THEIR SUCCESS WILL DIRECTLY IMPACT NOT JUST INDIVIDUALS AND

FAMILIES, BUT ALSO BUSINESSES AND ENTIRE COMMUNITIES.

SWIF IS UNIQUELY POSITIONED TO PROVIDE LEADERSHIP FOR THE REGION ON

THIS ISSUE, OFFERING A TRUSTED PERSPECTIVE THAT CAN UNITE EFFORTS AND

LEADERS THROUGHOUT SOUTHWEST MINNESOTA. AS AN INDEPENDENT COMMUNITY

FOUNDATION, SWIF CARRIES A LONG-TERM COMMITMENT TO THE REGION AND CAN

LEVERAGE OUTSIDE FUNDING AND EXPERTISE. SWIF ALSO HAS A DEEP HISTORY OF

BRINGING PEOPLE TOGETHER FROM ALL SECTORS TO EXPLORE AND IMPLEMENT

LOCAL SOLUTIONS: SWIF'S EXPERIENCE DELIVERING EDUCATION AND PROGRAMMING

DIRECTLY ALIGNS WITH THE FRAMEWORK OF WHAT KIDS NEED TO SUCCEED: STABLE

FAMILY AND PARENTING, HIGH QUALITY EARLY CHILDHOOD EDUCATION,

632212 08-25-16

GAP."

Schedule O (Form 990 or 990-EZ) (2016)

BIOSCIENCE. IN ADDITION, THE MICROENTERPRISE LOAN PROGRAM PROVIDES

MANAGEMENT AND OPERATIONS, FINANCE AND ACCOUNTING AND MARKETING.

VALUABLE TECHNICAL ASSISTANCE FOR BORROWERS IN THE AREAS OF BUSINESS

Name of the organization Employer identification number SOUTHWEST INITIATIVE FOUNDATION 41-1555592 SWIF ALSO OPERATES THE CENTER OF RURAL ENTREPRENEURSHIP (CORE) WEBSITE MNCORE.ORG, WHICH PROVIDES VALUABLE RESOURCES AND EDUCATIONAL OPPORTUNITIES TO ASSIST EMERGING, NEW AND GROWING ENTREPRENEURS. SWIF WAS SELECTED AS A LENDER FOR THE MINNESOTA EMERGING ENTREPRENEUR LOAN PROGRAM THROUGH THE MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT. THROUGH A NETWORK OF NONPROFIT LENDERS, THIS PROGRAM IS DESIGNED TO PROVIDE FINANCING AND SUPPORT THE GROWTH OF BUSINESSES OWNED AND OPERATED BY WOMEN, VETERANS, PERSONS WITH DISABILITIES, MINORITIES AND LOW-INCOME PERSONS. THROUGH FUNDING PROVIDED BY THE STATE OF MINNESOTA'S DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT, SWIF SUPPORTED ECONOMIC DEVELOPMENT INITIATIVES DESIGNED TO FOSTER ENTREPRENEURSHIP AMONG SOUTHWEST MINNESOTA'S GROWING DIVERSE POPULATIONS. INCLUDED IN THESE EFFORTS WERE DIRECT TECHNICAL ASSISTANCE, BUSINESS RETENTION AND EXPANSION INITIATIVES, AND PROJECT FEASIBILITY ANALYSIS. SWIF IS A PARTICIPANT IN THE SECOND NATIONAL COHORT OF THE COMMUNITY FOUNDATION CIRCLE COORDINATED BY THE BUSINESS ALLIANCE FOR LOCAL LIVING ECONOMIES (BALLE). THIS GROUP IS COMPRISED OF BOTH COMMUNITY AND PLACE-BASED PRIVATE FOUNDATIONS FROM RURAL AND METROPOLITAN AREAS AND IS FOCUSED ON DEVELOPING CAPACITY AND SYSTEMS, RELATIONSHIPS AND OPPORTUNITIES FOR IMPACT INVESTING. SWIF WAS SELECTED AS ONE OF NINE COMMUNITY FOUNDATIONS NATIONALLY TO PARTICIPATE IN THE RURAL ECONOMIC DEVELOPMENT PHILANTHROPY INNOVATORS NETWORK (REDPIN) COORDINATED BY THE ASPEN INSTITUTE AND THE CENTER FOR Schedule O (Form 990 or 990-EZ) (2016) 632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization **Employer identification number** SOUTHWEST INITIATIVE FOUNDATION 41-1555592 RURAL ENTREPRENEURSHIP. SWIF HAS SELECTED THE AVAILABILITY OF AFFORDABLE, QUALITY CHILD CARE IN THE REGION AS ITS AREA OF FOCUS FOR THE REDPIN INITIATIVE. CHILD CARE IS ONE OF THE MOST CRITICAL ECONOMIC DEVELOPMENT ISSUES FACING SOUTHWEST MINNESOTA, BUSINESSES AND FAMILIES. IN ADDITION TO CHILD CARE, SOUTHWEST MINNESOTA EMPLOYERS FACE CHALLENGES WITH WORKFORCE RECRUITMENT, RETENTION AND DEVELOPMENT. IN FISCAL YEAR 2017, SOUTHWEST MINNESOTA WAS SELECTED AS AN EXPANSION SITE FOR THE GREATER TWIN CITIES UNITED WAY'S CAREER ACADEMIES. TOGETHER WITH LOCAL PARTNERS, SWIF IS ADMINISTERING THE PROGRAM TO HELP STUDENTS IN WORTHINGTON, JACKSON AND WINDOM SCHOOL DISTRICTS GET ONTO A CAREER TRAJECTORY IN THE MEDICAL, MANUFACTURING OR EDUCATION FIELDS. CAREER READINESS IS A KEY STRATEGY TO PROMOTE GROW OUR OWN, CONNECTING FUTURE WORKFORCE WITH THE JOB OPPORTUNITIES LOCATED IN THEIR OWN COMMUNITIES AND REGION. SWIF HAS SUPPORTED PROFESSIONAL DEVELOPMENT OF THE REGION'S ECONOMIC DEVELOPMENT PROFESSIONALS AND SPONSORED TARGETED CONFERENCES AND EVENTS. RURAL COMMUNITIES FACE UNIQUE CHALLENGES, AS WELL AS OPPORTUNITIES TO COLLABORATE AROUND THESE AND OTHER ISSUES. WORKFORCE HOUSING AND BROADBAND REPRESENT TWO AREAS WHERE SWIF HAS PROVIDED SUPPORT BECAUSE THE INFRASTRUCTURE IS CRITICAL TO BUILDING THE WORKFORCE AND PREPARING FUTURE GENERATIONS OF FAMILIES, BUSINESSES AND COMMUNITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

SOUTHWEST INITIATIVE FOUNDATION MOBILIZES VOLUNTEERS AND DONORS

MOST, IN THE PLACE THEY CALL "HOME."

SOUTHWEST INITIATIVE FOUNDATION

THROUGHOUT SOUTHWEST MINNESOTA TO CREATE A CULTURE OF GIVING THAT IS,

AT ITS HEART, INCLUSIVE, TRANSFORMATIVE AND LOCALLY-INVESTED. THIS

EXPANSIVE NETWORK EXTENDS SWIF'S REACH INTO LOCAL COMMUNITIES AND

OFFERS A UNIQUE MODEL FOR PEOPLE TO SUPPORT THE CAUSES THEY CARE ABOUT

SWIF'S COMMUNITY FOUNDATION PROGRAM ESTABLISHES A LOCAL "FOUNDATION"

KNOWN AS AN AFFILIATE. A TRUE PARTNERSHIP IS DEVELOPED-ONE PROVEN

MUTUALLY BENEFICIAL AND AN EFFECTIVE MEANS TO RETAIN CHARITABLE DOLLARS

LOCALLY. VOLUNTEER ADVISORY BOARDS DRIVE LOCAL MISSION, ACTIVITIES AND

IMPACT FOR 26 AFFILIATES, INCLUDING ONE NEW IN FY2017. SWIF PROVIDES

THE ADMINISTRATIVE AND 501(C)(3) INFRASTRUCTURE, AS WELL AS ONGOING

TECHNICAL AND PROFESSIONAL SUPPORT IN AREAS LIKE STRATEGIC PLANNING,

FUNDRAISING, MARKETING, PUBLIC RELATIONS AND GRANTMAKING.

SWIF'S 13 SCHOOL FOUNDATION PARTNERS OPERATE WITH A SIMILAR STRUCTURE.

DONOR-ADVISED FUNDS ALLOW AN INDIVIDUAL DONOR OR FAMILY TO PROVIDE

INPUT REGARDING GRANT DISTRIBUTIONS, RESEMBLING A PRIVATE FOUNDATION.

FUNDS CAN BE ENDOWED OR NON-ENDOWED (PASS-THROUGH) AND ARE CREATED WITH

A SPECIFIC PURPOSE IN MIND. MANY DONORS FIND SWIF FUNDS ARE ATTRACTIVE

OPTIONS TO SUPPORT THEIR CHARITABLE INTERESTS WHILE RELIEVING THEM OF

THE ADMINISTRATIVE RESPONSIBILITIES THAT CAN OFTEN BECOME OVERWHELMING

FOR FAMILIES AND VOLUNTEERS. ALL FUNDS CAN RECEIVE MANY TYPES OF GIFTS,

INCLUDING CASH, APPRECIATED STOCK, REAL ESTATE, FARMLAND-WHICH CAN STAY

IN PRODUCTION THROUGH SWIF'S KEEP IT GROWING PROGRAM-AND PLANNED GIFTS,

SUCH AS CHARITABLE GIFT ANNUITIES AND BEQUESTS. SWIF CAN CREATE A FUND

THAT FULFILLS ANY CHARITABLE GOAL OF A DONOR.

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Name of the organization Employer identification number SOUTHWEST INITIATIVE FOUNDATION 41-1555592 LOCAL AFFILIATE VOLUNTEERS BECOME NATURAL COMMUNITY LEADERS, MAKING PROJECTS LIKE PARK IMPROVEMENTS, SWIMMING POOLS, BACK PACK FOOD PROGRAMS, BAND INSTRUMENTS, STUDENT FIELD TRIPS AND SO MUCH MORE POSSIBLE THROUGH SPECIAL PROJECTS AND ANNUAL GRANTMAKING. AFFILIATES ALSO REPRESENT A KEY GROUP OF SWIF PARTNERS DIGGING INTO LOCAL YOUTH POVERTY DATA AND SUPPORTING THE NEW GROW OUR OWN FOCUS TO HELP ALL SOUTHWEST MINNESOTA KIDS SUCCEED. IN FY2017, MANY ADVISORY BOARDS ALIGNED SOME OF THEIR RESOURCES FOR ACTIVITIES THAT SUPPORT FAMILIES, YOUTH MENTORSHIP PROGRAMS AND EDUCATIONAL OUTREACH. TWELVE AFFILIATES PARTICIPATED IN A SWIF CHALLENGE AND GRANTED \$30,000 TO LOCAL ORGANIZATIONS WORKING TO CLOSE THE OPPORTUNITY GAP. SWIF FUNDS PRESENT INCREDIBLE POTENTIAL TO KEEP SOUTHWEST MINNESOTA COMMUNITIES, SCHOOLS AND ORGANIZATIONS STRONG AND VIBRANT. THEY CONNECT PASSIONATE PEOPLE, LOCAL NEEDS AND SOPHISTICATED RESOURCES FOR ONGOING IMPACT. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS FISCAL YEAR 2017 MARKED THE BEGINNING OF A SHIFT IN FOCUS FOR SOUTHWEST INITIATIVE FOUNDATION'S PROGRAMMATIC WORK. WORK IN COMMUNITY IMPACT, ECONOMIC DEVELOPMENT AND PHILANTHROPY ARE BEING ALIGNED WITH THE DIRECTION THE BOARD AND LEADERSHIP AGREED TO GO-A COMPREHENSIVE APPROACH TO HELP ALL SOUTHWEST MINNESOTA KIDS SUCCEED, KNOWN AS THE GROW OUR OWN INITIATIVE. SWIF IS WELL-KNOWN AS A CONVENER AND FACILITATOR, AND HOSTED ITS FIRST

Schedule O (Form 990 or 990-EZ) (2016)

GROW OUR OWN SUMMIT IN DECEMBER 2016. IT ATTRACHED MORE THAN 500

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization Employer identification number SOUTHWEST INITIATIVE FOUNDATION <u>41-1</u>555592 INDIVIDUALS, ELECTED OFFICIALS, EMPLOYERS, COMMUNITY LEADERS, EDUCATORS AND STUDENTS TO HEAR A FULL LINE-UP OF EXPERTS LED BY ROBERT D. PUTNAM, MALKIN PROFESSOR OF PUBLIC POLICY AT HARVARD UNIVERSITY AND AUTHOR OF OUR KIDS: THE AMERICAN DREAM IN CRISIS. SWIF COMMISSIONED RESEARCH FROM THE CARSEY SCHOOL OF PUBLIC POLICY AT THE UNIVERSITY OF NEW HAMPSHIRE TO UNDERSTAND WHAT SOUTHWEST MINNESOTA KIDS FACE. THE REPORT, "A PROFILE OF YOUTH POVERTY AND OPPORTUNITY IN SOUTHWESTERN MINNESOTA," WAS ALSO HIGHLIGHTED AT THE SUMMIT AND HAS BEEN SHARED WIDELY WITH THE PUBLIC. THIS DATA HAS BEEN PAIRED WITH ADDITIONAL LOCAL STATISTICS AND SHARED THROUGH DOZENS OF COMMUNITY PRESENTATIONS. SWIF STAFF BEGAN AN INTENSIVE COMMUNITY ENGAGEMENT PROCESS WITH ORTONVILLE AND PIPESTONE TO COME UP WITH LOCAL SOLUTIONS TO SUPPORT THEIR OWN LOCAL KIDS. AT LEAST SEVEN ADDITIONAL COMMUNITIES WILL CONTINUE WORKING WITH SWIF ON LOCAL SOLUTIONS MOVING FORWARD. ANOTHER IMPORTANT TOOL FOR THESE CONVERSATIONS IS THE GROW OUR OWN PROGRAM PRODUCED AND BROADCAST TO 2.5 MILLION HOUSEHOLDS IN PIONEER PUBLIC TELEVISION'S COVERAGE AREA. THIS IS A PRIME EXAMPLE OF HOW SWIF LEVERAGES AND ENHANCES ITS WORK THROUGH STRONG PARTNERSHIPS. SWIF IS CREATING PARTNERSHIPS THROUGH ITS NEW EMERGING LEADERS CABINET, WHICH LAUNCHED IN FY17. IT IS A COMMITTEE OF THE BOARD OF DIRECTORS COMPRISED SPECIFICALLY OF PEOPLE UNDER THE AGE OF 40 WHO REPRESENT THE DIVERSITY OF THE REGION. THE ROLE OF THE COMMITTEE IS TO EXPLORE CURRENT REALITIES AND TRENDS AND TO CREATE AVENUES OF INFLUENCE,

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INCLUDING THROUGH GRANTMAKING.

IN THE PAST YEAR, SWIF GRANTS WERE ALIGNED WITH GROW OUR OWN. AN OPEN
GRANT ROUND ATTRACTED PROJECTS AND PROGRAMS THAT SUPPORT STABLE

PARENTING AND FAMILIES, YOUTH ENGAGEMENT, SAFE COMMUNITIES AND CAREER
READINESS. EXAMPLES INCLUDE PARENTING WORKSHOPS IN THE BOLD SCHOOL

DISTRICT AND UPPER SIOUX COMMUNITY, STUDENT BEHAVIOR IMPROVEMENT

PROGRAMS IN WILLMAR AND HUTCHINSON, A DESTINATION PLAYGROUND AT ROBBINS

ISLAND PARK, HOUSING STUDY IN MARSHALL, KANDIYOHI CREATING

ENTREPRENEURIAL OPPORTUNITIES STUDENT PROGRAM, AND TECHNOLOGY AND

TRADES WORKFORCE PROGRAM IN REDWOOD FALLS.

A CHALLENGE GRANT ROUND OFFERED TO LOCAL COMMUNITY FOUNDATION PARTNERS

IS OUTLINED IN THE AFFILIATE FUND NARRATIVE. THESE GRANTS EXTENDED

SWIF'S REACH IN THE TARGET AREAS AND STRENGTHENED PARTNERSHIPS BETWEEN

AFFILIATES AND LOCAL NONPROFITS.

AN OPEN GRANT ROUND SPECIFIC TO EARLY CHILDHOOD CARE AND EDUCATION ALSO

ATTRACTED IMPACTFUL PROJECTS. GRANTEES ATTENDED TEACHER AND

ADMINISTRATOR TRAININGS, EXPANDED CHILD CARE CENTER HOURS AND SLOTS,

DEVELOPED CURRICULUM AND PROVIDED PARENT AND COMMUNITY OUTREACH. IN

ADDITION, SWIF REMAINS ENGAGED IN THE STATEWIDE MINNESOTA EARLY

CHILDHOOD INITIATIVE, A NETWORK OF COALITIONS FOCUSED ON QUALITY CARE

AND EDUCATIONAL OPPORTUNITIES FOR CHILDREN AGES BIRTH TO 5. SWIF

STARTED 16 SOUTHWEST MINNESOTA COALITIONS AND SUPPORTS THEIR LOCAL

WORK, LIKE HOSTING READ-ALONG EVENTS, INSTALLING DIAPER CHANGING

STATIONS IN PUBLIC RESTROOMS, TRAINING FIRST RESPONDERS ON HOW TO

INTERACT WITH YOUNG CHILDREN IN A CRISIS, HOME AND CHILD CARE VISITS

AND MORE.

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SOUTHWEST INITIATIVE FOUNDATION

Employer identification number 41-1555592

Schedule O (Form 990 or 990-EZ) (2016)

LEARNED THROUGH THE PHILANTHROPIC PREPAREDNESS, RESILIENCY & EMERGENCY

PARTNERSHIP. SWIF IS ONE OF 18 COMMUNITY FOUNDATIONS FROM ACROSS A

10-STATE NETWORK PARTICIPATING IN A DISASTER-PREPAREDNESS, RESPONSE AND

RECOVERY PROGRAM. SWIF QUICKLY CREATED THE MEEKER COUNTY TORNADO

RECOVERY EFFORT FUND FOLLOWING A 2016 STORM AND WORKED CLOSELY WITH

LOCAL LEADERS TO AID IN LONG-TERM PLANNING AND RECOVERY. IN TOTAL,

EFFORTS HELPED 56 HOUSEHOLDS AND 105 PEOPLE, WITH NEARLY ONE-QUARTER

BEING SENIORS.

SWIF'S PAUL AND ALMA SCHWAN AGING TRUST ENDOWMENT FUND CONTINUES TO

PROMOTE PRODUCTIVE AGING IN SOUTHWEST MINNESOTA. ESTABLISHED IN 1991,

THIS IS A KEY EXAMPLE OF THE LEGACY AND IMPACT DONORS CAN MAKE THROUGH

SWIF. IT FUNDED AGE FRIENDLY COMMUNITY WORK LAUNCHED IN 2016, WHICH

CONTINUES THROUGH A PARTNERSHIP WITH MINNESOTA RIVER AREA AGENCY ON

AGING. SWIF ALSO DEVELOPED A PLAN TO INCORPORATE THIS RESOURCE INTO

GROW OUR OWN EFFORTS MOVING FORWARD, THROUGH INTERGENERATIONAL

ACTIVITIES LIKE MENTORSHIP.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS COMPRISED OF THE OFFICERS OF THE CORPORATION;

CHAIRPERSON, VICE-CHAIRPERSON, SECRETARY AND TREASURER AS WELL AS THE

IMMEDIATE PAST CHAIRPERSON. THE EXECUTIVE COMMITTEE MAY ACT ON BEHALF OF

THE BOARD TO REVIEW AND ACT UPON GRANTS AND LOANS, REVIEW AND ACT UPON

POLICIES, REVIEW AND ACT UPON BUDGETARY VARIANCES, AND CONDUCT OTHER

BUSINESS OF THE CORPORATION BETWEEN REGULARLY SCHEDULED BOARD MEETINGS. ALL

Employer identification number 41-1555592

ACTIONS OF THE EXECUTIVE COMMITTEE ARE REVIEWED BY THE FULL BOARD THROUGH
THE APPROVAL OF EXECUTIVE COMMITTEE MEETING MINUTES AT THE NEXT SCHEDULED
FULL BOARD MEETING.

FORM 990 PART VI SECTION A, LINE 2:

BOARD MEMBERS DO NOT HAVE FAMILY OR BUSINESS RELATIONSHIPS WITH EACH OTHER.

A CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED ANNUALLY AND EACH BOARD

MEETING HAS A STANDING AGENDA ITEM ASKING FOR DISCLOSURES AS WELL.

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

THE IRS FORM 990 IS REVIEWED BY APPROPRIATE STAFF IN THE FOUNDATION AND THEN PRESENTED TO THE AUDIT/FINANCE COMMITTEE FOR REVIEW AND RECOMMENDATION TO THE BOARD. THE FULL BOARD OF DIRECTORS RECEIVE A COPY THROUGH THE SECURE BOARD PORTAL OF THE WEBSITE ONE WEEK PRIOR TO FILING. THE AUDIT/FINANCE COMMITTEE RECEIVES A FULL COPY OF THE FORM 990. THE BOARD RECEIVES A PUBLIC INSPECTION COPY OF THE FORM 990 THAT DOES NOT INCLUDE THE CONFIDENTIAL LIST OF MAJOR DONORS. OTHER THAN THIS LIST, THE FORM IS GIVEN IN ITS ENTIRETY TO THE BOARD AND COMMITTEE FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

AT THE START OF EACH YEAR, THE CONFLICT OF INTEREST POLICY, ACCOMPANYING

QUESTIONNAIRE, AND THE CODE OF ETHICS AND CONDUCT ARE DISTRIBUTED TO ALL

BOARD MEMBERS TO COMPLETE. DISCLOSURE OF CONFLICTS IS THE STANDING FIRST

ITEM ON EVERY BOARD AGENDA. THE BOARD OF DIRECTORS ARE INSTRUCTED AT EACH

MEETING TO DISCLOSE IF THEY FEEL THERE IS A CONFLICT OF INTEREST ON ANY

AGENDA ITEM BEFORE IT IS BROUGHT TO DISCUSSION. THE BOARD AND/OR CEO

QUESTION AND DETERMINE IF THE CONFLICT IS VALID; AND IF SO, THE BOARD

MEMBER DOES NOT PARTICIPATE IN THE VOTE. THE CONFLICT IS NOTED IN THE

Schedule O (Form 990 or 990-EZ) (2016)

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number 41-1555592

MINUTES. THE EMPLOYEE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO KEY

DECISION MAKING EMPLOYEES, REVIEWED, AND SIGNED ANNUALLY WITH UPDATES TO

ANY POTENTIAL CONFLICTS OF INTERESTS NOTED. POTENTIAL CONFLICTS OF INTEREST

FOR STAFF MUST BE REPORTED TO THE PRESIDENT/CEO AND ARE HANDLED ACCORDING

TO THE BOARD APPROVED POLICY REQUIREMENTS.

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

ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE

COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE

COMPENSATION PROGRAM FOR THE KEY EXECUTIVES OF THE FOUNDATION. THE

EXECUTIVE COMMITTEE UNDERTAKES AN ANNUAL REVIEW TO EVALUATE THE

FOUNDATION'S EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET

USING INFORMATION GATHERED ON COMPARABLE POSITIONS WITHIN THE SPECIFIC

INDUSTRY SECTOR AND FROM INDEPENDENTLY PUBLISHED SURVEYS. THE EXECUTIVE

COMMITTEE MEETS INDEPENDENT OF THE PRESIDENT/CEO TO DISCUSS PERFORMANCE

RELATIVE TO THE POSITION DESCRIPTION. DURING THESE DELIBERATIONS, THE

COMMITTEE ALSO CONSIDERS INPUT OBTAINED FROM OTHER BOARD MEMBERS, STAFF,

PROFESSIONAL ADVISORS, GRANT RECIPIENTS, AND OTHER INFORMED COMMUNITY

LEADERS. THE DATE OF DELIBERATIONS AND SUBSEQUENT MEETING WITH

PRESIDENT/CEO ARE DOCUMENTED IN THE MINUTES OF THE BOARD MEETING AND THE

THE LAST REVIEW WAS COMPLETED IN 2017 FOR THE PRESIDENT/CEO, D. ANDERSON.

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

CONDENSED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE
AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE

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Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-1555592
ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTERE	ST POLICY ARE NOT
MADE PUBLIC.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN AGENCY FUNDS	-165,924.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	111,270.
TOTAL TO FORM 990, PART XI, LINE 9	-54,654.
EORN 000 DIOCK D AMENDED DEBUIDN	
FORM 990, BLOCK B AMENDED RETURN	
REPORTABLE COMPENSATION AND ESTIMATED AMOUNT OF OTHER COM	
THE ORGANIZATION AND RELATED ORGANIZATIONS HAVE BEEN AMEN	
UPDATED BASED ON MANAGEMENTS UPDATED UNDERSTANDING OF THE	AMOUNTS THAT
SHOULD BE INCLUDED. THE AMOUNTS HAVE BEEN UPDATED FOR ALL	THREE
OFFICERS ON FORM 990 PART VII SECTION A LINE 1A AND SCHED	ULE J PART II
LINE 1.	
	•
	· · · · · · · · · · · · · · · · · · ·
•	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection 2016

OMB No 1545-0047

Employer identification number 41-1555592

► Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

[Part] Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. SOUTHWEST INITIATIVE FOUNDATION Name of the organization

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AWSM, LLC - 41-1555592 15 3RD AVE, NW					SOUTHWEST INITIATIVE
HUTCHINSON MN 55350	APARTMENT BLDG	MINNESOTA	0.	, H	FOUNDATION
SWIF REAL ESTATE HOLDINGS, LLC - 47-5210879	•				
15 3RD AVE, NW				02	SOUTHWEST INITIATIVE
HUTCHINSON, MN 55350	OFFICE BUILDING	MINNESOTA	0.	H	FOUNDATION
	•				
Part II Identification of Related Tax-Exempt Organizations. Complete if	itions. Complete if the organization an	the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	it had one or more i	related tax-exempt

f the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	
ntification of Related Tax-Exempt Organizations. Complete if	anizations during the tax year
Lost I I Ide	gro Tilling

	(g)	n 5 Iz(b), 13) introlled	entuty?	No								
		2000		Yes								
	(J)	Direct controlling	entity							•		
	(e)	Public charity	status (if section	501(c)(3))	•	-						
	(p)	Exempt Code	section									
	(0)	Legal domicile (state or	foreign country)									
	(q)	Primary activity										
ייייי יייי פואמיייבעיטוס פרווייא אייט ישע זיסעי	(a)	Name, address, and EIN	of related organization									

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

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Schedule R (Form 990) 2016

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Page 2

Schedule R (Form 990) 2016 SOUTHWEST INITIATIVE FOUNDATION

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

• •		-		
General or Percentage (managing ownership le parmer? (55) Yes No				
j) eral or aging fner?				
Gene Part				
Code V-UBI General or Personal				
Ortionate tons?				
(h) Disproportionate allocations? Yes No				
(g) Share of end-of-year assets				
of total me				
(f) Share of total income				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		-		
t inco irelate tax u 12-51				
(e) minant ed, un d from ons 51				
redoi (relati cluded				
5 5 S				
(d) ct controlling entity				
(d) contentity				
Direct				
(c) Legal domicile (state or foreign country)	<b>,</b>			
τ <u>ζ</u>				
(b) Primary activity				•
(b) nary a				
Pri		,	i.	
7				
ation				
ss, ar ganiz				
(a) Name, address, and EIN of related organization				
me, a relat				
Na of a			$\mid \mid \mid \cdot \mid \mid$	
1				1 1 1

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

ı		ı	ı		ı		ı		ı			
	tion b(13) rolled	Yes No										
'	Section 512(b)(13) controlled entity?	Yes										
(4)	ge d											
(6)	Share of end-of-year	assers			-							
	Share of total income											
(e)	Type of entity (C corp, S corp,	or trust)										
(p)	Legal domicile Direct controlling Ty (State or focus of focus or f											
(0)	Legal domicile (state or	country)										•
(q)	Primary activity											
(a)	Name, address, and EIN of related organization											

Schedule R (Form 990) 2016

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

<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactior	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?	•		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Ą			1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)				16		
c Gift, grant, or capital contribution from related organization(s)				5		
d Loans or loan guarantees to or for related organization(s)				<b>1</b> d		
e Loans or loan guarantees by related organization(s)				<del>e</del>		
f Dividends from related organization(s)				<b>*</b>		
<b>a</b> Sale of assets to related organization(s)				-		
				ŧ		
i Exchange of assets with related organization(s)				<b>;</b> =		
j Lease of facilities, equipment, or other assets to related organization(s)				÷		
k Lease of facilities, equipment, or other assets from related organization(s)				¥		
I Performance of services or membership or fundraising solicitations for related organization(s)	anızatıon(s)			=	1	
m Performance of services or membership or fundraising solicitations by related organization(s)	anızation(s)			£		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			5		
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10		
<ul> <li>P Reimbursement paid to related organization(s) for expenses</li> </ul>				1p		
q Reimbursement paid by related organization(s) for expenses				19		
r Other transfer of cash or property to related organization(s)				1		
s Other transfer of cash or property from related organization(s)				18		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
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## Schedule R (Form 990) 2016 SOUTHWEST INITIATIVE FOUNDATION

[Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Share of end-of-year assets <u>(6</u> Share of total Income Predominant income parties sections 512-514)

(c) (related, unrelated, ons?)

sections 512-514)

Ves No (state or foreign country) Legal domicile <u>ပ</u> Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2016

Schedule R	(Form 990) 2016	<u>SOUTHWEST</u>	INITIATIVE	<u>FOUNDATION</u>	·	41-1555592 Page
Part VII	(Form 990) 2016 Supplemental Info	rmation.				
	Provide additional inform	nation for responses to	questions on Schedu	ule R See instructions	3	
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