

For calendar year 2017, or tax year beginning 01-01-2017, and ending 12-31-2017

Name of foundation FIRST COMMUNITY HEALTH FOUNDATION		A Employer identification number 41-0635532	
Number and street (or P.O. box number if mail is not delivered to street address) 130 WEST SUPERIOR STREET NO 700		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55802		B Telephone number (see instructions) (218) 727-9872	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 6,865,135		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis )			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	8,861			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	97,539	97,539		
	5a Gross rents	316,804	226,989		
	b Net rental income or (loss) 95,211				
	6a Net gain or (loss) from sale of assets not on line 10	129,018			
	b Gross sales price for all assets on line 6a 496,114				
	7 Capital gain net income (from Part IV, line 2)		129,018		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	66,667	0		
	12 Total. Add lines 1 through 11	618,889	453,546		
	13 Compensation of officers, directors, trustees, etc	91,306	0		91,306
	14 Other employee salaries and wages	16,975	0		16,821
	15 Pension plans, employee benefits	4,035	0		4,035
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	5,250	0		5,250
	c Other professional fees (attach schedule)	38,994	24,287		12,809
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	7,085	0		0
	19 Depreciation (attach schedule) and depletion	349	0		
	20 Occupancy	11,106	0		11,106
	21 Travel, conferences, and meetings	2,596	0		2,596
	22 Printing and publications				
	23 Other expenses (attach schedule)	330,048	158,771		108,569
	24 Total operating and administrative expenses. Add lines 13 through 23	507,744	183,058		252,492
	25 Contributions, gifts, grants paid	82,700			78,533
	26 Total expenses and disbursements. Add lines 24 and 25	590,444	183,058		331,025
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	28,445			
	b Net investment income (if negative, enter -0-)		270,488		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .	54,056	37,832	37,832
	2 Savings and temporary cash investments . . . . .	20,090	21,359	21,359
	3 Accounts receivable ▶ <u>4,537</u>			
	Less allowance for doubtful accounts ▶ _____	7,777	4,537	4,537
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .	2,458	4,711	4,711
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	3,745,293	4,170,060	4,170,060
	c Investments—corporate bonds (attach schedule) . . . . .	703,199	551,521	551,521
	Liabilities	11 Investments—land, buildings, and equipment basis ▶ _____		
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans . . . . .				
13 Investments—other (attach schedule) . . . . .		199,088	240,965	240,965
14 Land, buildings, and equipment basis ▶ <u>837,308</u>				
Less accumulated depreciation (attach schedule) ▶ <u>57,381</u>		802,140	779,927	1,524,622
15 Other assets (describe ▶ _____)		263,593	309,528	309,528
16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)		5,797,694	6,120,440	6,865,135
17 Accounts payable and accrued expenses . . . . .		101,949	36,539	
18 Grants payable . . . . .		33,333	37,500	
19 Deferred revenue . . . . .				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable (attach schedule) . . . . .				
22 Other liabilities (describe ▶ _____)		222,309	177,202	
23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .		357,591	251,241	
Net Assets or Fund Balances		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>		
	24 Unrestricted . . . . .	5,429,533	5,858,629	
	25 Temporarily restricted . . . . .	10,570	10,570	
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	5,440,103	5,869,199	
	31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	5,797,694	6,120,440	

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	5,440,103
2 Enter amount from Part I, line 27a . . . . .	2	28,445
3 Other increases not included in line 2 (itemize) ▶ _____	3	400,651
4 Add lines 1, 2, and 3 . . . . .	4	5,869,199
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	5,869,199

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a PUBLICLY TRADED SECURITIES</b>	P		
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 496,114		367,096	129,018
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			129,018
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	129,018
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	256,180	6,093,549	0 042041
2015			
2014			
2013			
2012			

<b>2</b> Total of line 1, column (d)	0 042041
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	0 042041
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	6,127,240
<b>5</b> Multiply line 4 by line 3	257,595
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	2,705
<b>7</b> Add lines 5 and 6	260,300
<b>8</b> Enter qualifying distributions from Part XII, line 4	331,025

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	2,705
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	2,705
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	2,705
<b>6</b>	Credits/Payments		
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017	<b>6a</b>	4,000
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	4,000
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	1,295
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> 1,295 <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

<b>1a</b>	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	Yes	No
<b>b</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>		No
<b>c</b>	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>		No
<b>d</b>	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0			
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0			
<b>2</b>	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>		No
<b>3</b>	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	<b>3</b>		No
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	Yes	
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	Yes	
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>		No
<b>6</b>	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes	
<b>7</b>	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	<b>7</b>	Yes	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MN			
<b>b</b>	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	<b>8b</b>	Yes	
<b>9</b>	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .	<b>9</b>		No
<b>10</b>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	<b>10</b>		No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW THEVICTORYFUND ORG</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>KATHERINE HEIMBACH</b> Telephone no <b>(218) 727-9872</b>			


Located at **130 WEST SUPERIOR STREET SUITE 700 DULUTH MN**ZIP+4 **55802**

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	<b>4b</b>		<b>No</b>

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to			
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	<b>5b</b>	<b>No</b>	
	Organizations relying on a current notice regarding disaster assistance check here. 			
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>	<b>6b</b>	<b>No</b>	
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<b>7b</b>		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. . . . .

0

3

Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. . . . .

0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 DEMENTIA FRIENDLY DULUTHOUR GOAL IS TO MAKE THE COMMUNITY MORE AWARE, INFORMED, SENSITIVE AND SUPPORTIVE OF PEOPLE EXPERIENCING AND CARING FOR THOSE WITH ALZHEIMER'S AND OTHER FORMS OF DEMENTIA OUR OBJECTIVE IS TO IMPROVE AWARENESS OF THE RESOURCES AND ORGANIZATIONS AVAILABLE TO SUPPORT PEOPLE WITH DEMENTIA AND THEIR FAMILIES AND INCREASE KNOWLEDGE OF DEMENTIA ACROSS THE COMMUNITY	73,290
2 OVATIONWE FUND AREA ORGANIZATIONS THAT PROVIDE PEER-TO-PEER RECOVERY PROGRAMS FOR SUBSTANCE USE DISORDERS BY EMPOWERING OUR PARTNERS, WE SUPPORT ADVOCACY - AND INNOVATIVE WAYS OF ACHIEVING LONG-TERM RECOVERY IN 2017 OVATION, AN INITIATIVE OF THE VICTORY FUND, WAS CREATED AS A PROGRAM DEDICATED TO FINDING SOLUTIONS TO AND SUPPORTING RECOVERY PROGRAMS THAT INCREASE THE SUCCESS OF TREATMENT OF SUBSTANCE USE DISORDERS IN FISCAL YEAR 2017 THE VICTORY FUND ALLOCATED UP TO \$225,000 (\$75,000 PER YEAR FOR 3 YEARS) TO DEVELOP, PROMOTE, AND/OR EXPAND COMMUNITY-BASED RECOVERY SUPPORT WHICH INCLUDE, BUT ARE NOT LIMITED TO - PEER RECOVERY SUPPORT SERVICE PROGRAMS - PEER MENTORING AND COACHING- PEER RECOVERY RESOURCE CONNECTIONS - RECOVERY SUPPORT FOR SPECIAL POPULATIONS - TRAINING ACADEMY/HUB - COMMUNITY AWARENESS/EDUCATION - COMMUNITY SOBER HOUSING - SOCIAL SUPPORT FOR RECOVERY	17,000
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 . . . . .

0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	4,839,693
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	68,057
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	1,490,000
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	6,397,750
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	177,202
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	6,220,548
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	93,308
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	6,127,240
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	306,362

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	306,362
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	2,705
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	2,705
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	303,657
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	303,657
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	303,657

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	331,025
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	331,025
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	2,705
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	328,320

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				303,657
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			45,501	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 331,025				
<b>a</b> Applied to 2016, but not more than line 2a			45,501	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				285,524
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				18,133
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )	
<b>b</b> List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d	
<b>a</b> The name, address, and telephone number or email address of the person to whom applications should be addressed	
See Additional Data Table	
<b>b</b> The form in which applications should be submitted and information and materials they should include	
See Additional Data Table	
<b>c</b> Any submission deadlines	
See Additional Data Table	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors	
See Additional Data Table	

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	78,533
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2017)

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.			<b>No</b>
<b>(2)</b> Other assets.			<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.			<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.			<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.			<b>No</b>
<b>(4)</b> Reimbursement arrangements.			<b>No</b>
<b>(5)</b> Loans or loan guarantees.			<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.			<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		<b>1c</b>	<b>No</b>

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

*****	2018-05-02	*****
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below  
 (see instr.)? ☒ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MARY BETH SANTORI				P00023783
	Firm's name ▶ RSM US LLP				Firm's EIN ▶ 42-0714325
	Firm's address ▶ 227 W FIRST ST STE 700 DULUTH, MN 558021926				Phone no (218) 727-5025

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
KAREN ERICKSON	BOARD CHAIR 1 00	1,500	0	0
130 WEST SUPERIOR STREET NO 700 DULUTH, MN 55802				
GARY OLSON	DIRECTOR 1 00	1,000	0	0
130 WEST SUPERIOR STREET NO 700 DULUTH, MN 55802				
GREGORY S KVAM	DIRECTOR 1 00	1,000	0	0
130 WEST SUPERIOR STREET NO 700 DULUTH, MN 55802				
BETH ELSTAD	SECRETARY 1 00	1,500	0	0
130 WEST SUPERIOR STREET NO 700 DULUTH, MN 55802				
THOMAS HYTEAD	VICE CHAIR 1 00	1,500	0	0
130 WEST SUPERIOR STREET NO 700 DULUTH, MN 55802				
KATHY MCNAMARA-HEIMBACH	EXECUTIVE DIRECTOR 28 00	70,004	13,802	671
130 WEST SUPERIOR STREET NO 700 DULUTH, MN 55802				
DIANE HOLLIDAY-WELSH	DIRECTOR 1 00	500	0	0
130 WEST SUPERIOR STREET NO 700 DULUTH, MN 55802				
JULIE STONE	DIRECTOR 1 00	500	0	0
130 WEST SUPERIOR STREET NO 700 DULUTH, MN 55802				

**Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

- a** The name, address, and telephone number of the person to whom applications should be addressed

KATHY HEIMBACH  
130 WEST SUPERIOR STREET SUITE 700  
DULUTH, MN 55802  
(218) 727-9872

- b** The form in which applications should be submitted and information and materials they should include

THE FOUNDERS' FUND SCHOLARSHIP IS AWARDED TO HELP FINANCE THE COST OF HIGHER EDUCATION OR CONTINUING EDUCATION FOR STUDIES IN THE HEALTH CARE FIELD ONE THOUSAND DOLLARS (\$1,000) WILL BE AWARDED TO EACH RECIPIENT, TO BE PAID OUT IN FIVE HUNDRED DOLLAR (\$500) INSTALLMENTS FOR EACH OF TWO YEARS A RECIPIENT MAY RE-APPLY FOR AN ADDITIONAL TWO YEARS OF AWARDS AT THE END OF THE FIRST SCHOLARSHIP INDIVIDUALS MAY APPLY FOR THE SCHOLARSHIP ONLINE AT WWW THEVICTORYFUND ORG OR THE APPLICATION MAY BE DOWNLOADED AND SUBMITTED VIA MAIL TO THE VICTORY FUND KATHY HEIMBACH, EXECUTIVE DIRECTOR 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MINNESOTA 55802

- c** Any submission deadlines

APRIL 1, EACH YEAR

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

ELIGIBILITY REQUIREMENTS - APPLICANTS MUST BE ACCEPTED TO AN ACCREDITED SCHOOL OF HIGHER EDUCATION WHICH OFFERS AN ASSOCIATE OF SCIENCE OR ARTS DEGREE (OR HIGHER) IN A HEALTHCARE FIELD AS STATED BELOW - APPLICANTS MUST PURSUE STUDIES IN MEDICINE, NURSING, HEALTHCARE ADMINISTRATION, PHARMACY STUDIES, MEDICAL TECHNOLOGY, MEDICAL RECORDS, X-RAY TECHNOLOGY, DENTISTRY, DENTAL HYGIENE, OCCUPATIONAL HEALTH, OCCUPATIONAL THERAPY, SPEECH THERAPY, PHYSICAL THERAPY, RESPIRATORY THERAPY, MEDICAL SOCIAL WORK, PSYCHOLOGY, OR PARAMEDIC - APPLICANTS MUST BE A GRADUATE OF LAKE SUPERIOR SCHOOL DISTRICT OR RESIDENT OF LAKE COUNTY MINNESOTA

**Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

- a** The name, address, and telephone number of the person to whom applications should be addressed

KATHY HEIMBACH  
130 WEST SUPERIOR STREET SUITE 700  
DULUTH, MN 55802  
(218) 727-9872

- b** The form in which applications should be submitted and information and materials they should include

THE DR JERRY CHURCH COMMUNITY HEALTH SUSTAINER'S AWARD IS AVAILABLE TO HELP INDIVIDUALS FINANCE THE COST OF MEDICAL TRAINING THE AWARD IS ONE THOUSAND DOLLARS (\$1,000) AND WILL BE PAID OUT IN FIVE HUNDRED DOLLAR (\$500) INSTALLMENT FOR EACH OF TWO YEARS INDIVIDUALS MAY APPLY FOR THE SCHOLARSHIP ONLINE AT WWW THEVICTORYFUND ORG OR THE APPLICATION MAY BE DOWNLOADED AND SUBMITTED VIA MAIL TO THE VICTORY FUND KATHY HEIMBACH, EXECUTIVE DIRECTOR 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MINNESOTA 55802

- c** Any submission deadlines

APRIL 1, EACH YEAR

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

ELIGIBILITY REQUIREMENTS - BE ACCEPTED TO THE COLLEGE OF ST SCHOLASTICA, THE UNIVERSITY OF MINNESOTA DULUTH SCHOOL OF MEDICINE OR LAKE SUPERIOR COLLEGE RN PROGRAM - CAREER GOAL OF BEING A FAMILY PRACTICE PHYSICIAN, NURSE PRACTITIONER OR A REGISTERED NURSE IN A RURAL HEALTH CARE SETTING - BE A GRADUATE OF LAKE, COOK, OR ST LOUIS COUNTY HIGH SCHOOL, OR A RESIDENT OF LAKE COUNTY MN AT THE TIME OF APPLICATION AND AWARD



**Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

- a** The name, address, and telephone number of the person to whom applications should be addressed

KATHY HEIMBACH  
130 WEST SUPERIOR STREET SUITE 700  
DULUTH, MN 55802  
(218) 727-9872

- b** The form in which applications should be submitted and information and materials they should include

GENERAL PURPOSES - BASED ON RESOLUTIONS ADOPTED BY THE BOARD OF DIRECTORS, THE FOUNDATION IS OPERATED TO SUPPORT COMMUNITY-BASED PROGRAMS FOCUSED ON FINDING SOLUTIONS TO CHRONIC HEALTH ISSUES ORGANIZATIONS MAY APPLY FOR A GRANT ONLINE AT [WWW.THEVICTORYFUND.ORG](http://WWW.THEVICTORYFUND.ORG) OR THE APPLICATION MAY BE DOWNLOADED AND SUBMITTED VIA MAIL TO THE VICTORY FUND KATHY HEIMBACH, EXECUTIVE DIRECTOR 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MINNESOTA 55802

- c** Any submission deadlines


PROPOSALS ARE REVIEWED AND AWARDED ON A QUARTERLY BASIS

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

THE FOUNDATION ACCEPTS GRANT REQUESTS FROM ELIGIBLE TAX-EXEMPT ORGANIZATIONS OPERATING WITHIN NORTHERN MINNESOTA COUNTIES OF COOK, LAKE, ST LOUIS, CARLTON, ITASCA, NORTHERN PINE AND KOOCHICHING

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<div>Name and address (home or business)</div>				
<b>a</b> <i>Paid during the year</i>				
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION INC 525 SOUTH LAKE AVE SUITE 214 DULUTH, MN 55807		PC	SUPPORT FOR REASON TO HOPE LUNCHEON AND TWIN PORTS WALK	3,500
KATELYN ADAMS208 FOURTH AVENUE TWO HARBORS, MN 55616		I	SCHOLARSHIP	500
LIFE HOUSE102 W 1ST STREET DULUTH, MN 55802		PC	TO SUPPORT THE LIFE HOUSE MENTAL HEALTH & WELLNESS PROGRAM	73,333
MARA CHRISTENSEN3327 HIGHWAY 2 TWO HARBORS, MN 55616		I	SCHOLARSHIP	500
CENTER FOR ALCOHOL AND DRUG TREATMENT INC 314 W SUPERIOR ST SUITE 400 DULUTH, MN 55802		PC	TWIN PORTS RECOVERY WALK	500
<b>Total . . . . . ►</b> <b>3a</b>				78,533

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
DENFELD ALL NIGHT GRAD PARTY 401 N 44TH AVE W DULUTH, MN 55807		GOV	2017 CHEMICAL FREE GRAD PARTY	200
<b>Total</b> . . . . . 				78,533
<b>3a</b>				

**TY 2017 Accounting Fees Schedule****Name:** FIRST COMMUNITY HEALTH FOUNDATION**EIN:** 41-0635532**Accounting Fees Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	5,250	0		5,250

**TY 2017 Investments Corporate Bonds Schedule****Name:** FIRST COMMUNITY HEALTH FOUNDATION**EIN:** 41-0635532**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
PRAXAIR, INC. SR NTS 2.45% DUE 2/15/2022 DTD 2/6/2012	50,107	50,107
PRECISION CASTPARTS CORP SR NTS 1.25% DUE 1/15/2018 DTD 12/20/2012	49,992	49,992
BERKSHIRE HATHAWAY INC SR NTS 1.55% DUE 2/9/2018 DTD 2/11/2013	49,989	49,989
HALLIBURTON CO SR NTS 2.00% DUE 8/1/2018 DTD 8/5/2013	49,936	49,936
WISCONSIN ELECTRIC POWER CO. SR NTS 1.70% DUE 6/15/2018 DTD 6/13/2013	49,977	49,977
CHEVRON CORP GLOBAL SR NTS 2.427% DUE 6/24/2020 DTD 6/24/2013	50,273	50,273
UNILEVER CAPITAL CORP GTD SR NTS 2.20% DUE 3/6/2019 DATED 9/6/2013	50,067	50,067
NATIONAL RURAL UTILITIES CO-OP NTS 2.30% DUE 11/15/2019 DTD 11/12/2014	50,124	50,124
ORACLE CORP SR NTS 2.375% DUE 1/15/2019 DTD 7/16/2013	50,215	50,215
TARGET CORP SR NTS 2.30% DUE 6/26/2019 DTD 6/26/2014	50,143	50,143
STATOIL ASA SR NTS 2.90% DUE 11/08/2020 DTD 11/8/2013	50,698	50,698

**TY 2017 Investments Corporate Stock Schedule****Name:** FIRST COMMUNITY HEALTH FOUNDATION**EIN:** 41-0635532

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
FIDELITY DIVERSIFIED INTERNATIONAL FUND	2,407	2,407
T. ROWE PRICE DIVIDEND GROWTH FUND	3,166	3,166
VANGUARD EMERGING MARKETS STOCK INDEX FUND - ADMIRAL SHARES	2,552	2,552
VANGUARD MID CAP INDEX FUND - ADMIRAL SHARES	2,589	2,589
VANGUARD SMALL-CAP GROWTH INDEX FUND - ADMIRAL SHARES	1,937	1,937
VANGUARD SHORT-TERM INFLATION-PROTECTED SECURITIES INDEX FUND - ADMIRAL SHAR	1,226	1,226
VANGUARD REIT INDEX FUND - ADMIRAL SHARES	1,834	1,834
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND - ADMIRAL SHARES	2,531	2,531
FIDELITY CONTRAFUND	3,077	3,077
VANGUARD EQUITY INCOME FUND - ADMIRAL SHARES	3,177	3,177
VANGUARD 500 INDEX FUND - ADMIRAL SHARES	3,211	3,211
VANGUARD HIGH-YIELD CORPORATE FUND - ADMIRAL SHARES	3,724	3,724
FIDELITY GOVERNMENT INCOME FUND	4,883	4,883
VANGUARD GNMA FUND - ADMIRAL SHARES	4,899	4,899
VANGUARD TOTAL BOND MARKET INDEX FUND - ADMIRAL SHARES	5,029	5,029
DODGE & COX INCOME FUND	5,506	5,506
VANGUARD SHORT-TERM TREASURY FUND - ADMIRAL SHARES	5,448	5,448
VANGUARD SMALL-CAP GROWTH INDEX FUND - ADMIRAL SHARES	163,971	163,971
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND - ADMIRAL SHARES	149,315	149,315
FIDELITY GOVERNMENT INCOME FUND	182,033	182,033
VANGUARD TOTAL BOND MARKET INDEX FUND - ADMIRAL SHARES	184,587	184,587
VANGUARD GNMA FUND - ADMIRAL SHARES	182,732	182,732
DODGE & COX INCOME FUND	193,127	193,127
VANGUARD SHORT-TERM TREASURY FUND - ADMIRAL SHARES	196,783	196,783
VANGUARD EMERGING MARKETS STOCK INDEX FUND - ADMIRAL SHARES	205,006	205,006
VANGUARD REIT INDEX FUND - ADMIRAL SHARES	163,197	163,197
DODGE & COX INTERNATIONAL STOCK	218,675	218,675
FIDELITY DIVERSIFIED INTERNATIONAL FUND	220,426	220,426
FIDELITY CONTRAFUND	226,516	226,516
T. ROWE PRICE GROWTH STOCK FUND	214,433	214,433

Name of Stock	End of Year Book Value	End of Year Fair Market Value
T. ROWE PRICE DIVIDEND GROWTH FUND	232,933	232,933
MAIRS & POWER GROWTH FUND	214,837	214,837
VANGUARD MID CAP INDEX FUND - ADMIRAL SHARES	247,072	247,072
VANGUARD EQUITY INCOME FUND - ADMIRAL SHARES	254,746	254,746
FEDERATED INSTITUTIONAL HIGH YIELD BOND FUND	258,771	258,771
VANGUARD 500 INDEX FUND - ADMIRAL SHARES	403,704	403,704

**TY 2017 Investments - Other Schedule****Name:** FIRST COMMUNITY HEALTH FOUNDATION**EIN:** 41-0635532**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
ACCRUED RESTRCITED INVESTMENT	FMV	59	59
FEDERATED GOVERNMENT OBLIGATIONS FUND - PREMIER SHARES	FMV	5,974	5,974
ACCRUED INTEREST RECEIVABLE	FMV	5,513	5,513
FEDERATED GOVERNMENT OBLIGATIONS FUND - PREMIER SHARES	FMV	229,419	229,419



**TY 2017 Other Assets Schedule****Name:** FIRST COMMUNITY HEALTH FOUNDATION**EIN:** 41-0635532**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
MHFA ESCROW	261,593	307,528	307,528
UTILITY - SECURITY DEPOSITS	2,000	2,000	2,000

**TY 2017 Other Expenses Schedule****Name:** FIRST COMMUNITY HEALTH FOUNDATION**EIN:** 41-0635532**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSES	1,089	0		1,089
INFORMATION TECHNOLOGY	6,435	0		6,435
INSURANCE	2,362	0		2,476
MISCELLANEOUS EXPENSE	1,514	0		1,514
LEGACY EXPENSES	6,765	0		6,765
INVESTMENT RENTAL EXPENSES - VICTORY APTS	221,593	158,771		0
ALZHEIMER PROGRAM EXPENSES	73,290	0		73,290
ADDICTION PROGRAM EXPENSES	17,000	0		17,000

**TY 2017 Other Income Schedule****Name:** FIRST COMMUNITY HEALTH FOUNDATION**EIN:** 41-0635532**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
HEALTH PLAN RUN OUT	577		577
EMPLOYEE MEDICAL PREMIUMS ADJUSTMENT	66,090		66,090

**TY 2017 Other Increases Schedule**

**Name:** FIRST COMMUNITY HEALTH FOUNDATION  
**EIN:** 41-0635532

Description	Amount
UNREALIZED GAIN	400,651

**TY 2017 Other Liabilities Schedule****Name:** FIRST COMMUNITY HEALTH FOUNDATION**EIN:** 41-0635532

Description	Beginning of Year - Book Value	End of Year - Book Value
MHFA MORTGAGE PAYABLE	222,309	177,202

**TY 2017 Other Professional Fees Schedule****Name:** FIRST COMMUNITY HEALTH FOUNDATION**EIN:** 41-0635532

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	24,287	24,287		0
OTHER FEES	14,707	0		12,809

**TY 2017 Taxes Schedule****Name:** FIRST COMMUNITY HEALTH FOUNDATION**EIN:** 41-0635532

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	7,085	0		0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491128018158	
<div>Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small></div>		<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div>			<div>OMB No 1545-0047</div> <div>2017</div>
		<div>Name of the organization FIRST COMMUNITY HEALTH FOUNDATION</div>			<div>Employer identification number 41-0635532</div>
<div>Organization type (check one)</div>					
<div>Filers of:Section:</div> <div>Form 990 or 990-EZ<div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div></div> <div>Form 990-PF<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>					
<div>Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b>.</div> <div><b>Note.</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions</div>					
<div>General Rule</div> <div><input checked="" type="checkbox"/> For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions</div>					
<div>Special Rules</div> <div><input type="checkbox"/> For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II</div> <div><input type="checkbox"/> For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III</div> <div><input type="checkbox"/> For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc , purpose Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$</div>					
<div><b>Caution.</b> An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)</div>					
<div>For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF</div> <div>Cat No 30613X</div> <div>Schedule B (Form 990, 990-EZ, or 990-PF) (2017)</div>					



**Name of organization**  
FIRST COMMUNITY HEALTH FOUNDATION

**Employer identification number**  
41-0635532

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	METROPOLITAN AREA AGENCY ON AGING 2365 N MCKNIGHT ROAD NORTH ST PAUL, MN55109	\$ 8,661	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
-		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )

Employer identification number

41-0635532

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

[illegible]

41-0635532

Use duplicate copies of Part III if additional space is needed

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)