

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue ServiceFor calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**2015**

Name of exempt organization

Employer identification number

SOUTHWEST INITIATIVE FOUNDATION**41-1555592**

Name and title of officer

**DIANA D ANDERSON
PRESIDENT/CEO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 7,065,570.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **CLIFTONLARSONALLEN LLP** to enter my PIN **55350**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ~~XXXXXXXXXXXXXXXXXXXX~~ Date ▶ 12/22/16**Part III Certification and Authentication**

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

41812413127

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ~~XXXXXXXXXXXXXXXXXXXX~~ Date ▶ 12/21/16**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990****Return of Organization Exempt From Income Tax**

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

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.**2015**
Open to Public
InspectionA For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHWEST INITIATIVE FOUNDATION		D Employer identification number 41-1555592
	Doing business as		E Telephone number (320) 587-4848
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 46,440,041.
	15 3RD AVE NW		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, and ZIP or foreign postal code HUTCHINSON, MN 55350		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: DIANA D. ANDERSON SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.SWIFFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Year of formation: 1986 M State of legal domicile: MN			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: A REGIONAL COMMUNITY FOUNDATION DEDICATED TO ADVANCING SOUTHWEST MINNESOTA.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	24
	6	Total number of volunteers (estimate if necessary)	6	200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,991,161.	Current Year 4,551,115.
	9	Program service revenue (Part VIII, line 2g)	496,396.	541,359.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,555,025.	1,840,672.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,070.	132,424.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,139,652.	7,065,570.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,234,585.	1,924,228.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,701,763.	1,753,333.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	570,197.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,646,273.	1,568,171.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,582,621.	5,245,732.
	19	Revenue less expenses. Subtract line 18 from line 12	1,557,031.	1,819,838.
	20	Total assets (Part X, line 16)	Beginning of Current Year 79,925,943.	End of Year 79,244,088.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	11,036,874.	9,643,924.
	22	Net assets or fund balances. Subtract line 21 from line 20	68,889,069.	69,600,164.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	DIANA D. ANDERSON, PRESIDENT/CEO	12/28/16			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	KRISTIN L. SCHMIDT	KRISTIN L. SCHMIDT	12/21/16	<input type="checkbox"/>	P01487323
	Firm's name	Firm's EIN			
	CLIFTON LARSON ALLEN LLP	41-0746749			
	Firm's address	Phone no. 320-203-5500			
	818 SECOND STREET SOUTH, SUITE 320				
	WAITE PARK, MN 56387				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:SEE SCHEDULE O**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 1,135,369. including grants of \$ 92,250.) (Revenue \$ 492,938.)ECONOMIC DEVELOPMENT (SEE SCHEDULE O)**4b** (Code:) (Expenses \$ 1,370,321. including grants of \$ 1,145,558.) (Revenue \$ 0.)COMMUNITY FOUNDATIONS AND DESIGNATED FUNDS (SEE SCHEDULE O)**4c** (Code:) (Expenses \$ 1,465,974. including grants of \$ 686,420.) (Revenue \$ 106,795.)LEADERSHIP & COMMUNITY DEVELOPMENT PROGRAMS (SEE SCHEDULE O)**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses 3,971,664.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form 990 (2015)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	X	
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		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		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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		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		X
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," complete Schedule L, Part II		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 of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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	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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	46	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	24	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2015)

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 12 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 O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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?	11a	X
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	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a X	
b If "Yes," 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?	16b X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **MN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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 ☒ Upon request ☐ Other (explain in Schedule O)

19 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 55350

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


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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT THURSTON CHAIR	7.00	X		X				602.	0.	0.
(2) JANICE NELSON VICE CHAIR	7.00	X		X				0.	0.	0.
(3) ROB SAUNDERS PAST CHAIR	3.00	X		X				1,169.	0.	0.
(4) TIM CONNELL SECRETARY	3.00	X		X				834.	0.	0.
(5) JAN LUNDEBREK TREASURER	3.00	X		X				0.	0.	0.
(6) CHRISTIE HANTGE BOARD MEMBER	3.00	X						0.	0.	0.
(7) PATTI LOEHR-DOLS BOARD MEMBER	3.00	X						0.	0.	0.
(8) MARY MAERTENS BOARD MEMBER	3.00	X						0.	0.	0.
(9) GREG RAYMO BOARD MEMBER	3.00	X						1,058.	0.	0.
(10) RANDY REINKE BOARD MEMBER	3.00	X						772.	0.	0.
(11) ROBERT TAUBERT BOARD MEMBER	3.00	X						829.	0.	0.
(12) MARK TITUS BOARD MEMBER	3.00	X						0.	0.	0.
(13) DIANA D. ANDERSON PRESIDENT/CEO	50.00			X				126,928.	0.	13,063.
(14) SCOTT MARQUARDT VICE PRESIDENT	50.00			X				82,844.	0.	10,158.
(15) MARGIE NELSEN CFO	50.00			X				76,305.	0.	8,872.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								291,341.	0.	32,093.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								291,341.	0.	32,093.

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 

1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 311,874.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,239,241.				
	g Noncash contributions included in lines 1a-1f: \$	50,236.				
	h Total. Add lines 1a-1f		4,551,115.			
Program Service Revenue	Business Code					
	2 a LOAN INTEREST	522100	420,760.	420,760.		
	b OTHER PROGRAM INCOME	900099	79,451.	79,451.		
	c PROJECT SPECIFIC REV	900099	27,344.	27,344.		
	d LOAN ADMIN FEES	900099	13,804.	13,804.		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		541,359.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		853,748.			853,748.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses	74,050.			
		c Rental income or (loss)	0.			
	d Net rental income or (loss)	74,050.				74,050.
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses	40,361,395.			
		c Gain or (loss)	39,374,471.			
	d Net gain or (loss)	986,924.				986,924.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME	900099	58,374.	58,374.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		58,374.				
12 Total revenue. See instructions.		7,065,570.	599,733.	0.	1,914,722.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,924,228.	1,924,228.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	397,398.	195,475.	116,133.	85,790.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,037,952.	654,547.	208,860.	174,545.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	51,618.	32,561.	10,382.	8,675.
9 Other employee benefits	169,635.	105,849.	36,170.	27,616.
10 Payroll taxes	96,730.	57,785.	21,604.	17,341.
11 Fees for services (non-employees):				
a Management				
b Legal	75,202.	36,026.		39,176.
c Accounting	29,077.	17,984.	6,691.	4,402.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	154,087.		154,087.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	181,845.	152,625.	17,851.	11,369.
12 Advertising and promotion	69,726.	43,477.	16,234.	10,015.
13 Office expenses	135,193.	80,201.	22,131.	32,861.
14 Information technology	137,973.	81,857.	32,163.	23,953.
15 Royalties				
16 Occupancy	53,996.	31,754.	13,726.	8,516.
17 Travel	124,611.	86,256.	29,516.	8,839.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	86,681.	47,560.	36,903.	2,218.
20 Interest	201,187.	121,205.	49,771.	30,211.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	114,267.	67,356.	28,573.	18,338.
23 Insurance	21,941.	12,996.	5,438.	3,507.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDRAISING COSTS	53,675.			53,675.
b PUBLIC RELATIONS	47,464.	24,688.	16,212.	6,564.
c ADMINISTRATIVE FEES	0.	168,469.	-168,517.	48.
d				
e All other expenses	81,246.	28,765.	49,943.	2,538.
25 Total functional expenses. Add lines 1 through 24e	5,245,732.	3,971,664.	703,871.	570,197.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,600.	1	3,600.
	2 Savings and temporary cash investments	1,639,179.	2	1,207,488.
	3 Pledges and grants receivable, net	430,308.	3	545,594.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	7,078,765.	7	7,001,544.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,451.	9	35,898.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,512,205.		
	b Less: accumulated depreciation	10b 1,025,057.		
		2,530,481.	10c	2,487,148.
	11 Investments - publicly traded securities	60,423,224.	11	60,188,830.
	12 Investments - other securities. See Part IV, line 11	7,680,888.	12	7,670,318.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	126,047.	15	103,668.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	79,925,943.	16	79,244,088.	
Liabilities	17 Accounts payable and accrued expenses	727,546.	17	179,623.
	18 Grants payable	135,732.	18	384,554.
	19 Deferred revenue		19	115,546.
	20 Tax-exempt bond liabilities	2,731,831.	20	1,724,547.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,360,680.	21	1,496,167.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,035,774.	23	1,783,856.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,045,311.	25	3,959,631.
	26 Total liabilities. Add lines 17 through 25	11,036,874.	26	9,643,924.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	22,385,310.	27	21,385,962.
	28 Temporarily restricted net assets	14,895,252.	28	14,663,065.
	29 Permanently restricted net assets	31,608,507.	29	33,551,137.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	68,889,069.	33	69,600,164.
34 Total liabilities and net assets/fund balances	79,925,943.	34	79,244,088.	

Form 990 (2015)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,065,570.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,245,732.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,819,838.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,889,069.
5	Net unrealized gains (losses) on investments	5	-1,066,183.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-42,560.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	69,600,164.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2015)

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

2015

Open to Public
Inspection

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-1555592

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,024,754.	4,135,439.	4,176,639.	2,991,161.	4,551,115.	19,879,108.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,024,754.	4,135,439.	4,176,639.	2,991,161.	4,551,115.	19,879,108.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,696,316.
6 Public support. Subtract line 5 from line 4.						13,182,792.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	4,024,754.	4,135,439.	4,176,639.	2,991,161.	4,551,115.	19,879,108.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,327,009.	1,099,536.	1,109,517.	951,239.	927,798.	5,415,099.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						25,294,207.
12 Gross receipts from related activities, etc. (see instructions)					12	2,695,961.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	52.12	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	53.26	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			

Schedule A (Form 990 or 990-EZ) 2015

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

(Complete only if you checked the box on line 9 of Part I 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 organization made the determination.
- c** 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.
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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).
- 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**.
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	
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.	
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

Section 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	

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

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

SOUTHWEST INITIATIVE FOUNDATION

41-1555592

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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.

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

SOUTHWEST INITIATIVE FOUNDATION**41-1555592****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
<u>1</u>		\$ <u>108,438.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,249,791.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>275,157.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SOUTHWEST INITIATIVE FOUNDATION**41-1555592****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

SOUTHWEST INITIATIVE FOUNDATION**41-155592****Part III**

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

Use duplicate copies of Part III if additional space is needed.

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

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

2015

Open to Public
Inspection

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-155592

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	20	189
2 Aggregate value of contributions to (during year)	1,085,605.	2,302,928.
3 Aggregate value of grants from (during year)	105,291.	1,759,042.
4 Aggregate value at end of year	1,688,893.	67,911,268.

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under 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 ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

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

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

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

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

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	46,535,872.	45,965,928.	40,394,208.	36,815,739.	36,818,901.
b Contributions	1,874,516.	1,092,643.	871,173.	1,070,416.	1,277,905.
c Net investment earnings, gains, and losses	435,959.	1,274,953.	6,579,176.	4,095,036.	492,822.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,352,854.	1,797,652.	1,878,629.	1,586,983.	1,773,889.
f Administrative expenses					
g End of year balance	46,493,493.	46,535,872.	45,965,928.	40,394,208.	36,815,739.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 28.86 %

b Permanent endowment ▶ 67.04 %

c Temporarily restricted endowment ▶ 4.10 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,015,000.		1,015,000.
b Buildings		1,669,402.	415,969.	1,253,433.
c Leasehold improvements		191,929.	106,991.	84,938.
d Equipment		635,874.	502,097.	133,777.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,487,148.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) DONATED REAL ESTATE HELD		
(B) AS INVESTMENTS	1,360,500.	COST
(C) FARMLAND WITH LIFE ESTATE	6,120,915.	COST
(D) CHARITABLE REMAINDER		
(E) UNITRUST	188,903.	COST
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,670,318.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	15,944.
(3) CAPITAL LEASE PAYABLE	18,325.
(4) LIFE ESTATE LIABILITY	3,736,459.
(5) OBLIGATIONS OF SPLIT-INTEREST	
(6) AGREEMENTS	188,903.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,959,631.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	5,669,841.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,066,183.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	60,728.
e	Add lines 2a through 2d	2e	-1,005,455.
3	Subtract line 2e from line 1	3	6,675,296.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	154,087.
b	Other (Describe in Part XIII.)	4b	236,187.
c	Add lines 4a and 4b	4c	390,274.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,065,570.

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

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

1	Total expenses and losses per audited financial statements	1	4,958,746.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,958,746.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	154,087.
b	Other (Describe in Part XIII.)	4b	132,899.
c	Add lines 4a and 4b	4c	286,986.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,245,732.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

ASSETS HELD ON DONOR'S BEHALF CONSISTS OF 23 FUNDS IN WHICH THE BENEFICIARIES WERE DESIGNATED BY THE DONOR AT THE TIME THE FUNDS WERE ESTABLISHED. THEREFORE, THE FOUNDATION HAS NO CONTROL OVER THE DISTRIBUTION OF THESE FUNDS.

PART V, LINE 4:

THE SWIF GENERAL ENDOWMENT FUND IS ACCESSED THROUGH BOARD APPROVAL, GUIDED BY A SPENDING POLICY THAT ALLOWS RESOURCES TO BE USED TO SUPPLEMENT PROGRAM ACTIVITIES AND OPERATION BUDGET EXPENSES. OTHER DESIGNATED ENDOWED FUNDS ARE DIRECTED TO GRANTS AND EXPENSES RELATED TO THE DONOR'S ORIGINAL INTENT.

Part XIII Supplemental Information (continued)

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 QUALIFY 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	60,728.
------------------------------------	---------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUES	177,813.
----------------------	----------

PROVISION FOR LOAN LOSS	58,374.
-------------------------	---------

TOTAL TO SCHEDULE D, PART XI, LINE 4B	236,187.
---------------------------------------	----------

Part XIII Supplemental Information (continued)**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

AGENCY FUND EXPENSES 74,525.

PROVISION FOR LOAN LOSS 58,374.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 132,899.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number
41-1555592

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A.C.E. OF SOUTHWEST MINNESOTA 3001 MAPLE ROAD, SUITE 400 SLAYTON, MN 56172	41-1242095	GOVERNMENT	8,800.	0.			CREATING DEMENTIA-FRIENDLY COMMUNITIES
ALLINA HEALTH HOSPICE FOUNDATION 333 N SMITH SVE STE 4640 SAINT PAUL, MN 55102	27-4116873	501C(3) PUBLIC CHAR	10,000.	0.			HOSPICE MUSIC THERAPY PROGRAM
AMERICAN LEGION POST #0199 208 NORTH JEFFERSON STREET MENNEOTA, MN 56264	41-6040981	501C(19) PUBLIC CHAR	5,000.	0.			MEMORIAL PARK
BERGEN LUTHERAN CHURCH 4603 310TH AVE GRANITE FALLS, MN 56241	41-1290187	RELIGIOUS	5,000.	0.			MISSION WORK
BLANDIN FOUNDATION 100 N POKEGAMA AVE GRAND RAPIDS, MN 55744	41-9038619	501(C)3 PRIVATE CHAR	5,600.	0.			LEADERSHIP IN ETHNICALLY DIVERSE COMMUNITIES (LEDC)
BLUE AND GOLD EDUCATIONAL FOUNDATION - DIST. 891 - 307 1ST ST W - CANBY, MN 56220	41-1522315	501C(3) PUBLIC CHAR	42,425.	0.			CANBY HIGH SCHOOL SCHOLARSHIP AWARDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **63.**

3 Enter total number of other organizations listed in the line 1 table **15.**

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

Schedule I (Form 990) (2015)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKSIDE SENIOR LIVING 804 BENSON RD MONTEVIDEO, MN 56265	41-0871848	501C(3) PUBLIC CHAR	5,000.	0.			BROOKSIDE MANOR
CHILD CARE & NUTRITION INC 324 N NORMAN, PO BOX 138 IVANHOE, MN 56142-0138	41-1496910	501C(3) PUBLIC CHAR	5,000.	0.			EARLY CHILD CARE - CONFERENCES
CHILDREN'S DENTAL SERVICES 636 BROADWAY ST NE MINNEAPOLIS, MN 55413	41-0857929	501C(3) PUBLIC CHAR	8,000.	0.			DENTAL OUTREACH
CHRISTIAN COMMUNITY OUTREACH CENTER - 815 E LINCOLN AVE - OLIVIA, MN 56277	41-1951484	RELIGIOUS	12,500.	0.			AFTER SCHOOL ENRICHMENT PROGRAM
CITY OF HUTCHINSON 111 HASSAN ST SE HUTCHINSON, MN 55350	41-6005253	GOVERNMENT	31,196.	0.			HUTCHINSON LAW ENFORCEMENT MEMORIAL PARK
CITY OF MADISON 404 6TH AVE N MADISON, MN 56256	41-6005335	GOVERNMENT	23,800.	0.			SWIMMING POOL RENOVATIONS
CITY OF MOUNTAIN LAKE 930 3RD AVE, PO BOX C MOUNTAIN LAKE, MN 56159	41-6005401	GOVERNMENT	5,000.	0.			HEALTHY TREES
CITY OF PIPESTONE 119 2ND AVE SW STE 9 PIPESTONE, MN 56164	41-6005460	GOVERNMENT	0.	415,328.		BUILDING	HIAWATHA LODGE BUILDING
CITY OF REDWOOD FALLS PARKS & RECREATION DEPT. - 901 COOK ST - REDWOOD FALLS, MN 56283	41-6005484	GOVERNMENT	5,000.	0.			SENIOR CENTER SURVEILLANCE SYSTEM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARKFIELD CARE CENTER 805 5TH ST, PO BOX 458 CLARKFIELD, MN 56223	41-1279578	501C(3) PUBLIC CHARI	5,000.	0.			CLARKFIELD AMBULANCE
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DR STE 700 ARLINGTON, VA 22202	13-6068327	501C(3) PUBLIC CHARI	14,350.	0.			2016 MEMBERSHIP
CURE 117 S 1ST ST MONTEVIDEO, MN 56265	31-1693392	501C(3) PUBLIC CHARI	5,000.	0.			NONPROFIT CAPACITY BUILDING - STRATEGIC PLANNING
ELIM HOMES, INC. 7485 OFFICE RIDGE CIRCLE EDEN PRAIRIE, MN 55344	41-1539761	501C(3) PUBLIC CHARI	5,000.	0.			ELIM OASIS ADULT DAY PROGRAM
ENTERPRISE MINNESOTA 310 4TH AVE S, STE 7050 MINNEAPOLIS, MN 55401-2551	41-1595930	501C(3) PUBLIC CHARI	10,000.	0.			HIGH PERFORMANCE MANUFACTURING TRAINING
EQUUL ACCESS, INC. 13769 PHEASANT RD HUTCHINSON, MN 55350	37-1434531	501C(3) PUBLIC CHARI	20,100.	0.			EARLY CARE AND EDUCATION & AGING CAREGIVER SUPPORT
FRIENDS OF THE ORCHESTRA LTD. 803 CHERYL AVE MARSHALL, MN 56258	41-1799541	501C(3) PUBLIC CHARI	5,355.	0.			FISCAL YEAR 2016 DISBURSEMENT
GREATER MINNESOTA FAMILY SERVICES 2320 E. HWY 12 WILLMAR, MN 56201-1810	41-1851475	501C(3) PUBLIC CHARI	29,706.	0.			REACH FUNDS
GROVE CITY AREA LIVING AT HOME/BLOCK NURSING PROGRAM - 200 SOUTH AVE, PO BOX 192 - GROVE CITY, MN 56243	31-1561723	501C(3) PUBLIC CHARI	5,000.	0.			AGING IN-PLACE EQUIPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTLAND GIRLS' RANCH 185 HWY 9 NE BENSON, MN 56215	41-1723574	501C(3) PUBLIC CHAR	5,000.	0.			NONPROFIT CAPACITY BUILDING - TECHNOLOGY
HOSPICE COTTAGE INC. 1935 WOODLAND CT, PO BOX 203 WORTHINGTON, MN 56187	31-1806490	501C(3) PUBLIC CHAR	13,000.	0.			ORGANIZATION SUPPORT
HUTCHINSON CENTER FOR THE ARTS 15 FRANKLIN ST SW, PO BOX 667 HUTCHINSON, MN 55350	26-2263988	501C(3) PUBLIC CHAR	5,000.	0.			NONPROFIT CAPACITY BUILDING - TECHNOLOGY
HUTCHINSON ECONOMIC DEVELOPMENT AUTHORITY - 111 HASSAN ST SE - HUTCHINSON, MN 55350	27-0987417	GOVERNMENT	10,000.	0.			TIGERPATH ACADEMIES / TIGER MANUFACTURING
ISD #129 - MONTEVIDEO 412 S 13TH ST MONTEVIDEO, MN 56265	41-6000507	EDUCATION	5,000.	0.			EARLY CHILD CARE - PREK ALIGNMENT AND QUALITY
ISD #173 - MOUNTAIN LAKE 450 N 12TH ST, PO BOX 400 MOUNTAIN LAKE, MN 56159	41-6000682	EDUCATION	25,000.	0.			RESURFACING THE TRACK
ISD #2159 - BUFFALO LAKE/HECTOR/STEWART - 220 3RD ST W, PO BOX 307 - HECTOR, MN 55342-0307	41-1751593	EDUCATION	7,239.	0.			TEACHER GRANT REQUESTS
ISD #2169 - MURRAY COUNTY CENTRAL 2420 28TH ST SLAYTON, MN 56172-1457	41-1778191	EDUCATION	5,000.	0.			ECI COORDINATION
ISD #2180 - M.A.C.C.R.A.Y. 711 WOLVERINE DR, PO BOX 690 CLARA CITY, MN 56222	41-1783004	EDUCATION	14,030.	0.			SCHOOL PROJECTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISD #2895 JCC RIVERSIDE ELEMENTARY 820 PARK STREET JACKSON, MN 56143	41-1872029	EDUCATION	8,500.	0.			EDUCATION ENHANCEMENTS
ISD #2902 - RTR PUBLIC SCHOOLS 100 STRONG ST, PO BOX 659 TYLER, MN 56178	20-4928015	EDUCATION	19,825.	0.			RTR BASEBALL FIELD
ISD #2903 - ORTONVILLE PUBLIC SCHOOL - 200 TROJAN DR - ORTONVILLE, MN 56278	41-6000273	EDUCATION	24,529.	0.			AUDITORIUM SEATING
ISD #2904 - TRACY 934 PINE ST TRACY, MN 56175	41-6002013	EDUCATION	12,754.	0.			STAGE LIGHTING
ISD #330 - SOUTHWEST STAR CONCEPT SCHOOLS - 124 N MINNESOTA, PO BOX 97 - OKABENA, MN 56161	41-1330168	EDUCATION	9,857.	0.			STAGE RENOVATION
ISD #465 - LITCHFIELD 114 N HOLCOMBE STE 100 LITCHFIELD, MN 55355	41-6002290	EDUCATION	12,499.	0.			2016 TEACHER REQUESTS
JACKSON COMMUNITY FOUNDATION PO BOX 91 JACKSON, MN 56143	41-1555592	501C(3) PUBLIC CHARIT	15,000.	0.			KRISTI ELAINE TEIGEN SCHOLARSHIP AWARDS
JACKSON COUNTY PUBLIC LIBRARY 311 3RD ST JACKSON, MN 56143-1606	41-6005813	GOVERNMENT	15,153.	0.			FURNITURE FUND
KNUTE NELSON FOUNDATION 420 12TH AVE E ALEXANDRIA, MN 56308	41-1451486	501C(3) PUBLIC CHARIT	5,000.	0.			NONPROFIT CAPACITY BUILDING - STAFF DEVELOPMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEARNING FUNHOUSE INC. 199 MAIN STREET, PO BOX 151 BIRD ISLAND, MN 55310	41-1930163	501C(3) PUBLIC CHARI	10,000.	0.			BOLD ECI FISCAL HOST
LOWER SIOUX INDIAN COMMUNITY 39527 RES HWY 1, PO BOX 308 MORTON, MN 56270	41-0991683	GOVERNMENT	100,000.	0.			NURTURING INTERGENERATIONAL LEARNING
LUTHERAN SOCIAL SERVICE OF MINNESOTA - 2485 COMO AVE - SAINT PAUL, MN 55108-1445	41-0872993	501C(3) PUBLIC CHARI	6,410.	0.			LLS & WINDOM AREA HOSPITAL PATIENT RECOVERY SUPPORT
LUVERNE INITIATIVES FOR TOMORROW 213 EAST LUVERNE STREET LUVERNE, MN 56156	99-0381643	501C(3) PUBLIC CHARI	5,000.	0.			LUVERNE TOURISM DESTINATION DEVELOPMENT
LYON-LINCOLN ELECTRIC TRUST W HWY 14, PO BOX 639 TYLER, MN 56178-0639	41-1930173	501C(3) PUBLIC CHARI	5,000.	0.			YOUTH GOLF
MARSHALL ADULT BASIC EDUCATION PROGRAM - 607 W MAIN - MARSHALL, MN 56258	41-6002001	GOVERNMENT	10,000.	0.			CAREER PATHWAY LITERACY CURRICULUM
MINNESOTA 4-H FOUNDATION 1420 ECKLES AVE, COFFEY HALL ROOM 9 SAINT PAUL, MN 55108	41-1408161	501C(3) PUBLIC CHARI	10,000.	0.			RS FIBER INNOVATION CENTERS/MAKER SPACE
MINNESOTA AMERICAN INDIAN CHAMBER OF COMMERCE - 2345 RICE STREET, SUITE 200 - SAINT PAUL, MN 55113	41-1563420	501C(3) PUBLIC CHARI	25,000.	0.			NATIVE AMERICAN ENTREPRENEURSHIP PROJECT
MINNESOTA RIVER AREA AGENCY ON AGING - 201 N BROAD ST, SUITE 102 - MANKATO, MN 56001	26-1632413	501C(3) PUBLIC CHARI	5,000.	0.			NONPROFIT CAPACITY BUILDING - STRATEGIC PLANNING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HORIZONS CRISIS CENTER 109 S 5TH ST, STE 40 MARSHALL, MN 56258	41-1404769	501C(3) PUBLIC CHAR	5,000.	0.			NONPROFIT CAPACITY BUILDING - STRATEGIC PLANNING
PRAIRIE FIVE COMMUNITY ACTION COUNCIL - 7TH ST & WASHINGTON AVE, STE 302, PO BOX 159 - MONTEVIDEO, MN 56265-0695	41-0904802	501C(3) PUBLIC CHAR	110,000.	0.			COMMUNITY BASED CARE COORDINATION AND CHILD CARE RECRUITMENT
PRAIRIE HOME HOSPICE 408 E MAIN ST, #8 MARSHALL, MN 56258-1934	41-1494079	501C(3) PUBLIC CHAR	10,736.	0.			FISCAL YEAR 2016 DISBURSEMENT
PRAIRIE HOME HOSPICE 408 E MAIN ST, #8 MARSHALL, MN 56258-1934	41-1494079	501C(3) PUBLIC CHAR	5,000.	0.			NONPROFIT CAPACITY BUILDING - TECHNOLOGY
PRAIRIE HOME HOSPICE 408 E MAIN ST, #8 MARSHALL, MN 56258-1934	41-1494079	501C(3) PUBLIC CHAR	10,000.	0.			PALLIATIVE CARE/CHRONIC DISEASE MANAGEMENT PROGRAM
PRAIRIE WOODS ENVIRONMENTAL LEARNING CENTER - 12718 10TH ST. NE - SPICER, MN 56288	41-1366265	501C(3) PUBLIC CHAR	25,000.	0.			FUNDING DEVELOPMENT PLAN FOR YES! PROGRAM
REDWOOD AREA COMMUNITIES FOUNDATION - 200 S MILL ST, PO BOX 481 - REDWOOD FALLS, MN 56283-0281	36-3611923	501C(3) PUBLIC CHAR	31,000.	0.			REDWOOD AREA HOSPITAL FOUNDATION'S TELE MEDICINE/HEALTH PILOT
SAFE AVENUES PO BOX 568 WILLMAR, MN 56201	41-1931304	501C(3) PUBLIC CHAR	5,000.	0.			NONPROFIT CAPACITY BUILDING - MARKETING
SOUTHWEST INITIATIVE FOUNDATION 15 3RD AVE NW HUTCHINSON, MN 55350	41-1555592	501C(3) PUBLIC CHAR	43,000.	0.			CARE RELIEF FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST INITIATIVE FOUNDATION 15 3RD AVE NW HUTCHINSON, MN 55350	41-1555592	501C(3) PUBLIC CHAR	10,000.	0.			EARLY CHILDHOOD DENTAL NETWORK - SOUTHWEST
SOUTHWEST MINNESOTA STATE UNIVERSITY - 1501 STATE ST - MARSHALL, MN 56258	41-1687554	EDUCATION	5,000.	0.			GOLD ON THE ROAD
SOUTHWEST MINNESOTA STATE UNIVERSITY FOUNDATION - 1501 STATE ST, ROOM ST157 - MARSHALL, MN 56258	23-7108470	501C(3) PUBLIC CHAR	5,000.	0.			MINNESOTA AGRICULTURE & RURAL LEADERSHIP PROGRAM
SOUTHWEST MN HOUSING PARTNERSHIP 2401 BROADWAY AVE STE 4 SLAYTON, MN 56172-1142	41-1721815	501C(3) PUBLIC CHAR	5,000.	0.			NONPROFIT CAPACITY BUILDING - TECHNOLOGY
SOUTHWEST REGIONAL DEVELOPMENT COMM. - 2401 BROADWAY AVE STE 1 - SLAYTON, MN 56172-1142	41-1235045	GOVERNMENT	10,815.	0.			MURRAY COUNTY ECI
ST. JAMES EPISCOPAL CHURCH 101 N 5TH ST MARSHALL, MN 56258	41-6098516	RELIGIOUS	13,433.	0.			FISCAL YEAR 2016 DISBURSEMENT
UNITED WAY OF WEST CENTRAL MINNESOTA - 311 SW 4TH ST, PO BOX 895 - WILLMAR, MN 56201	41-0844871	501C(3) PUBLIC CHAR	5,000.	0.			NONPROFIT CAPACITY BUILDING - FUNDRAISING PLAN
UNIVERSITY OF MINNESOTA FOUNDATION 1300 S 2ND ST ROOM 200 MINNEAPOLIS, MN 55454	41-6042488	501C(3) PUBLIC CHAR	5,000.	0.			SPONSORSHIP OF 2016 MN CUP
UNIVERSITY OF SOUTH DAKOTA FOUNDATION - PO BOX 5555 - VERMILLION, SD 57069	46-6018891	501C(3) PUBLIC CHAR	10,000.	0.			BLACK HILLS PLAYHOUSE ALUMNI ASSOCIATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VACKER PLACE 69531 213TH STREET DARWIN, MN 55324	41-1758705	501C(3) PUBLIC CHAR	5,000.	0.			NONPROFIT CAPACITY BUILDING - STAFF DEVELOPMENT
VETERANS OF FOREIGN WARS PO BOX 452 DAWSON, MN 56232	41-0688670	501C(19) PUBLIC CHAR	6,450.	0.			RENOVATION OF THE VFW POSTS EVENT CENTER
WALNUT GROVE ALFRED NELSON POST 267 - 700 MAIN ST - WALNUT GROVE, MN 56180	41-6038846	501C(19) PUBLIC CHAR	5,000.	0.			WALNUT GROVE VETERANS MEMORIAL
WESTERN COMMUNITY ACTION INC 1400 S SARATOGA ST MARSHALL, MN 56258	41-0888137	501C(3) PUBLIC CHAR	5,000.	0.			NONPROFIT CAPACITY BUILDING - TECHNOLOGY
WILLMAR AREA COMMUNITY FOUNDATION 1601 HWY 12 E, STE 9 WILLMAR, MN 56201	36-3412544	501C(3) PUBLIC CHAR	24,626.	0.			WILLMAR MUSIC MATTERS
WILLMAR AREA MULTICULTURAL BUSINESS CENTER - 311 BENSON AVENUE SW - WILLMAR, MN 56201	01-0893778	501C(3) PUBLIC CHAR	28,000.	0.			WAM-BC ENTREPRENEURSHIP INITIATIVE
WILLMAR COMMUNITY EDUCATION & RECREATION - 1234 KANDIYOHI AVE SW - WILLMAR, MN 56201	41-6001746	EDUCATION	5,000.	0.			WILLMAR EARLY CHILDHOOD FAMILY OUTREACH
WILLMAR PUBLIC SCHOOLS FOUNDATION 611 W 5TH ST WILLMAR, MN 56201	41-1465834	EDUCATION	6,165.	0.			WILLMAR MUSIC MATTERS OPERATING/FUNDRAISING
WINDOM AREA HOSPITAL 2150 HOSPITAL DRIVE, PO BOX 339 WINDOM, MN 56101	41-6005647	GOVERNMENT	9,650.	0.			SENIOR DRIVING PROGRAM

Schedule I (Form 990)

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

[illegible]

Schedule I (Form 990)

Part III**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

THE GRANTS MANAGEMENT FUNCTION OF THE DATABASE IS THE REPOSITORY FOR ALL RECORDS RELATED TO GRANTS MADE AND/OR ASSISTANCE PROVIDED. SWIF CONDUCTS RESEARCH TO VERIFY THE ELIGIBILITY OF ALL GRANTEEES, USING RESOURCES SUCH AS GUIDESTAR AND THE IRS PUBLICATION 78. EACH ADVISED FUND COMMITTEE MUST SUBMIT A ROSTER OF THEIR ADVISORS FOR BOARD REVIEW AND APPROVAL ANNUALLY, AND CRITERIA FOR THEIR GRANT IS REVIEWED TO ENSURE COMPLIANCE WITH ALL STATE AND FEDERAL REGULATIONS AND MEETS THE REQUIRED CHARITABLE PURPOSE OF THE FUND AGREEMENTS IN PLACE.

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public
Inspection

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number
41-1555592

SEE PART VI FOR COLUMN (F) CONTINUATIONS											
Part I	Bond Issues										
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing
							Yes	No	Yes	No	No
	A MCLEOD COUNTY	41-6005841	582258AG4	12/29/05	3,500,000.	LAND, BUILDING AND EQUIPMENT FOR		X		X	X
	B MCLEOD COUNTY	41-6005841	582258AR0	03/10/16	1,830,000.	REFUNDED BONDS ISSUED ON 12/29/2		X		X	X
	C										
	D										

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired	3,500,000.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	3,500,000.		1,830,000.					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	55,108.							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	70,000.		18,300.					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds			4,908.					
10	Capital expenditures from proceeds	3,500,000.							
11	Other spent proceeds			1,806,792.					
12	Other unspent proceeds								
13	Year of substantial completion	2006							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use									
		A		B		C		D	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside 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?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X	X					
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: MCLEOD COUNTY

(F) DESCRIPTION OF PURPOSE: LAND, BUILDING AND EQUIPMENT FOR OFFICE SPACE

(A) ISSUER NAME: MCLEOD COUNTY

(F) DESCRIPTION OF PURPOSE: REFUNDED BONDS ISSUED ON 12/29/2005

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2015

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.**

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-1555592

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	500.	APPRAISAL
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	47,973.	HI/LOW AVERAGE SALE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GRAIN)	X	3	1,763.	MKT VALUE PER BUSHEL
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

0

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) (2015)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

2015

Open to Public
Inspection

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-1555592

FORM 990, PART III, LINE 1, ORGANIZATION'S MISSION

SWIF'S MISSION IS TO BE A CATALYST, FACILITATING OPPORTUNITIES FOR
ECONOMIC AND SOCIAL GROWTH BY DEVELOPING AND CHALLENGING LEADERS TO
BUILD ON THE REGION'S ASSETS. SWIF IS A SINGLE CONNECTION OFFERING
UNLIMITED POSSIBILITIES TO GROW AND PROMOTE PEOPLE, BUSINESSES,
ENTREPRENEURS AND COMMUNITIES IN RURAL SOUTHWEST MINNESOTA. AS A
REGIONAL COMMUNITY FOUNDATION, SWIF BRINGS TOGETHER THE EXPERTISE,
RESOURCES AND INSPIRATION TO MAKE ITS COMMUNITIES AND REGION STRONGER.
SWIF WORKS TO ENSURE THAT ITS 18-COUNTY SERVICE AREA IS A HIGHLY
PRODUCTIVE AND ENGAGED REGION WHERE GROWING NUMBERS OF PEOPLE CHOOSE TO
LIVE AND WORK. THE ORGANIZATION IS GOVERNED BY A 12-MEMBER BOARD OF
DIRECTORS REPRESENTING DIVERSE GEOGRAPHICAL LOCATIONS, PROFESSIONS AND
BACKGROUNDS TO HELP GUIDE SWIF'S ECONOMIC DEVELOPMENT, INCLUDING
BUSINESS FINANCE, MICROLENDING AND REGIONAL ECONOMIC DEVELOPMENT;
COMMUNITY IMPACT PROGRAMMING, INCLUDING GRANTMAKING AND OUR EARLY
CHILDHOOD INITIATIVE; AND COMMUNITY PHILANTHROPY, INCLUDING OUR
COMMUNITY AFFILIATES, DESIGNATED FUNDS, PLANNED GIVING AND FARMLAND
GIVING. LEARN MORE ABOUT SWIF'S MISSION AND WORK AT
WWW.SWIFFOUNDATION.ORG.

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

SWIF LOAN PROGRAMS, INCLUDING ITS BUSINESS FINANCE PROGRAM, SUPPORT
ECONOMIC DEVELOPMENT AND GROWTH THROUGHOUT SOUTHWEST MINNESOTA BY
PROVIDING GAP FINANCING TO START, EXPAND, AND TRANSITION BUSINESSES
LOCATED IN ITS 18-COUNTY SERVICE AREA. ELIGIBLE PROJECTS MUST CREATE

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-1555592

AND RETAIN JOBS THAT PROVIDE A LIVING WAGE WITH BENEFITS, GENERATE NEW WEALTH FOR THE REGION AND DIVERSIFY THE ECONOMY OF SOUTHWEST MINNESOTA. LOAN FUNDS MAY BE USED FOR MACHINERY AND EQUIPMENT, INVENTORY, WORKING CAPITAL AND REAL ESTATE. THE MICROENTERPRISE LOAN PROGRAM HELPS ENTREPRENEURS DEVELOP SMALL BUSINESSES AND SELF-EMPLOYMENT OPPORTUNITIES. THIS PROGRAM PROVIDES LOAN FUNDS NOT TO EXCEED \$50,000 TO BE USED FOR START-UP COSTS, EQUIPMENT, INVENTORY, FURNITURE AND FIXTURES AND WORKING CAPITAL. THIS PROGRAM ALSO PROVIDES CUSTOMIZED SUPPORT FOR ENTREPRENEURS THROUGH ON-GOING TECHNICAL ASSISTANCE AND TRAINING AS NEEDED FOR THE LENGTH OF THE LOAN. ELIGIBLE BUSINESSES MAY BE START-UP OR EXPANSION PROJECTS INCLUDING, BUT NOT LIMITED TO, MANUFACTURING, SERVICE, RETAIL AND CHILD CARE. THIS PROGRAM ALSO PROVIDES THE CENTER OF RURAL ENTREPRENEURSHIP (CORE) WEBSITE, A RESOURCE SPECIFICALLY DESIGNED TO CONNECT ENTREPRENEURS AND BUSINESSES TO THE TOOLS, EDUCATION, AND RESOURCES THEY NEED TO START, EXPAND OR TRANSITION THEIR BUSINESS. THIS PROGRAM ALSO PROVIDES TECHNICAL ASSISTANCE TO DIVERSE ENTREPRENEURS. WITH FUNDING FROM DEED AND IN-KIND SUPPORT FROM SWIF AND OTHER PARTNERS, A CONSULTANT IS PROVIDING DIVERSE ENTREPRENEURS WITH BUSINESS AND FINANCIAL READINESS ASSESSMENT AND PLANNING, DETERMINING APPROPRIATE RESOURCES, INTERPRETING, AND CONTINUATION OF ASSISTANCE AS NEEDED.

SWIF IS WORKING TO FURTHER FACILITATE ADVANCEMENT OF KEY ASSET SECTORS AND KEEP THE RESULTING WEALTH IN THE REGION. SWIF IS MAKING INVESTMENTS THAT SUPPORT THE REGION'S ECONOMIC ASSET SECTORS OF RENEWABLE ENERGY, FOOD AND AGRICULTURE, BIOSCIENCE, AND MANUFACTURING BY PROMOTING THESE INDUSTRIES AND THE OPPORTUNITIES THEY PRESENT, AS WELL AS FACILITATING DISCUSSIONS AND SOLUTIONS TO THE CHALLENGES THAT MAY ACCOMPANY THEM,

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-1555592

INCLUDING HOUSING, WORKFORCE AND CHILD CARE SHORTAGES.

HOSTING AND PARTICIPATING IN LEADERSHIP FORUMS, SEMINARS AND OTHER CONVENTIONS PROVIDE OPPORTUNITIES FOR LEADERS TO NETWORK AND GAIN ACCESS TO RESOURCES THAT WILL SUPPORT KEY REGIONAL INDUSTRIES AND CAPITALIZE ON ECONOMIC OPPORTUNITIES.

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

MANY DONORS FIND COMMUNITY AND DESIGNATED FUNDS ATTRACTIVE OPTIONS TO SUPPORT THEIR CHARITABLE INTERESTS WHILE RELIEVING THEM OF THE ADMINISTRATIVE RESPONSIBILITIES THAT CAN OFTEN BECOME OVERWHELMING FOR FAMILIES AND VOLUNTEERS. SWIF CURRENTLY SERVES 25 COMMUNITY AFFILIATES AND MORE THAN 100 DESIGNATED FUND PARTNERS. SWIF'S COMMUNITY AFFILIATE PROGRAM IS A TRUE PARTNERSHIP BETWEEN SWIF AND THE LOCAL COMMUNITY - ONE THAT HAS PROVEN TO BE MUTUALLY BENEFICIAL AND AN EFFECTIVE MEANS TO RETAIN CHARITABLE DOLLARS FOR THE BENEFIT OF SOUTHWEST MINNESOTA COMMUNITIES. SWIF PROVIDES THE ADMINISTRATIVE AND 501(C)(3) INFRASTRUCTURE TO ITS AFFILIATES. IT ALSO PROVIDES ONGOING TECHNICAL AND PROFESSIONAL SUPPORT IN AREAS SUCH AS STRATEGIC PLANNING, FUNDRAISING, MARKETING, PUBLIC RELATIONS AND GRANTMAKING. COMMUNITY AFFILIATES ARE ADVISED BY LOCAL COMMITTEES OF COMMUNITY LEADERS WHO ARE RESPONSIBLE FOR RAISING FUNDS, RECOMMENDING GRANTEEES AND RAISING PUBLIC AWARENESS. SINCE SWIF'S GRANTMAKING IS TARGETED TO PROJECTS RELATED TO ITS CURRENT PRIORITY AREAS, AFFILIATE FUNDS OFTEN FILL A VALUABLE NICHE BY FUNDING WORTHWHILE PROJECTS THAT DON'T FIT WITHIN SWIF'S CURRENT GRANT CRITERIA. SWIF OFFERS A VARIETY OF DESIGNATED FUNDS DESIGNED TO HELP DONORS MEET THEIR UNIQUE PHILANTHROPIC GOALS. DESIGNATED FUNDS CAN

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-1555592

BE ENDOWED OR NON-ENDOWED (PASS-THROUGH) AND ARE CREATED WITH A SPECIFIC PURPOSE IN MIND. IN MOST CASES, A DESIGNATED FUND IS ADVISED BY A LOCAL COMMITTEE OF VOLUNTEER LEADERS. THE COMMITTEE RAISES MONEY FOR THE FUND, RECOMMENDS GRANT DISTRIBUTIONS, AND RAISES PUBLIC AWARENESS. SWIF PROVIDES ASSISTANCE IN THE PLANNING AND DEVELOPMENT OF DESIGNATED FUNDS. IT ALSO ADMINISTERS THE FUNDS AND PROVIDES ONGOING TECHNICAL AND PROFESSIONAL SUPPORT AS NEEDED, IN AREAS SUCH AS FUNDRAISING, MARKETING, PUBLIC RELATIONS AND GRANTMAKING. ALL SWIF FUNDS CAN RECEIVE MANY TYPES OF GIFTS, INCLUDING CASH, APPRECIATED STOCK, REAL ESTATE, FARMLAND AND PLANNED GIFTS, SUCH AS CHARITABLE GIFT ANNUITIES AND BEQUESTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS LEADERSHIP DEVELOPMENT AND COMMUNITY ENGAGEMENT ARE WOVEN THROUGHOUT ALL OF SWIF'S WORK, BUT WE HAVE CONTINUED TO HAVE SPECIFIC PROGRAMS DESIGNED TO FOCUS ON INDIVIDUAL, COMMUNITY AND BUSINESS LEADERSHIP SKILL-BUILDING.

SWIF IS ENGAGED IN THE MINNESOTA EARLY CHILDHOOD INITIATIVE, A NETWORK OF COALITIONS FOCUSED ON QUALITY CARE AND EDUCATIONAL OPPORTUNITIES FOR CHILDREN AGES BIRTH TO 5, TO HELP ENSURE THAT ALL OF SOUTHWEST MINNESOTA'S YOUNGEST CHILDREN THRIVE, AND HAVE A HEALTHY LIFE OF LEARNING, ACHIEVING, AND SUCCEEDING. THE MINNESOTA THRIVE INITIATIVE IS PART OF THE MINNESOTA EARLY CHILDHOOD INITIATIVE. THE OVERARCHING GOAL OF THRIVE IS TO CREATE SEAMLESS SYSTEMS OR NETWORKS OF LOCAL SERVICES THAT SUPPORT THE HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT OF MINNESOTA'S YOUNGEST CHILDREN AGES BIRTH TO 5, WITH AN EMPHASIS ON THE

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-1555592

FIRST THREE YEARS OF LIFE. SWIF ACCOMPLISHES THESE GOALS BY WORKING WITH 16 SELECTED COALITION COMMUNITIES LOCATED THROUGHOUT THE 18 COUNTIES OF SOUTHWEST MINNESOTA. IN ADDITION, GRANT FUNDS ARE AVAILABLE TO PURSUE PARTNERSHIPS ON EARLY CARE AND EDUCATION PROJECTS THAT HAVE A REGION-WIDE SCOPE, WHICH HAVE INCLUDED TRAININGS FOR PROFESSIONALS, FAMILY-FRIENDLY EVENTS AND OTHER ACTIVITIES THAT ENGAGE THE COMMUNITIES AND RAISE AWARENESS OF YOUNG CHILDREN'S NEEDS. KEY ISSUES FOR THE EARLY CHILDHOOD INITIATIVE ARE ACCESS TO EARLY LEARNING OPPORTUNITIES, ACCESS TO QUALITY CHILD CARE, AND ACCESS TO DENTAL CARE.

SWIF HELPED START THE FIRST CREATING ENTREPRENEURIAL OPPORTUNITIES (CEO) COHORT IN THE STATE. FIFTEEN STUDENTS FROM THE ATWATER-COSMOS-GROVE CITY, NEW LONDON-SPICER, AND WILLMAR PUBLIC SCHOOL DISTRICTS COMPLETED KANDIYOHI CEO. THESE STUDENTS LEARNED FROM LOCAL BUSINESS OWNERS WHAT IT TAKES TO BECOME A SUCCESSFUL ENTREPRENEUR AND WERE EXPOSED TO THE KANDIYOHI COUNTY AREA AS A PLACE OF OPPORTUNITY. STUDENTS VISITED MORE THAN 45 BUSINESSES AND GLEANED BUSINESS IDEAS FROM MORE THAN 35 GUEST SPEAKERS AS THEY DEVELOPED THEIR STUDENT BUSINESSES/PLANS. STUDENTS PRESENTED THEIR BUSINESSES AT THE INAUGURAL KCEO TRADE SHOW AT THE MINNWEST TECHNOLOGY CAMPUS TO OVER 300 COMMUNITY MEMBERS, INVESTORS, AND FAMILY MEMBERS.

IN THE PAST YEAR, SWIF'S REGIONAL IMPACT GRANTS SUPPORTED THE IMMIGRANT LAW CENTER IN WORTHINGTON. NEW RESIDENTS TO OUR REGION, INCLUDING IMMIGRANTS AND REFUGEES, ARE KEY TO FILLING OUR WORKFORCE NEEDS AND IMPORTANT MEMBERS OF OUR COMMUNITIES. THE IMMIGRANT LAW CENTER OF MINNESOTA (ILCM) BASED IN WORTHINGTON IS MINNESOTA'S LARGEST PROVIDER OF IMMIGRATION LEGAL AND ADVOCACY SERVICES TO LOW-INCOME CLIENTS. IN OUR REGION ALONE, ILCM SERVED MORE THAN 354 MEN, WOMEN AND CHILDREN.

Name of the organization	Employer identification number
SOUTHWEST INITIATIVE FOUNDATION	41-1555592

NOW, THANKS TO A TWO-YEAR, \$40,000 GRANT FROM SWIF, ILCM IS POISED TO HIRE A PARALEGAL AND DOUBLE THEIR IMPACT IN SOUTHWEST MINNESOTA.

SWIF IS THE ADMINISTRATOR FOR MOVE, LLC., (MANUFACTURING OPPORTUNITIES & VOCATIONAL EMPLOYMENT) A PARTNERSHIP WITH 15 MCLEOD AND MEEKER COUNTY MANUFACTURERS AND DUNWOODY COLLEGE OF TECHNOLOGY. DUNWOODY COLLEGE OF TECHNOLOGY ESTABLISHED A TRAINING CENTER IN WINSTED IN AN EFFORT TO QUICKLY RESPOND TO THE REGION'S MANUFACTURING EMPLOYMENT NEEDS BY OFFERING A 16-WEEK WELDING TECHNICIAN PROGRAM. CLASS SIZES ARE SMALL WITH AN EMPHASIS ON HANDS-ON, APPLIED LEARNING USING CUSTOMIZED CURRICULUM FOCUSED ON SKILLS NEEDED BY LOCAL MANUFACTURING COMPANIES. DUNWOODY WILL CONDUCT ANOTHER WELDING COURSE IN THE FALL BECAUSE THE DEMAND FOR WELDERS IS STILL SO HIGH. THERE ARE FINANCIAL ASSISTANCE OPPORTUNITIES AVAILABLE FOR THE STUDENTS FROM BOTH THE LITCHFIELD AND WINSTED CHAMBERS OF COMMERCE. ALSO, THIS COURSE MEETS THE ELIGIBILITY FOR DISLOCATED WORKER FINANCIAL ASSISTANCE THROUGH DEED. THIS MODEL HAS CREATED A WIN-WIN SITUATION FOR EMPLOYERS DESPERATE FOR SKILLED WORKERS AS WELL AS FOR THE GRADUATES OF THIS PROGRAM WHO ARE OFFERED IMMEDIATE EMPLOYMENT WITH A GOOD WAGE AND BENEFITS.

SOUTHWEST INITIATIVE FOUNDATION HAS BEEN SELECTED AS ONE OF EIGHTEEN COMMUNITY FOUNDATIONS FROM ACROSS THE MIDWEST TO PARTICIPATE IN A DISASTER-PREPAREDNESS, RESPONSE, AND RECOVERY PROGRAM DESIGNED TO HELP COMMUNITY FOUNDATIONS EXPAND THEIR ABILITY TO RESPOND QUICKLY, EFFICIENTLY, AND EFFECTIVELY TO NATURAL DISASTERS, IN THE IMMEDIATE AFTERMATH AND DURING LONG-TERM COMMUNITY REBUILDING. THIS TWO-YEAR PROGRAM, KNOWN AS THE PHILANTHROPIC PREPAREDNESS, RESILIENCY, AND EMERGENCY PARTNERSHIP (PPREP) PROVIDES RESOURCES, LEARNING, AND BEST PRACTICES SO THAT PARTICIPATING COMMUNITY FOUNDATIONS CAN BUILD THEIR

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-1555592

SKILLS AND LEADERSHIP CAPACITY IN ORDER TO BE BETTER PREPARED SHOULD A
NATURAL DISASTER OCCUR.

SWIF HAS GAINED A REPUTATION, NOT ONLY AS A NEUTRAL CONVENER, BUT AS A
PROVIDER OF QUALITY FACILITATION FOR ORGANIZATIONAL STRATEGIC PLANNING.
THIS ROLE HAS PRIMARILY BEEN PROVIDED TO SWIF PARTNERS THROUGH OUR
EARLY CHILDHOOD INITIATIVE AND COMMUNITY FOUNDATION PARTNERSHIPS, BUT
AS WORD SPREADS, THE DEMAND IS GROWING. THIS PAST YEAR, SWIF
FACILITATED STRATEGIC PLANNING WITH SIX ORGANIZATIONS BEYOND OUR
PARTNERS INCLUDING THE MEEKER COUNTY EDA/CDC, LAC QUI PARLE COUNTY EDA,
WORTHINGTON REGIONAL HEALTHCARE FOUNDATION, KANDIYOHI COUNTY AND CITY
OF WILLMAR ECONOMIC DEVELOPMENT COMMISSION, WILLMAR AREA MULTICULTURAL
MARKETPLACE/BUSINESS CENTER, AND THE MINNESOTA WEST COMMUNITY AND
TECHNICAL COLLEGE FOUNDATION.

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
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:

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-1555592

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 11:

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 ALSO RECEIVES A COPY THROUGH THE SECURE BOARD PORTAL OF THE WEBSITE ONE WEEK PRIOR TO FILING. THE AUDIT/FINANCE COMMITTEE AND THE BOARD ARE GIVEN PUBLIC INSPECTION COPIES OF THE FORM 990 THAT DO NOT INCLUDE THE CONFIDENTIAL LIST OF MAJOR DONORS. OTHER THAN THIS LIST, THE FORM IS GIVEN IN ITS ENTIRETY TO THE COMMITTEE AND BOARD 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 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.

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-1555592

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

SOUTHWEST INITIATIVE FOUNDATION'S EXECUTIVE COMPENSATION PROGRAM IS 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 OUTCOME MAINTAINED IN THE CONFIDENTIAL PERSONNEL FILES OF THE FOUNDATION.

THE LAST REVIEW WAS COMPLETED IN 2016 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 ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE PUBLIC.

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

CHANGE IN AGENCY FUNDS

-103,288.

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-1555592

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS

60,728.

TOTAL TO FORM 990, PART XI, LINE 9

-42,560.

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number
41-1555592

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AWSM, LLC - 41-1555592	APARTMENT BLDG	MINNESOTA	0.		SOUTHWEST INITIATIVE FOUNDATION
413 1ST ST					
JACKSON, MN 56159					
SWIF REAL ESTATE HOLDINGS, LLC - 47-5210879	OFFICE BUILDING	MINNESOTA	0.		SOUTHWEST INITIATIVE FOUNDATION
15 3RD AVE, NW					
HUTCHINSON, MN 55350					

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

[illegible]

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

Schedule R (Form 990) 2015

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

[illegible]

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

[illegible]

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	SOUTHWEST INITIATIVE FOUNDATION	Employer identification number (EIN) or
		41-1555592
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	15 3RD AVE NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	HUTCHINSON, MN 55350	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARGIE NELSEN, CFO

- The books are in the care of ► **15 3RD AVE NW - HUTCHINSON, MN 55350**

Telephone No. ► **(320) 587-4848**

Fax No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**

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

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

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

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SOUTHWEST INITIATIVE FOUNDATION	41-1555592
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	15 3RD AVE NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	HUTCHINSON, MN 55350	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARGIE NELSEN, CFO

- The books are in the care of ► **15 3RD AVE NW - HUTCHINSON, MN 55350**
Telephone No. ► **(320) 587-4848** Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year or
- ☒ tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**

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

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

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