

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>SOUTHWEST INITIATIVE FOUNDATION</b>	Taxpayer identification number (TIN)  <b>41-155592</b>
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. <b>15 3RD AVE NW</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HUTCHINSON, MN 55350</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

**MARGIE NELSEN, CFO**

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

Telephone No. ▶ **320-484-9110** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, 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, 2021**, and ending **JUN 30, 2022**.

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</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	<b>C</b> Name of organization <b>SOUTHWEST INITIATIVE FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>15 3RD AVE NW</b> City or town, state or province, country, and ZIP or foreign postal code <b>HUTCHINSON, MN 55350</b> <b>F</b> Name and address of principal officer: <b>SCOTT MARQUARDT</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>41-155592</b> <b>E</b> Telephone number <b>(320) 587-4848</b> <b>G</b> Gross receipts \$ <b>46,908,103.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.SWIFFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1986</b> <b>M</b> State of legal domicile: <b>MN</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS CONNECTING PEOPLE, INVESTING IN IDEAS AND BUILDING COMMUNITIES.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>26</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>300</b>
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>8,969,349.</b>	<b>11,533,461.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>563,705.</b>	<b>717,847.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,119,323.</b>	<b>7,328,558.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>70,253.</b>	<b>75,181.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>12,722,630.</b>	<b>19,655,047.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>7,531,381.</b>	<b>6,688,096.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16 a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,056,400.</b>	<b>2,146,696.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>635,895.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,244,803.</b>	<b>2,449,242.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>11,832,584.</b>	<b>11,284,034.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>890,046.</b>	<b>8,371,013.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>108,678,960.</b>	<b>100,435,349.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>11,535,489.</b>	<b>10,788,300.</b>
<b>22</b>		<b>97,143,471.</b>	<b>89,647,049.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>SCOTT MARQUARDT, PRESIDENT/CEO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KRISTIN L SCHMIDT, CPA</b>	Preparer's signature <b>KRISTIN L SCHMIDT, C</b>	Date <b>05/11/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01487323</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN ▶ <b>41-0746749</b>			
	Firm's address ▶ <b>818 SECOND STREET SOUTH, SUITE 320</b> <b>WAITE PARK, MN 56387</b>		Phone no. <b>320-203-5500</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 6,052,124. including grants of \$ 4,555,000. ) (Revenue \$ 717,847. )

ECONOMIC DEVELOPMENT (SEE SCHEDULE O).

4b (Code: ) (Expenses \$ 1,780,963. including grants of \$ 471,789. ) (Revenue \$ )

PROGRAMS (SEE SCHEDULE O).

4c (Code: ) (Expenses \$ 1,640,557. including grants of \$ 1,661,307. ) (Revenue \$ )

AFFILIATE AND COMPONENT FUNDS (SEE SCHEDULE O).

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

4e Total program service expenses 9,473,644.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b> X	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b> X	
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b> X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b> X	
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</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> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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> See instructions .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b>	X
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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

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

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

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</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?	X	
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MN, CA, FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **MARGIE NELSEN, CFO - 320-484-9110**  
**15 3RD AVE NW, HUTCHINSON, MN 55350**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANA D. ANDERSON PRESIDENT/CEO	50.00			X				174,139.	0.	34,782.
(2) MARGIE NELSEN CFO	50.00			X				123,505.	0.	5,521.
(3) SCOTT MARQUARDT SR. VICE PRESIDENT	50.00			X				115,004.	0.	22,850.
(4) TERESA PETERSON BOARD MEMBER	4.00	X						3,718.	0.	0.
(5) PATTI LOEHR-DOLS CHAIR	4.00	X		X				0.	0.	0.
(6) RANDY REINKE PAST CHAIR	4.00	X		X				0.	0.	0.
(7) MARY CHRISTINE ROCK VICE CHAIR	4.00	X		X				0.	0.	0.
(8) DANIEL GREVE TREASURER	4.00	X		X				0.	0.	0.
(9) TERRY B GAALSWYK SECRETARY	4.00	X		X				0.	0.	0.
(10) TOM BRAKKE BOARD MEMBER	4.00	X						0.	0.	0.
(11) ABDIRIZAK MAHBOUB BOARD MEMBER	4.00	X						0.	0.	0.
(12) ERICA VOLKIR BOARD MEMBER	4.00	X						0.	0.	0.
(13) KATHY WEHKING BOARD MEMBER	4.00	X						0.	0.	0.
(14) BEN WILCOX BOARD MEMBER	4.00	X						0.	0.	0.
(15) THERESA ZASKE BOARD MEMBER	4.00	X						0.	0.	0.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							416,366.	0.	63,153.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							416,366.	0.	63,153.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	518,005.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	11,015,456.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 363,530.				
	<b>h Total.</b> Add lines 1a-1f .....			11,533,461.			
Program Service Revenue	<b>2 a</b> LOAN INTEREST INCOME	<b>Business Code</b>	900099	662,742.	662,742.		
	<b>b</b> OTHER PROGRAM INCOME		900099	44,744.	44,744.		
	<b>c</b> LOAN ADMIN FEES		900099	10,361.	10,361.		
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			717,847.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			6,842,315.		6842315.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	75,181.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		75,181.			
	<b>d</b> Net rental income or (loss) .....			75,181.		75,181.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	27,737,552.	1,747.		
			(ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		27,253,056.	0.			
<b>c</b> Gain or (loss) .....	<b>7c</b>		484,496.	1,747.			
<b>d</b> Net gain or (loss) .....			486,243.		486,243.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			19,655,047.	717,847.	0.	7403739.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,278,096.	5,278,096.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,410,000.	1,410,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	491,149.	297,449.	132,980.	60,720.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,330,118.	742,403.	323,663.	264,052.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	64,552.	36,021.	15,688.	12,843.
<b>9</b> Other employee benefits	140,086.	74,944.	36,226.	28,916.
<b>10</b> Payroll taxes	120,791.	68,592.	30,337.	21,862.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	53,030.	51,028.	257.	1,745.
<b>c</b> Accounting	36,501.	19,000.	10,620.	6,881.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	327,195.		327,195.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	286,149.	264,668.	13,594.	7,887.
<b>12</b> Advertising and promotion	59,402.	32,965.	15,532.	10,905.
<b>13</b> Office expenses	144,636.	72,401.	29,955.	42,280.
<b>14</b> Information technology	294,997.	166,592.	76,358.	52,047.
<b>15</b> Royalties				
<b>16</b> Occupancy	58,619.	30,249.	17,798.	10,572.
<b>17</b> Travel	95,068.	80,227.	2,874.	11,967.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	101,018.	77,162.	11,482.	12,374.
<b>20</b> Interest	44,247.	32,905.	7,118.	4,224.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	269,989.	139,174.	81,973.	48,842.
<b>23</b> Insurance	29,452.	15,322.	8,870.	5,260.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> FUNDRAISING COSTS	64,730.	42,555.		22,175.
<b>b</b> PUBLIC RELATIONS	31,011.	21,645.	3,892.	5,474.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	553,198.	520,246.	28,083.	4,869.
<b>25</b> Total functional expenses. Add lines 1 through 24e	11,284,034.	9,473,644.	1,174,495.	635,895.
<b>26</b> 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 Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,800.	<b>1</b>	3,600.	
	<b>2</b> Savings and temporary cash investments .....	1,466,486.	<b>2</b>	1,179,718.	
	<b>3</b> Pledges and grants receivable, net .....	1,147,586.	<b>3</b>	3,221,626.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	8,043,673.	<b>7</b>	9,542,235.	
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	110,934.	<b>9</b>	88,959.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,340,737.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,796,981.			
	<b>11</b> Investments - publicly traded securities .....	85,234,552.	<b>11</b>	73,861,970.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	9,978,869.	<b>12</b>	9,931,826.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	51,518.	<b>15</b>	61,659.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	108,678,960.	<b>16</b>	100,435,349.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	440,962.	<b>17</b>	1,047,299.	
	<b>18</b> Grants payable .....	2,284,760.	<b>18</b>	1,927,537.	
	<b>19</b> Deferred revenue .....	642,345.	<b>19</b>	850,083.	
	<b>20</b> Tax-exempt bond liabilities .....	661,858.	<b>20</b>	445,320.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	1,826,058.	<b>21</b>	1,575,410.	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,231,116.	<b>23</b>	967,004.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	385,458.	<b>24</b>		
	<b>25</b> 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 .....	4,062,932.	<b>25</b>	3,975,647.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,535,489.	<b>26</b>	10,788,300.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	35,809,780.	<b>27</b>	28,833,220.	
	<b>28</b> Net assets with donor restrictions .....	61,333,691.	<b>28</b>	60,813,829.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	97,143,471.	<b>32</b>	89,647,049.	
<b>33</b> Total liabilities and net assets/fund balances .....	108,678,960.	<b>33</b>	100,435,349.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,655,047.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,284,034.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,371,013.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,143,471.
5	Net unrealized gains (losses) on investments	5	-16,412,609.
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 on Schedule O)	9	545,174.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	89,647,049.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2021)



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5931424.	3674093.	6744893.	8969349.	11533461.	36853220.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5931424.	3674093.	6744893.	8969349.	11533461.	36853220.
<b>5</b> 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) .....						7629163.
<b>6 Public support.</b> Subtract line 5 from line 4.						29224057.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	5931424.	3674093.	6744893.	8969349.	11533461.	36853220.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2431589.	3501894.	3515926.	2120591.	6917496.	18487496.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						55340716.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,722,926.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	52.81	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	54.33	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization operation.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and Activities Test.

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**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.)

Horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**SOUTHWEST INITIATIVE FOUNDATION**

Employer identification number

**41-155592**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>SOUTHWEST INITIATIVE FOUNDATION</b>	Employer identification number  <b>41-155592</b>
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>2,777,093.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>4,737,359.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>655,002.</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.)
_____	_____ _____ _____	\$ _____	Person <input 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  <b>SOUTHWEST INITIATIVE FOUNDATION</b>	Employer identification number  <b>41-155592</b>
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**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  <b>SOUTHWEST INITIATIVE FOUNDATION</b>	Employer identification number  <b>41-155592</b>
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**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.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>SOUTHWEST INITIATIVE FOUNDATION</b>	Employer identification number <b>41-1555592</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			0.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

TESTIFIED AT STATE LEGISLATIVE HEARINGS ON BEHALF OF FUNDING BILLS THAT  
 WOULD SUPPORT DEVELOPMENT OF RURAL CHILD CARE SERVICES, EXPANSION OF  
 RURAL BROADBAND SERVICES, AND INVESTMENTS IN RURAL ECONOMIC AND  
 WORKFORCE DEVELOPMENT PROGRAMS.

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

**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	33	230
2 Aggregate value of contributions to (during year)	587,635.	2,028,782.
3 Aggregate value of grants from (during year)	406,387.	6,213,905.
4 Aggregate value at end of year	3,871,977.	85,775,069.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	67,222,638.	54,745,386.	55,881,915.	55,251,515.	51,425,215.
b Contributions	1,102,840.	1,156,537.	598,604.	752,309.	2,952,055.
c Net investment earnings, gains, and losses	-8,906,232.	13,944,769.	920,282.	2,392,509.	3,160,317.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,751,849.	2,624,054.	2,655,415.	2,514,418.	2,286,072.
f Administrative expenses					
g End of year balance	56,667,397.	67,222,638.	54,745,386.	55,881,915.	55,251,515.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  27.9100 %
  - b Permanent endowment  68.0100 %
  - c Term endowment  4.0800 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                                 | No                                  |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations  |                                     | <input checked="" type="checkbox"/> |
| (ii) Related organizations   |                                     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input checked="" type="checkbox"/> |                                     |

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		1,716,299.	661,208.	1,055,091.
c Leasehold improvements		224,841.	209,384.	15,457.
d Equipment		1,384,597.	926,389.	458,208.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  2,543,756.

**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	2,124,500.	COST
(C) FARMLAND WITH LIFE ESTATE	5,884,585.	COST
(D) CHARITABLE REMAINDER		
(E) UNITRUST	193,250.	COST
(F) INVESTMENTS HELD IN TRUST	1,729,491.	COST
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>9,931,826.</b>	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	31,016.
(3) LEASE LIABILITY	46,431.
(4) LIFE ESTATE LIABILITY	3,298,705.
(5) OBLIGATIONS OF SPLIT-INTEREST	
(6) AGREEMENTS	193,250.
(7) INVESTMENT TRUST LIABILITY	406,245.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>3,975,647.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,727,993.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-16,412,609.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	69,518.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-16,343,091.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	19,071,084.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	327,195.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	256,768.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	583,963.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	19,655,047.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	10,224,415.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,224,415.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	327,195.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	732,424.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,059,619.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	11,284,034.

**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 AT JUNE 30, 2022 AND 2021 CONSIST OF 21 FUNDS FOR BOTH THE YEARS THEN ENDED, IN WHICH THE BENEFICIARIES WERE DESIGNATED BY THE DONOR AT THE TIME THE FUNDS WERE ESTABLISHED. THEREFORE, THE FOUNDATION IS OBLIGATED TO SPECIFIC BENEFICIARIES WITH REGARDS TO 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 OPERATIONAL EXPENSES. OTHER DESIGNATED ENDOWED FUNDS ARE DIRECTED TO GRANTS AND EXPENSES RELATED TO THE DONOR'S ORIGINAL



**Part XIII** Supplemental Information (continued)

INTENT.

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 NONPRIVATE FOUNDATION AND CONTRIBUTIONS TO THE ORGANIZATION QUALIFY AS A CHARITABLE TAX DEDUCTION BY THE CONTRIBUTOR. SWIF REAL ESTATE HOLDINGS LLC IS A 100% OWNED LLC AND IS CONSIDERED A DISREGARDED ENTITY 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	69,518.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUES	256,768.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

**Part XIII** Supplemental Information *(continued)*

AGENCY FUND EXPENSES 90,242.

PROVISION FOR LOAN LOSSES 642,182.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 732,424.

Multiple horizontal lines for supplemental information.

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **SOUTHWEST INITIATIVE FOUNDATION** Employer identification number **41-155592**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1 JOURNEY FIT LLC 118 N 3RD ST STE 1 MARSHALL, MN 56258	84-2981185		10,000.	0.			MAIN STREET COVID RELIEF GRANT
75 DINER LLC 920 S KNISS AVE LIVERNE, MN 56156	82-4709238		15,000.	0.			MAIN STREET COVID RELIEF GRANT
ADULT CLIENT TRAINING SERVICE, INC. - 802 E FAIRVIEW AVE - OLIVIA, MN 56277	41-0912097	501C3	15,000.	0.			MAIN STREET COVID RELIEF GRANT
ADVANCE OPPORTUNITIES 1401 PETERSON ST MARSHALL, MN 56258	41-0875253		15,000.	0.			MAIN STREET COVID RELIEF GRANT
AGAPE COUNSELING CENTER, LLC 305 9TH ST WINDOM, MN 56101	27-1673817		10,000.	0.			MAIN STREET COVID RELIEF GRANT
AGRI-SYSTEMS/SYSTEMS WEST, INC. 24054 MN HWY 22 LITCHFIELD, MN 55355	41-0911830		15,000.	0.			MAIN STREET COVID RELIEF GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **50.**

3 Enter total number of other organizations listed in the line 1 table **288.**

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

Schedule I (Form 990) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIN-U-SHAMS, INC. 313 LITCHFIELD AVE SW # 101 WILLMAR, MN 56201	27-1590287		10,000.	0.			MAIN STREET COVID RELIEF GRANT
AL DYRDAHL CONSTRUCTION, LLC 630 1ST ST HAZEL RUN, MN 56241	27-1879654		10,000.	0.			MAIN STREET COVID RELIEF GRANT
AMERICAN LEGION POST #167 220 19TH AVE SW WILLMAR, MN 56201	41-0156274	501C19	15,000.	0.			MAIN STREET COVID RELIEF GRANT
AMERICAN LEGION POST 545 PO BOX 296 SPICER, MN 56288	41-0857265	501C19	15,000.	0.			MAIN STREET COVID RELIEF GRANT
APPLETON DENTAL CARE, P.A. 32 S BEHL ST APPLETON, MN 56208	81-1075228		15,000.	0.			MAIN STREET COVID RELIEF GRANT
ARTS & MENTORING PROJECT 415 2ND ST E JASPER, MN 56144	81-5340414	501C3	10,000.	0.			MISSION SUPPORT
AUGUSTANA UNIVERSITY 2001 S SUMMIT AVE SIOUX FALLS, SD 57197	46-0224588	501C3	9,280.	0.			ORGANIZATIONAL SUPPORT
AUM WOOD PRODUCTS, INC. 8656 47TH ST NE SPICER, MN 56288	27-2538705		10,000.	0.			MAIN STREET COVID RELIEF GRANT
AUTO BARN INCORPORATED 1406 HIGHWAY 12 E WILLMAR, MN 56201	47-3666314		10,000.	0.			MAIN STREET COVID RELIEF GRANT

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AVERA GRANITE FALLS 345 10TH AVE GRANITE FALLS, MN 56241	84-3156881	501C3	6,500.	0.			GRANITE FALLS AMBULANCE VAPOTHERM
B&E VENTURES, LLC 312 4TH AVE SE PLATO, MN 55370	37-1500568		10,000.	0.			MAIN STREET COVID RELIEF GRANT
B3 RECRUITING L.L.C. 19572 SIOUX HILLS RD HUTCHINSON, MN 55350	84-3716263		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BACK TO NATURE WELLNESS CENTER, INC - 329 E HIGHWAY 12 STE 103 - LITCHFIELD, MN 55355	46-3371341		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BACKES TECHNOLOGY SERVICES, INC. 3113 3RD AVE SW WILLMAR, MN 56201	41-1844046		15,000.	0.			MAIN STREET COVID RELIEF GRANT
BACKYARD GARDEN CREATIONS LLC PO BOX 97 WATKINS, MN 55389	26-2349800		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BAKER ELECTRIC SERVICES, CORP 2608 FAIRWAY DR NE WILLMAR, MN 56201	87-0689903		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BARGAINS & BLESSINGS 601 INDUSTRIAL DR SW WILLMAR, MN 56201	81-0695030	501C3	15,000.	0.			MAIN STREET COVID RELIEF GRANT
BELLINGHAM AMERICAN LEGION POST 441 - 2ND STREET 4TH AVENUE - BELLINGHAM, MN 56212	41-0840069	501C19	10,000.	0.			MAIN STREET COVID RELIEF GRANT

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

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BELOW ZERO FROZEN YOGURT, LLC 45 WASHINGTON AVE E HUTCHINSON, MN 55350	47-1741229		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BETHANY RYLAARSDAM 735 70TH AVE CHANDLER, MN 56122	81-0807455		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BETHEL LUTHERAN CHURCH ELCA 411 BECKER AVE SW WILLMAR, MN 56201	41-0721716	501C3	31,000.	0.			MISSION SUPPORT
BETHESDA FOUNDATION OF WILLMAR 901 WILLMAR AVE SE WILLMAR, MN 56201	41-1457903	501C3	8,000.	0.			MISSION SUPPORT
BLACK CHERRY SMOKEHOUSE LLC 611 S 8TH ST OLIVIA, MN 56277	85-0677270		15,000.	0.			MAIN STREET COVID RELIEF GRANT
BLOCH SERVICES, LLC 3060 60TH AVE NW MONTEVIDEO, MN 56265	47-3914207		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BLUE AND GOLD EDUCATIONAL FOUNDATION - DIST. 891 - 108 SAINT OLAF AVE N - CANBY, MN 56220	41-1522315	501C3	46,224.	0.			FISCAL YEAR 2022 DISBURSEMENT; CANBY HIGH SCHOOL SCHOLARSHIP AWARDS
BMB COMPANIES INC 345 N MAIN ST RENVILLE, MN 56284	86-1872215		15,000.	0.			MAIN STREET COVID RELIEF GRANT
BODYTOGS, LLC 886 6TH ST DAWSON, MN 56232	81-4801561		10,000.	0.			MAIN STREET COVID RELIEF GRANT

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BONANZA EDUCATION CENTER PO BOX 234 ORTONVILLE, MN 56278	81-0587239	EDUCATION	10,000.	0.			MAIN STREET COVID RELIEF GRANT
BRENDA JACOBSEN 2000 9TH ST SW WILLMAR, MN 56201	41-1887417		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BRIAN BAUNE 151 STATE HIGHWAY 68 WABASSO, MN 56293	46-1512689		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BRIDGE STREET CUISINE, INC. 1201 E BRIDGE ST REDWOOD FALLS, MN 56283	46-1754380		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BRITTANY LOOSBROCK 403 N OAKLEY ST LIVERNE, MN 56156	86-1360509		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BRYAN'S SERVICE L. L. C. 250 MAIN AVE W WINSTED, MN 55395	46-5110917		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BUD'S BUS SERVICE, INCORPORATED 620 STOWER DR WORTHINGTON, MN 56187	41-1541690		15,000.	0.			MAIN STREET COVID RELIEF GRANT
BUFFALO RIDGE WATER, INC. 107 11TH ST E CANBY, MN 56220	26-2459691		10,000.	0.			MAIN STREET COVID RELIEF GRANT
BUSINESS, ARTS & RECREATION CENTER, INC. - PO BOX 123 - WINDOM, MN 56101	41-2022824	501C3	10,000.	0.			MAIN STREET COVID RELIEF GRANT

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CANBY DEPUTY REGISTRAR, INC. 107 SAINT OLAF AVE N CANBY, MN 56220	41-1789073		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CARL WUOLLET PAINTING LLC 74316 275TH ST DASSEL, MN 55325	82-5219563		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CAROLINA CHAVEZ 133 MAIN ST S STE 3 HUTCHINSON, MN 55350	82-2742186		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CARRIS HEALTH FOUNDATION 301 BECKER AVE SW WILLMAR, MN 56201	41-1611555		8,000.	0.			MISSION SUPPORT
CARS ON PATROL SHOP LLC 490 HIGHWAY 7 E HUTCHINSON, MN 55350	26-4727576		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CASEY A JOHNSON PO BOX 159 STORDEN, MN 56174	45-3803769		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CCL LOGISTICS, LLC 3567 290TH AVE COTTONWOOD, MN 56229	45-4693879		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CENTRAL POINTE, INC. 27788 STATE HIGHWAY 19 REDWOOD FALLS, MN 56283	27-0688929		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CHACEY L MOIST 4477 21ST ST NW WILLMAR, MN 56201	80-0761894		10,000.	0.			MAIN STREET COVID RELIEF GRANT

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CHAD R JOHANNECK 2724 9TH ST E GLENCOE, MN 55336	20-0729001		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CHIPPEWA ENTERPRISES, INC. 808 ASHMORE AVE MONTEVIDEO, MN 56265	41-0991801	501C3	15,000.	0.			MAIN STREET COVID RELIEF GRANT
CHRISTINA J MESNER 593 PROSPECT AVE WINDOM, MN 56101	81-2394300		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CHURCH OF ST. ANTHONY PO BOX 158 LISMORE, MN 56155	41-0695517	RELIGIOUS	12,000.	0.			WATER BASEMENT PROJECT
CITY HALL BAR & GRILL, LLC 112 E 1ST ST MINNEOTA, MN 56264	81-4288938		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CITY OF CLARA CITY PO BOX 560 CLARA CITY, MN 56222	41-6005049	GOVERNMENT	17,000.	0.			CHRISTMAS LIGHTING; POLICE EQUIPMENT
CITY OF HENDRICKS PO BOX 86 HENDRICKS, MN 56136	41-6005227	GOVERNMENT	10,000.	0.			HFD PUMPER TRUCK
CITY OF IVANHOE PO BOX 54 IVANHOE, MN 56142	41-6005261	GOVERNMENT	14,000.	0.			SCBA AIR PACK PROJECT
CITY OF MADISON 404 6TH AVE MADISON, MN 56256	41-6005335	GOVERNMENT	6,200.	0.			BIOME ART PROJECT

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CITY OF MARSHALL 344 W MAIN ST MARSHALL, MN 56258	41-6005351	GOVERNMENT	22,600.	0.			PATHFINDERS: AFTER SCHOOL PROGRAM ENRICHMENT; MARSHALL HOUSING STUDY
CITY OF TYLER PO BOX C TYLER, MN 56178	41-6005587	GOVERNMENT	44,750.	0.			NEW TRACTOR; STORYWALK EXPERIENCE
CITY OF WINDOM PO BOX 38 WINDOM, MN 56101	41-6005647	GOVERNMENT	65,000.	0.			LOEHMAN PARK VETERANS MEMORIAL; SHELTER HOUSE BUILDING PROJECT
CLARKFIELD ENTERPRISES, INC. PO BOX 457 CLARKFIELD, MN 56223	41-1460806		15,000.	0.			MAIN STREET COVID RELIEF GRANT
CLAY COYOTE ARTS INC. PO BOX 363 HUTCHINSON, MN 55350	81-2734162		10,000.	0.			MAIN STREET COVID RELIEF GRANT
COFFEE & MORE LLC 202 PROGRESS WAY, BOX 203 SPICER, MN 56288	82-1430202		10,000.	0.			MAIN STREET COVID RELIEF GRANT
COMMERCIAL GROUNDSKEEPING INC 23929 READ AVE WORTHINGTON, MN 56187	81-4666558		10,000.	0.			MAIN STREET COVID RELIEF GRANT
COMPASS OCCASIONS, LLC 1287 DENVER AVE SE HUTCHINSON, MN 55350	47-2650479		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CONSCIOUS CLEANING LLC PO BOX 405 WILLMAR, MN 56201	46-2606899		10,000.	0.			MAIN STREET COVID RELIEF GRANT

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CORNERSTONE OF WILLMAR, INC. 1020 HIGHWAY 71 NE STE 102 WILLMAR, MN 56201	41-1862795		10,000.	0.			MAIN STREET COVID RELIEF GRANT
COTTONWOOD ECONOMIC DEVELOPMENT AUTHORITY - 78 W MAIN ST - COTTONWOOD, MN 56229	41-6005075	GOVERNMENT	6,000.	0.			COTTONWOOD CHILD CARE CENTER
CRCN, INC. 203 GARFIELD ST S LAKE BENTON, MN 56149	27-1074473		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CREATIVE HEALING SPACE INC 709 10TH ST WORTHINGTON, MN 56187	84-4123924	501C3	6,000.	0.			YOUTH HEALING ARTS
CREATIVE INSPIRATIONS LLC 957 FRONTAGE RD E LITCHFIELD, MN 55355	82-3960971		10,000.	0.			MAIN STREET COVID RELIEF GRANT
CROW RIVER PLAYERS, INC. PO BOX 536 NEW LONDON, MN 56273	41-1927142	501C3	10,000.	0.			MAIN STREET COVID RELIEF GRANT
CROW RIVER SHARPENING LLC 18932 CSAH 9 DARWIN, MN 55324	83-0955436		10,000.	0.			MAIN STREET COVID RELIEF GRANT
D & J SCHWARTZ ENTERPRISES, LLC 74911 240TH ST DASSEL, MN 55325	82-2753146		10,000.	0.			MAIN STREET COVID RELIEF GRANT
D.J. FOODS OF MINNESOTA, INC. 206 3RD ST JACKSON, MN 56143	41-1710723		15,000.	0.			MAIN STREET COVID RELIEF GRANT

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DANIEL G. CONWAY 1911 25TH ST SLAYTON, MN 56172	41-1694479		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DANIEL HORKEY 31398 900TH ST HERON LAKE, MN 56137	27-4411516		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DANIEL L. TOLLEFSON 108 MINNESOTA AVE SW WILLMAR, MN 56201	41-1992396		15,000.	0.			MAIN STREET COVID RELIEF GRANT
DATIMI, LIMITED 530 W CHRISTENSON AVE # BOX142 APPLETON, MN 56208	41-1829279		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DAWSON HISTORICAL PROPERTIES PO BOX 35 DAWSON, MN 56232	82-2367715	501C3	19,718.	0.			DAWSON BANK MUSEUM
DEEM, INC. PO BOX 133 WABASSO, MN 56293	20-3636534		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DEKEN TECHNOLOGIES, LLC 6480 LONG LAKE RD WILLMAR, MN 56201	82-4739320		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DENNIS L. HOUG 221 S. RAILROAD AVE JASPER, MN 56144	41-1318212		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DIAMANTE NIGHT CLUB INCORPORATED 750 COUNTY ROAD 9 SE WILLMAR, MN 56201	81-2421891		10,000.	0.			MAIN STREET COVID RELIEF GRANT

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DIRKS FINANCIAL SERVICES CORP. 821 E LINCOLN AVE OLIVIA, MN 56277	41-1533313		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DM DEPOT LLC 343 2ND AVE E FRANKLIN, MN 55333	82-3341616		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DOREEN OSLAND 521 MAIN ST WALNUT GROVE, MN 56180	81-2735709		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DOWNTOWN DINER LLC PO BOX 315 CLINTON, MN 56225	82-5236694		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DROP-N-GO, INC. 124 4TH AVE NE HUTCHINSON, MN 55350	75-3010109		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DUAL TOOL LLC 57115 880TH AVE STEWART, MN 55385	83-0828923		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DUCTCAP PRODUCTS, INC. 2763 FAIRWAY DR NE WILLMAR, MN 56201	13-4242133		10,000.	0.			MAIN STREET COVID RELIEF GRANT
DWIGHT E. LORENSEN 606 N SIBLEY AVE LITCHFIELD, MN 55355	41-1594522		10,000.	0.			MAIN STREET COVID RELIEF GRANT
EASTERN CARVER COUNTY SCHOOLS - DISTRICT #112 - 11 PEAVEY RD - CHASKA, MN 55318	41-6000464	EDUCATION	10,000.	0.			CHANHASSEN ELEMENTARY SCHOOL GARDEN SPACE REFRESH

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EBERSPACHER ENTERPRISES, INC. 2904 COUNTY ROAD 6 MARSHALL, MN 56258	45-0501208		10,000.	0.			MAIN STREET COVID RELIEF GRANT
ED OLSON AGENCY, INC. 241 N SIBLEY AVE LITCHFIELD, MN 55355	41-0955349		10,000.	0.			MAIN STREET COVID RELIEF GRANT
EDEN VALLEY PROPERTIES, MN, LLC PO BOX 26 EDEN VALLEY, MN 55329	26-0053307		15,000.	0.			MAIN STREET COVID RELIEF GRANT
EKA HOSPITALITY INC. 1212 N BUSINESS HIGHWAY 71 WILLMAR, MN 56201	76-0725054		10,000.	0.			MAIN STREET COVID RELIEF GRANT
EMBRACE, LLC 7143 196TH AVE NE NEW LONDON, MN 56273	47-5288125		10,000.	0.			MAIN STREET COVID RELIEF GRANT
ENGAN ASSOCIATES, P.A. 311 4TH ST SW WILLMAR, MN 56201	41-1737350		15,000.	0.			MAIN STREET COVID RELIEF GRANT
FAMILY SURGERY CENTER, L.L.C. 1801 19TH AVE SW WILLMAR, MN 56201	20-2053325		15,000.	0.			MAIN STREET COVID RELIEF GRANT
FARM GIRL FRESH LLC 63175 250TH ST LITCHFIELD, MN 55355	47-1010085		10,000.	0.			MAIN STREET COVID RELIEF GRANT
FATTY DADDY AUTO INC 401 BENSON AVE SE WILLMAR, MN 56201	47-2148163		15,000.	0.			MAIN STREET COVID RELIEF GRANT

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FAYE BREMER 626 S KNISS AVE STE 103 LIVERNE, MN 56156	47-2784057		10,000.	0.			MAIN STREET COVID RELIEF GRANT
FINSTAD WEEK POST 1639 1108 HIGHWAY 12 E WILLMAR, MN 56201	41-0641376	501C19	10,000.	0.			MAIN STREET COVID RELIEF GRANT
FOUNDATION FOR ESSENTIAL NEEDS 701 3RD ST N STE 203 MINNEAPOLIS, MN 55401	27-4342240	501C3	10,000.	0.			FOOD SHELF ENGAGEMENT
FOUNDATION FOR INNOVATION IN EDUCATION - 1420 E COLLEGE DR - MARSHALL, MN 56258	82-4640555	501C3	20,000.	0.			LYON & MURRAY COUNTY CEO+ PROGRAM; WEST CENTRAL MINNESOTA CEO PROGRAM
FOX RIVER GRAPHICS LLC 1200 OAKWOOD LN NW HUTCHINSON, MN 55350	80-0681224		10,000.	0.			MAIN STREET COVID RELIEF GRANT
FOXHOLE BREWHOUSE INCORPORATED PO BOX 1406 WILLMAR, MN 56201	30-0819298		10,000.	0.			MAIN STREET COVID RELIEF GRANT
FREETLY ELECTRIC, INC. 303 N 3RD ST KERKHOVEN, MN 56252	41-0859059		15,000.	0.			MAIN STREET COVID RELIEF GRANT
FRIENDS OF THE ORCHESTRA LTD. 803 CHERYL AVE MARSHALL, MN 56258	41-1799541	501C3	5,604.	0.			FISCAL YEAR 2022 DISBURSEMENT
FRUTISSIMO LLC 1304 OXFORD ST WORTHINGTON, MN 56187	84-4726751		10,000.	0.			MAIN STREET COVID RELIEF GRANT

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G & R ELECTRIC, INC. 168 4TH ST TRACY, MN 56175	41-1867507		10,000.	0.			MAIN STREET COVID RELIEF GRANT
G3 QUAD FREESTYLE INC 736 MAIN ST WABASSO, MN 56293	27-2939571		10,000.	0.			MAIN STREET COVID RELIEF GRANT
GAUER CHIROPRACTIC CLINIC, P.A. 1706 10TH ST E GLENCOE, MN 55336	41-1895982		10,000.	0.			MAIN STREET COVID RELIEF GRANT
GIRL SCOUTS OF MINNESOTA & WISCONSIN RIVER VALLEYS - 400 ROBERT ST S - SAINT PAUL, MN 55107	41-0693910	501C3	10,000.	0.			GIRL SCOUTS CONNECTZ IN WORTHINGTON
GLACIAL LAKES DENTAL PLLC 509 16TH AVE SW WILLMAR, MN 56201	46-1524199		10,000.	0.			MAIN STREET COVID RELIEF GRANT
GLENCOE CO-OP ASSN. 330 10TH ST E GLENCOE, MN 55336	41-1952554		15,000.	0.			MAIN STREET COVID RELIEF GRANT
GOEBEL FIXTURE CO. 528 DALE ST SW HUTCHINSON, MN 55350	41-0908456		25,000.	0.			MAIN STREET COVID RELIEF GRANT
GREATER MILAN INITIATIVE PO BOX 128 MILAN, MN 56262	26-0774267	501C3	10,000.	0.			MILAN KIDS CLUB
GREGORY D BREYFOGLE 600 EUCLID AVE MILROY, MN 56263	83-0512800		10,000.	0.			MAIN STREET COVID RELIEF GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROUNDED GARDENS LLC 317 MAIN ST W SILVER LAKE, MN 55381	83-1993705		10,000.	0.			MAIN STREET COVID RELIEF GRANT
HASSAN A. MOHAMUD 313 LITCHFIELD AVE SW STE 207 WILLMAR, MN 56201	85-3396781		10,000.	0.			MAIN STREET COVID RELIEF GRANT
HECTOR HISTORICAL CENTER PO BOX 482 HECTOR, MN 55342	80-0260562	501C3	10,000.	0.			MAIN STREET COVID RELIEF GRANT
HECTOR TILE COMPANY, INC. 721 MAIN ST S HECTOR, MN 55342	41-1802533		10,000.	0.			MAIN STREET COVID RELIEF GRANT
HENDRICKS COMMUNITY FOUNDATION PO BOX 86 HENDRICKS, MN 56136	33-1067345	501C3	10,000.	0.			MULTIPURPOSE COURT
HENNEN CHIROPRACTIC, P.L.L.C. 317 W MAIN ST MARSHALL, MN 56258	47-4113845		10,000.	0.			MAIN STREET COVID RELIEF GRANT
HERITAGE EVENT CENTER L. L. C. 3621 COUNTY HIGHWAY 8 TAUNTON, MN 56291	46-3978363		10,000.	0.			MAIN STREET COVID RELIEF GRANT
HICKORY LODGE BAR & GRILL LLC 2015 N HUMISTON AVE WORTHINGTON, MN 56187	27-2544431		15,000.	0.			MAIN STREET COVID RELIEF GRANT
HOFF, LTD. 163 8TH AVE GRANITE FALLS, MN 56241	41-1993272		10,000.	0.			MAIN STREET COVID RELIEF GRANT

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

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HUBBARD UNITED METHODIST CHURCH 12150 BROADWAY RD PARK RAPIDS, MN 56470	41-1364126	RELIGIOUS	10,000.	0.			UKRAINIAN REFUGEES
HUBIN PUBLISHING COMPANY, INC. PO BOX 278 HECTOR, MN 55342	41-1310716		10,000.	0.			MAIN STREET COVID RELIEF GRANT
HUSTON-VADNAIS, LLC PO BOX 201 BENSON, MN 56215	20-0286155		10,000.	0.			MAIN STREET COVID RELIEF GRANT
HUTCHINSON CENTER FOR THE ARTS PO BOX 667 HUTCHINSON, MN 55350	26-2263988	501C3	10,000.	0.			MAIN STREET COVID RELIEF GRANT
HUTCHINSON SWIM CLUB, INC. 990 GOEBEL CIR SW HUTCHINSON, MN 55350	41-1844341	501C3	10,000.	0.			MAIN STREET COVID RELIEF GRANT
INNOVATIVE FOAM INC 1164 BENJAMIN AVE UNIT 5 HUTCHINSON, MN 55350	82-3664204		10,000.	0.			MAIN STREET COVID RELIEF GRANT
INTELLI-CORE LLC 24094 MN 22 LITCHFIELD, MN 55355	81-2171321		15,000.	0.			MAIN STREET COVID RELIEF GRANT
ISD #2159 - BUFFALO LAKE-HECTOR-STEWART - PO BOX 307 - HECTOR, MN 55342	41-1751593	EDUCATION	23,556.	0.			LITTLE STANGS LEARNING CENTER WORKFORCE; SPRING 2022 TEACHER'S GRANTS
ISD #2180 - MACCRAY PO BOX 690 CLARA CITY, MN 56222	41-1783004	EDUCATION	12,865.	0.			TEACHER REQUESTS

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ISD #2184 - LUVERNE PUBLIC SCHOOLS 709 N KNISS AVE LUVERNE, MN 56156	41-6008465	EDUCATION	30,000.	0.			LUVERNE CHILD GUIDE PROGRAM; MICRO RECYCLING TECHNOLOGY
ISD #2689 - PIPESTONE SCHOOLS 1401 7TH ST SW PIPESTONE, MN 56164	41-1801895	EDUCATION	8,000.	0.			CHOIR ROBES
ISD #2890 - RENVILLE COUNTY WEST SCHOOLS - PO BOX 338 - RENVILLE, MN 56284	41-1813675	EDUCATION	45,243.	0.			RESTORE THE ROAR
ISD #2895 - JACKSON COUNTY CENTRAL PO BOX 119 JACKSON, MN 56143	41-1872029	EDUCATION	33,492.	0.			KIDS CLUB ADDITION AND REMODEL; GRANTS FOR TEACHERS; JACKSON COUNTY CENTRAL SCHOLARSHIPS
ISD #2902 - RUSSELL TYLER RUTHTON PUBLIC SCHOOLS - PO BOX 659 - TYLER, MN 56178	20-4928015	EDUCATION	115,042.	0.			RTR GREENHOUSE; GRAND PIANO; WEIGHT ROOM & ART CENTER; CHEERLEADING AND VOLLEYBALL PROGRAM; DONOR
ISD #2903 - ORTONVILLE PUBLIC SCHOOL - 200 TROJAN DR - ORTONVILLE, MN 56278	41-6000273	EDUCATION	9,000.	0.			ELECTRONIC SIGN
ISD #347 - WILLMAR 611 5TH ST SW WILLMAR, MN 56201	41-6001746	EDUCATION	25,000.	0.			CHILD GUIDE PROGRAM
ISD #378 - DAWSON-BOYD 848 CHESTNUT ST DAWSON, MN 56232	41-6001874	EDUCATION	10,000.	0.			NEW SCOREBOARDS; SHOOTING PAVILION
ISD #403 - IVANHOE PUBLIC SCHOOL PO BOX 9 IVANHOE, MN 56142	41-6001990	EDUCATION	14,000.	0.			OUTDOOR COMMUNITY BASKETBALL COURT

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ISD #423 - HUTCHINSON 30 GLEN ST NW HUTCHINSON, MN 55350	41-6002222	EDUCATION	13,187.	0.			2021 SCHOOL SUPPORT GRANTS; MANUFACTURING AND HEALTHCARE SUMMER EXPLORATORY CAMPS
ISD #465 - LITCHFIELD SCHOOL 114 N HOLCOMBE AVE STE 110 LITCHFIELD, MN 55355	41-6002290	EDUCATION	6,558.	0.			2022 TEACHER PROJECTS
ISD #777 - BENSON PUBLIC SCHOOLS 1400 MONTANA AVE BENSON, MN 56215	41-6004181	EDUCATION	25,000.	0.			PERFORMING ARTS CENTER CONCERT SERIES; NORTHSIDE RECREATION BASEBALL FIELD
J & N SCHLAGEL ENTERPRISES II, LTD. - 320 3RD ST S - WINSTED, MN 55395	20-1947305		15,000.	0.			MAIN STREET COVID RELIEF GRANT
J&J BUILDERS CONSTRUCTION INC. 1409 14TH AVE NE WILLMAR, MN 56201	84-1935112		10,000.	0.			MAIN STREET COVID RELIEF GRANT
JACKIE M TIESLER 228 N ST PAUL AVE FULDA, MN 56131	20-3879334		10,000.	0.			MAIN STREET COVID RELIEF GRANT
JACKSON COUNTY PO BOX 226 JACKSON, MN 56143	41-0714417	GOVERNMENT	15,000.	0.			PROGRAMS, MATERIALS, AND PROJECTS (SECOND AWARD), PROGRAMS, MATERIALS, PROJECTS (FIRST AWARD)
JAMES B LEHMANN 784 6TH ST DAWSON, MN 56232	41-1609125		10,000.	0.			MAIN STREET COVID RELIEF GRANT
JAMES V BUSSE 225 220TH AVE NW APPLETON, MN 56208	41-1683246		10,000.	0.			MAIN STREET COVID RELIEF GRANT

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JANEL TOL 212 8TH ST W CANBY, MN 56220	27-4678152		10,000.	0.			MAIN STREET COVID RELIEF GRANT
JANETTE L PLUMMER 1605 1ST ST S STE A15 WILLMAR, MN 56201	80-0174145		10,000.	0.			MAIN STREET COVID RELIEF GRANT
JBM LLC 205 1ST ST W CANBY, MN 56220	32-0443797		15,000.	0.			MAIN STREET COVID RELIEF GRANT
JCDP ENTERPRISES, LLC 2843 HIGHWAY 212 DAWSON, MN 56232	81-1505647		10,000.	0.			MAIN STREET COVID RELIEF GRANT
JEANNE SCHEALLER 27 MAIN ST N HUTCHINSON, MN 55350	42-1750628		10,000.	0.			MAIN STREET COVID RELIEF GRANT
JED-AIRE AVIATION, L.L.C. 340 20TH ST NW BENSON, MN 56215	20-4477306		10,000.	0.			MAIN STREET COVID RELIEF GRANT
JEFFREY B. ANDERSON, O.D., PLLC PO BOX 188 MONTEVIDEO, MN 56265	45-4068977		10,000.	0.			MAIN STREET COVID RELIEF GRANT
JESSICA MARLOW 102 W FLYNN ST REDWOOD FALLS, MN 56283	84-3869668		10,000.	0.			MAIN STREET COVID RELIEF GRANT
JOSEPH FITZGERALD 14564 110TH ST GLENCOE, MN 55336	46-0963097		10,000.	0.			MAIN STREET COVID RELIEF GRANT

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JP TRANSPORT, INC. 1791 50TH AVE NE WILLMAR, MN 56201	83-2372372		10,000.	0.			MAIN STREET COVID RELIEF GRANT
JRRYOGA LLC 34 MAIN ST S HUTCHINSON, MN 55350	83-2624659		10,000.	0.			MAIN STREET COVID RELIEF GRANT
KADYL LOGISTICS, INC. 916 E SAINT PAUL ST LITCHFIELD, MN 55355	27-0539096		10,000.	0.			MAIN STREET COVID RELIEF GRANT
KANDIYOHI CARRIER LLC 604 29TH ST NW WILLMAR, MN 56201	85-3136429		10,000.	0.			MAIN STREET COVID RELIEF GRANT
KANDIYOHI COUNTY FOOD SHELF 624 PACIFIC AVE SW WILLMAR, MN 56201	41-1432367	501C3	8,000.	0.			MISSION SUPPORT
KATS HOG HEAVEN, LLC 114 2ND AVE JACKSON, MN 56143	81-4520802		10,000.	0.			MAIN STREET COVID RELIEF GRANT
KAUFENBERG ENTERPRISES, LLC 743 MAIN ST WABASSO, MN 56293	84-3194609		10,000.	0.			MAIN STREET COVID RELIEF GRANT
KAYCEE SINA 692 160TH AVE LUVERNE, MN 56156	47-3073517		10,000.	0.			MAIN STREET COVID RELIEF GRANT
KLEIN FOODS, INC. PO BOX 656 MARSHALL, MN 56258	41-1512545		15,000.	0.			MAIN STREET COVID RELIEF GRANT

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KRAUSE LLC 22 JUNIPER ST N LESTER PRAIRIE, MN 55354	81-4550459		10,000.	0.			MAIN STREET COVID RELIEF GRANT
KRAVE WELLNESS STUDIO LLC 1867 HIGHWAY 75 CANBY, MN 56220	84-1756528		10,000.	0.			MAIN STREET COVID RELIEF GRANT
KRISTINE M SAND 140 8TH AVE STE 4 GRANITE FALLS, MN 56241	47-5721703		10,000.	0.			MAIN STREET COVID RELIEF GRANT
KRUPKE CHIROPRACTIC, PLLC PO BOX 99 NEW LONDON, MN 56273	81-3307111		10,000.	0.			MAIN STREET COVID RELIEF GRANT
L. TED ANDERSON, D.D.S., P.A. 620 BECKER AVE SW WILLMAR, MN 56201	41-1443566		10,000.	0.			MAIN STREET COVID RELIEF GRANT
LASER DYNAMICS INC. 1164 BENJAMIN AVE HUTCHINSON, MN 55350	41-1989362		10,000.	0.			MAIN STREET COVID RELIEF GRANT
LEAGUE OF CHAMPS, LLC 12973 134TH AVE NE SPICER, MN 56288	81-2827442		15,000.	0.			MAIN STREET COVID RELIEF GRANT
LEAH K WATZKE 246 MAIN ST S STE 4 HUTCHINSON, MN 55350	20-3634253		10,000.	0.			MAIN STREET COVID RELIEF GRANT
LEE-MAR RANCH & EQUINE CENTER, INC. - PO BOX 151 - GRANITE FALLS, MN 56241	27-0601424	501C3	5,319.	0.			INDOOR ARENA HEATERS

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LIGHTFOOT OUTDOORS, LLC 14384 300TH ST. VESTA, MN 56292	23-2480736		10,000.	0.			MAIN STREET COVID RELIEF GRANT
LIVERMONT AUCTION SERVICE LLC PO BOX 204 PIPESTONE, MN 56164	27-2876539		10,000.	0.			MAIN STREET COVID RELIEF GRANT
LONE WOLF RECOVERY, LLC PO BOX 163 WINSTED, MN 55395	46-5199248		10,000.	0.			MAIN STREET COVID RELIEF GRANT
LOVERUDE CROP SERVICES, LLC 45988 STATE HIGHWAY 19 FAIRFAX, MN 55332	81-0693587		10,000.	0.			MAIN STREET COVID RELIEF GRANT
LSW SOUTHSIDE DEVELOPMENT, LLC 300 14TH ST S STE 2 BENSON, MN 56215	41-1817638		10,000.	0.			MAIN STREET COVID RELIEF GRANT
LUTHER SEMINARY PO BOX 860747 MINNEAPOLIS, MN 55486	41-1425961	501C3	8,000.	0.			MISSION SUPPORT
LUIVERNE BREW PARTNERS, LLC 509 E MAIN ST LUIVERNE, MN 56156	45-5602963		15,000.	0.			MAIN STREET COVID RELIEF GRANT
LUIVERNE PIZZA RANCH, INC. 110 E MAIN ST LUIVERNE, MN 56156	41-1744616		15,000.	0.			MAIN STREET COVID RELIEF GRANT
LUIVERNE POWER FITNESS, LLC 205 E MAIN ST LUIVERNE, MN 56156	45-2209509		10,000.	0.			MAIN STREET COVID RELIEF GRANT

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LYNETTE M LUSK 402 2ND ST JACKSON, MN 56143	81-0843960		10,000.	0.			MAIN STREET COVID RELIEF GRANT
M.G. INSURANCE AGENCY, INCORPORATED - 333 5TH ST SW - WILLMAR, MN 56201	41-1899056		10,000.	0.			MAIN STREET COVID RELIEF GRANT
MADELINE K ROBINSON 2502 BROADWAY AVE SLAYTON, MN 56172	38-3894791		10,000.	0.			MAIN STREET COVID RELIEF GRANT
MALIK HOSPITALITY LLC 1017 FRONTAGE RD E LITCHFIELD, MN 55355	81-5425999		10,000.	0.			MAIN STREET COVID RELIEF GRANT
MAND ENTERPRISES, LLC 16805 206TH CIR HUTCHINSON, MN 55350	47-1055006		15,000.	0.			MAIN STREET COVID RELIEF GRANT
MANUFACTURING NETWORK, INC. 31109 CSAH 19 KINGSTON, MN 55325	72-1611601		15,000.	0.			MAIN STREET COVID RELIEF GRANT
MARIA HAACK 37 WASHINGTON AVE E HUTCHINSON, MN 55350	47-6313757		10,000.	0.			MAIN STREET COVID RELIEF GRANT
MARSHALL DENTAL EXCELLENCE P.L.L.C. - 1106 E COLLEGE DR - MARSHALL, MN 56258	84-3834152		15,000.	0.			MAIN STREET COVID RELIEF GRANT
MCCORMICK'S FAMILY RESTAURANTS, INC. - 1102 MINNESOTA HWY 15 - HUTCHINSON, MN 55350	41-1853829		15,000.	0.			MAIN STREET COVID RELIEF GRANT

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MCGOWAN LAWN & SNOW LLC 38818 STATE HIGHWAY 19 FRANKLIN, MN 55333	81-0739004		10,000.	0.			MAIN STREET COVID RELIEF GRANT
MEDIAUSA ADVERTISING, INC. PO BOX 189 LITCHFIELD, MN 55355	41-1889066		15,000.	0.			MAIN STREET COVID RELIEF GRANT
MELISSA AKER 2075 150TH AVE SE RAYMOND, MN 56282	27-1903886		10,000.	0.			MAIN STREET COVID RELIEF GRANT
MICHAEL & BRIDGET, INC 413 MORRISON AVE JACKSON, MN 56143	20-3301213		10,000.	0.			MAIN STREET COVID RELIEF GRANT
MICHAEL D. JUENEMANN, CPA, PROFESSIONAL ASSOCIATION - PO BOX 184 - GRANITE FALLS, MN 56241	41-1877291		10,000.	0.			MAIN STREET COVID RELIEF GRANT
MINNESOTA RIVER AREA AGENCY ON AGING - 201 N BROAD ST STE 102 - MANKATO, MN 56001	26-1632413	501C3	79,100.	0.			AGE FRIENDLYCOMMUNITY BUILDING PROJECT (PHASE 5)
MINNESOTA WOMEN OF TODAY FOUNDATION - PO BOX 123 - BENSON, MN 56215	41-1439527	501C3	10,000.	0.			BENSON WOMEN OF TODAY
MOHAMED HASSAN 428 LITCHFIELD AVE SW WILLMAR, MN 56201	47-2713772		10,000.	0.			MAIN STREET COVID RELIEF GRANT
MONTEVIDEO AREA CHAMBER OF COMMERCE - 321 S 1ST ST STE 100 - MONTEVIDEO, MN 56265	41-0192910	501C6	10,000.	0.			MAIN STREET COVID RELIEF GRANT

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MUBARAK EXPRESS L. L. C. 310 12TH ST SW WILLMAR, MN 56201	47-1331534		10,000.	0.			MAIN STREET COVID RELIEF GRANT
MUCH KNEADED MASSAGE LLC 765 SCHOOL RD NW APT 108 HUTCHINSON, MN 55350	83-2803514		10,000.	0.			MAIN STREET COVID RELIEF GRANT
MURRAY COUNTY EARLY CHILDHOOD INITIATIVE - PO BOX 54 - SLAYTON, MN 56172	84-2124814	501C3	22,775.	0.			TO BENEFIT CHILDREN AGES BIRTH TO 5 IN MURRAY COUNTY.
NANCY CHRISTENSEN 8080 93RD AVE NE SPICER, MN 56288	41-1937655		10,000.	0.			MAIN STREET COVID RELIEF GRANT
NARDUCCI HAIR DESIGN LLC 21443 CSAH 14 DARWIN, MN 55324	81-2828926		10,000.	0.			MAIN STREET COVID RELIEF GRANT
NATIONSAT, INC. 222 E MAIN ST LIVERNE, MN 56156	41-1992619		15,000.	0.			MAIN STREET COVID RELIEF GRANT
NEALRESULTS LLC 2312 122ND AVE NE SPICER, MN 56288	85-3312580		10,000.	0.			MAIN STREET COVID RELIEF GRANT
NEIGHBORS UNITED RESOURCE CENTER 415 9TH AVE STE 202 GRANITE FALLS, MN 56241	41-1637586	501C3	6,000.	0.			FOOD SHELF NEEDS
NEW MINNESOTAN REALTY L.L.C. PO BOX 20 WILLMAR, MN 56201	47-1685635		80,000.	0.			CULTURAL MALL OPERATOR GRANT

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NEXT STEP BROADCASTING, INC. 1450 HIGHWAY 60 71 N WINDOM, MN 56101	85-1577327		15,000.	0.			MAIN STREET COVID RELIEF GRANT
NIMCO QUEEN LLC 400 15TH WILLMAR, MN 56201	83-4502579		10,000.	0.			MAIN STREET COVID RELIEF GRANT
NORTHERN GEO, LLC 75 W VEUM AVE APPLETON, MN 56208	46-4596192		15,000.	0.			MAIN STREET COVID RELIEF GRANT
NORTHERN INN INC. PO BOX 660 SPICER, MN 56288	26-0340312		10,000.	0.			MAIN STREET COVID RELIEF GRANT
OASIS CARE HOME L. L. C. 514 BRITZ DR LIVERNE, MN 56156	81-2513498		15,000.	0.			MAIN STREET COVID RELIEF GRANT
O'NEILS OF SPICER, LLC 152 LAKE AVE N SPICER, MN 56288	84-4155144		15,000.	0.			MAIN STREET COVID RELIEF GRANT
OPDAHL CHIROPRACTIC P.A. 551 SW 1ST ST MONTEVIDEO, MN 56265	82-2694050		10,000.	0.			MAIN STREET COVID RELIEF GRANT
ORTONVILLE LODGE 407 LOYAL ORDER OF MOOSE - 240 2ND ST NW - ORTONVILLE, MN 56278	41-0682399	501C8	10,000.	0.			MAIN STREET COVID RELIEF GRANT
OUR SAVIOR'S LUTHERAN CHURCH 800 BLUFF ST NE HUTCHINSON, MN 55350	41-0846440	501C3	10,000.	0.			CHILDCARE AREA EXPANSION

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PADEK, INC. 111 RAND ST HOLLOWAY, MN 56249	41-1984370		10,000.	0.			MAIN STREET COVID RELIEF GRANT
PETER GOETTL 712 10TH ST E GLENCOE, MN 55336	46-5382412		10,000.	0.			MAIN STREET COVID RELIEF GRANT
PFEFFER CONSTRUCTION, LLC 7235 15TH AVE SW WILLMAR, MN 56201	26-4610457		10,000.	0.			MAIN STREET COVID RELIEF GRANT
PIONEER PBS 1 PIONEER DR GRANITE FALLS, MN 56241	41-6038611	501C3	10,000.	0.			CAREGIVER: A LOVE STORY SCREENING & ENGAGEMENT EVENT
PIPESTONE INDIAN SHRINE ASSOCIATION, INCORPORATED - PO BOX 727 - PIPESTONE, MN 56164	41-6043337		10,000.	0.			MAIN STREET COVID RELIEF GRANT
PRAIRIE FIVE COMMUNITY ACTION COUNCIL - PO BOX 159 - MONTEVIDEO, MN 56265	41-0904802	501C3	49,500.	0.			CHILD CARE SPECIALIST 2021; CTC PROMOTION AND VITA FREE TAX CLINIC; GROUP CDA COURSE
PRAIRIE HOME HOSPICE AND COMMUNITY CARE - 1108 E COLLEGE DR - MARSHALL, MN 56258	41-1494079	501C3	9,910.	0.			FISCAL YEAR 2022 DISBURSEMENT
PRAIRIE SUPPORT SERVICES, LLC 620 MAIN ST WALNUT GROVE, MN 56180	47-3569642		10,000.	0.			MAIN STREET COVID RELIEF GRANT
PRAIRIE WOODS ENVIRONMENTAL LEARNING CENTER - 12718 10TH ST NE - SPICER, MN 56288	41-1366265	501C3	8,000.	0.			MISSION SUPPORT

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PRO TRANSPORTATION SERVICES, INC. 20627 US HIGHWAY 59 WORTHINGTON, MN 56187	41-1769982		10,000.	0.			MAIN STREET COVID RELIEF GRANT
R & J ENTERPRISES, LLC 507 2ND ST JACKSON, MN 56143	82-0984165		10,000.	0.			MAIN STREET COVID RELIEF GRANT
R & J FREIGHT INC 38030 CSAH 25 PAYNESVILLE, MN 56362	83-4249101		10,000.	0.			MAIN STREET COVID RELIEF GRANT
R & J TOURS, INC. PO BOX 1034 WILLMAR, MN 56201	41-1965780		15,000.	0.			MAIN STREET COVID RELIEF GRANT
REDWOOD COUNTY PO BOX 130 REDWOOD FALLS, MN 56283	41-6005879	GOVERNMENT	10,000.	0.			CHILD CARE FACILITY ANALYSIS
REVERENCE FOR LIFE AND CONCERN FOR PEOPLE INC. - PO BOX 116 - GRANITE FALLS, MN 56241	41-0969859	501C3	25,000.	0.			MAIN STREET COVID RELIEF GRANT
REYNOLDS TRANSPORT, INC. 720 CENTURY AVE SW STE 107 HUTCHINSON, MN 55350	41-1819145		10,000.	0.			MAIN STREET COVID RELIEF GRANT
RICHARD EHRENBERG 41373 600TH AVE CORRELL, MN 56227	41-1509637		10,000.	0.			MAIN STREET COVID RELIEF GRANT
RILEY BUS SERVICE, INC. 302 MAIN AVE MURDOCK, MN 56271	41-1392613		10,000.	0.			MAIN STREET COVID RELIEF GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBIN REDMAN 402 BROADWAY AVE LAKEFIELD, MN 56150	46-5515653		10,000.	0.			MAIN STREET COVID RELIEF GRANT
ROGGE EXCAVATING, INC. 3065 170TH AVE GHENT, MN 56239	26-4265411		15,000.	0.			MAIN STREET COVID RELIEF GRANT
ROOSTIN RIDGE WOODWORKS LLC 116 ATLANTIC AVE ATWATER, MN 56209	38-3922946		10,000.	0.			MAIN STREET COVID RELIEF GRANT
RUSTAD BUS SERVICE, INC. 208 NORTH 12TH ST. KERKHOVEN, MN 56252	41-1452674		10,000.	0.			MAIN STREET COVID RELIEF GRANT
RUSTIC BEAUTY INC PO BOX 142 ATWATER, MN 56209	87-1046577		10,000.	0.			MAIN STREET COVID RELIEF GRANT
RUSTIC HIDEAWAY BOUTIQUE LLC 113 N 3RD ST MARSHALL, MN 56258	46-0993547		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SAMANTHA WEE 411 FRONT ST COTTONWOOD, MN 56229	61-1949182		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SANBORN COMMUNITY DEVELOPMENT INC. 698 CENTRAL ST SANBORN, MN 56083	41-6172895		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SANDRA REBSTOCK 191 BROADWAY ST VESTA, MN 56292	47-7862325		10,000.	0.			MAIN STREET COVID RELIEF GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDY SWANSON 115 W MAIN ST PIPESTONE, MN 56164	26-1205207		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SANDY'S CAFE, LLC 1601 MINNESOTA AVE BENSON, MN 56215	84-2852906		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SANG H NGUYEN 702 11TH ST E GLENCOE, MN 55336	45-1743949		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SARA FUENTES 201 4TH ST SW STE 4 WILLMAR, MN 56201	83-3326229		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SARA J OLSON 229 LITCHFIELD AVE SW WILLMAR, MN 56201	41-1983503		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SARAH J RUNCK 301 S DEKALB ST REDWOOD FALLS, MN 56283	47-0912548		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SARAH PAWS RESORT LIMITED LIABILITY COMPANY - 1751 230TH AVE - CURRIE, MN 56123	87-1595968		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SASSY SECONDS LLC 121 E MAIN ST LUVERNE, MN 56156	84-2263875		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SCHOMMER'S CONCESSIONS & CATERING, LLC - 509 2ND ST - DAWSON, MN 56232	82-5008208		10,000.	0.			MAIN STREET COVID RELIEF GRANT

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHROEDER TRUCKING, INC. 82124 405TH ST BIRD ISLAND, MN 55310	20-0929049		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SCHRUNK PROPERTIES, A LIMITED PARTNERSHIP - PO BOX 661 - MARSHALL, MN 56258	41-1953921		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SCHULTE LINE CLEARING, INC. 4718 250TH AVE GRANITE FALLS, MN 56241	41-1798162		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SCO-TER, INC. 102 S 1ST ST MONTEVIDEO, MN 56265	75-2981593		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SCOTT JOHNSON FUR CO INC 8571 HIGHWAY 71 S WILLMAR, MN 56201	41-1409536		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SEINAB A JAMA 400 LITCHFIELD AVE SW STE 1 WILLMAR, MN 56201	26-0223847		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SEWEARABLE DESIGNS INC. 144 N MILES ST APPLETON, MN 56208	45-5175377		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SHEAR DESIGN SALON LLC 1605 1ST ST S STE A8 WILLMAR, MN 56201	83-2819003		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SHERLYN BROWNS DAYCARE PO BOX 52 RUSSELL, MN 56169	45-1471012		10,000.	0.			MAIN STREET COVID RELIEF GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHETEK LUTHERAN MINISTRIES 14 KEELEY ISLAND DR SLAYTON, MN 56172	41-0726175	501C3	15,000.	0.			MAIN STREET COVID RELIEF GRANT
SHOOTERS SPORTING CLAYS, INC. 10713 300TH ST MARSHALL, MN 56258	41-1948168		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SIMPLY BLESSED BOUTIQUE, LLC 10070 HIGHWAY 7 SW WATSON, MN 56295	83-2218689		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SKEWES JEWELRY, INC. PO BOX 588 MARSHALL, MN 56258	41-1226547		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SOTHON CORPORATION 1201 SUSAN DR MARSHALL, MN 56258	41-1719629		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SOUTHWEST MINNESOTA PRIVATE INDUSTRY COUNCIL, INC. - 607 W MAIN ST - MARSHALL, MN 56258	41-1487964	501C3	25,000.	0.			WORK AND LEARN COORDINATOR
SOUTHWEST TABLE & CHAIR RENTAL LLC 114 PARK AVE PORTER, MN 56280	82-2050477		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SPLIT ROCK BURGERS & BREWS, LLC 102 WALDO AVE S IHLEN, MN 56164	83-2626971		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SPURS CORPORATION 313 4TH ST SW # 2 WILLMAR, MN 56201	47-5649448		10,000.	0.			MAIN STREET COVID RELIEF GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANASTASIA CATHOLIC CHURCH 460 LAKE ST SW HUTCHINSON, MN 55350	41-0789375	RELIGIOUS	10,000.	0.			KIDS DEPOT DAYCARE PLAYGROUND PROJECT
ST. JAMES EPISCOPAL CHURCH 101 N 5TH ST MARSHALL, MN 56258	41-6098516	RELIGIOUS	14,063.	0.			TO ENSURE THE LONG-TERM VITALITY OF ST. JAMES EPISCOPAL CHURCH OF MARSHALL.
STEVE HEILING CONSTRUCTION LLP 31843 STATE HIGHWAY 68 REDWOOD FALLS, MN 56283	41-1690653		10,000.	0.			MAIN STREET COVID RELIEF GRANT
STEVEN G. BEALS, O.D., P.A. 209 N 1ST ST MONTEVIDEO, MN 56265	41-1721967		10,000.	0.			MAIN STREET COVID RELIEF GRANT
STREBLOW FAMILY ENTERPRISE LLC 810 PRENTICE ST GRANITE FALLS, MN 56241	84-2505491		15,000.	0.			MAIN STREET COVID RELIEF GRANT
SUNDERLAND ENGINEERING PLLC 2030 75TH ST SE MAYNARD, MN 56260	45-5085604		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SUZANNE M SMITH 3375 220TH AVE N MINNEOTA, MN 56264	27-4080350		10,000.	0.			MAIN STREET COVID RELIEF GRANT
SWEET SPOT BAKE SHOP LLC 127 1ST ST SE FAIRFAX, MN 55332	81-4258601		10,000.	0.			MAIN STREET COVID RELIEF GRANT
T & J TRUCKING OF BALATON, LLC 1825 110TH AVE BALATON, MN 56115	27-4899919		10,000.	0.			MAIN STREET COVID RELIEF GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAN U TANNING SALON LLC 1607 MCMILLAN ST WORTHINGTON, MN 56187	81-3535510		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TATTLE TALES LLC 212 W MAIN ST MARSHALL, MN 56258	81-1189368		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TAWAKAL FASHION STORE L. L. C. 330 4TH ST SW # 9 WILLMAR, MN 56201	10-0764652		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TC AUDIOLOGY LLC 600 E PARK AVE STE 2 OLIVIA, MN 56277	47-0962895		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TC'S TAVERN, INC. 1004 3RD AVE BREWSTER, MN 56119	81-1189775		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TE DEO, LLC 627 12TH ST E GLENCOE, MN 55336	27-5563297		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TEMPLE CLEANERS, INC. 628 11TH ST E GLENCOE, MN 55336	41-1843379		10,000.	0.			MAIN STREET COVID RELIEF GRANT
THE COTTAGE FARMHOUSE L.L.C. 16545 COUNTY ROAD 2 GLENCOE, MN 55336	81-1947338		10,000.	0.			MAIN STREET COVID RELIEF GRANT
THE DAILY GRIND MARSHALL, LLC 316 W MAIN ST MARSHALL, MN 56258	47-2060656		10,000.	0.			MAIN STREET COVID RELIEF GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FORTRESS 500 RUSSELL ST NW WILLMAR, MN 56201	81-1201187	501C3	10,000.	0.			MAIN STREET COVID RELIEF GRANT
THE MARSHALL GOLF CLUB, INC. PO BOX 502 MARSHALL, MN 56258	41-0395645	501C7	15,000.	0.			MAIN STREET COVID RELIEF GRANT
THE REST STOP LLC 513 2ND ST JACKSON, MN 56143	85-1419526		10,000.	0.			MAIN STREET COVID RELIEF GRANT
THE VILLAGE, INC. 1312 LAKELAND DR SE STE B WILLMAR, MN 56201	82-1588804		10,000.	0.			MAIN STREET COVID RELIEF GRANT
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF WORTHINGTON MINNESOTA - 1501 COLLEGEWAY - WORTHINGTON, MN 56187	41-6007569	501C3	22,912.	0.			MAIN STREET COVID RELIEF GRANT
THERAPEUTIC MASSAGE CENTER ON PRENTICE, LLC - PO BOX 166 - GRANITE FALLS, MN 56241	27-1604056		10,000.	0.			MAIN STREET COVID RELIEF GRANT
THREE HUNDRED MANAGEMENT LLC 568 S 1ST ST MONTEVIDEO, MN 56265	83-2993500		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TIDY TIGHTWADS L.L.C. 409 CALIFORNIA ST NW HUTCHINSON, MN 55350	45-5074074		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TOLLEFSON ENTERPRISES, INC. 117 W MAIN ST LIVERNE, MN 56156	41-1370456		15,000.	0.			MAIN STREET COVID RELIEF GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TONIA RIDLER 79084 140TH ST SACRED HEART, MN 56285	47-2663353		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TONI'S DEPOT, LLC 814 W MAIN ST MARSHALL, MN 56258	27-1441710		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TRACY AREA CHAMBER OF COMMERCE 372 MORGAN ST TRACY, MN 56175	41-0960597	501C6	10,000.	0.			MAIN STREET COVID RELIEF GRANT
TRACY KID'S WORLD 310 PINE ST TRACY, MN 56175	30-0125506	501C3	15,000.	0.			MAIN STREET COVID RELIEF GRANT
TRC REAL ESTATE, LLC 214 N SIBLEY AVE LITCHFIELD, MN 55355	47-3461144		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TREC, LLC 1305 E COLLEGE DR STE C MARSHALL, MN 56258	83-4537920		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TRI-COUNTY ELECTRIC INCORPORATED PO BOX 753 LAKEFIELD, MN 56150	46-4770449		10,000.	0.			MAIN STREET COVID RELIEF GRANT
TWO KNIGHT LLC 1312 LAKELAND DR SE STE G WILLMAR, MN 56201	27-2375759		10,000.	0.			MAIN STREET COVID RELIEF GRANT
UNITED COMMUNITY ACTION PARTNERSHIP - 1400 S SARATOGA ST - MARSHALL, MN 56258	41-0904860	501C3	42,500.	0.			CTC PROMOTION AND VITA FREE TAX CLINIC; BIG BUDDIES YOUTH MENTORING; GREAT LAKES MARTIAL ARTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MCLEOD COUNTY PO BOX 504 HUTCHINSON, MN 55350	41-6051875	501C3	10,000.	0.			DOLLY PARTON IMAGINATION LIBRARY RECHARGED 2021; LIVE UNITED: WELCOME BABIES!
VANLEEUEW CONSTRUCTION LLC 2105 290TH ST MARSHALL, MN 56258	45-3550420		10,000.	0.			MAIN STREET COVID RELIEF GRANT
VANTAGEPOINT MARKETING CONSULTANTS L.L.C. - 221 W 2ND ST - MORTON, MN 56270	47-4117704		10,000.	0.			MAIN STREET COVID RELIEF GRANT
VISION SYSTEMS & CONSULTING, INC. 104 9TH ST S OLIVIA, MN 56277	41-1692998		10,000.	0.			MAIN STREET COVID RELIEF GRANT
VIVY'S TAX SERVICE LLC 921 4TH AVE STE 20 WORTHINGTON, MN 56187	45-4358684		10,000.	0.			MAIN STREET COVID RELIEF GRANT
W.B. STAMPS FUNERAL CO. PO BOX 157 MONTEVIDEO, MN 56265	82-4266995		10,000.	0.			MAIN STREET COVID RELIEF GRANT
WERMERSKIRCHEN LAW OFFICE, P.A. 106 MINNESOTA AVE SW WILLMAR, MN 56201	20-8943987		10,000.	0.			MAIN STREET COVID RELIEF GRANT
WHEEL AND COG CHILDREN'S MUSEUM OF HUTCHINSON - PO BOX 157 - HUTCHINSON, MN 55350	81-3324797	501C3	10,000.	0.			CAR SERVICE STATION; MEMBERSHIPS AND DOWN ON THE FARM
WHY NOT TRAVEL LLC 716 1ST ST S WILLMAR, MN 56201	84-2018315		10,000.	0.			MAIN STREET COVID RELIEF GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAM D. BEASLEY 331 CYNTHIA ST MAYNARD, MN 56260	41-1372577		10,000.	0.			MAIN STREET COVID RELIEF GRANT
WILLMAR FINANCIAL INVESTMENT CORPORATION - 2620 1ST ST S - WILLMAR, MN 56201	41-1356478		15,000.	0.			MAIN STREET COVID RELIEF GRANT
WINDY'S WELLNESS, INC. PO BOX 404 KERKHOVEN, MN 56252	83-3470737		10,000.	0.			MAIN STREET COVID RELIEF GRANT
WORTHINGTON ELECTRIC, INC. 1437 MINNESOTA DR WORTHINGTON, MN 56187	41-1992336		10,000.	0.			MAIN STREET COVID RELIEF GRANT
ZEITZ CONCRETE LLC 35538 COUNTY ROAD 2 MORTON, MN 56270	82-1311639		10,000.	0.			MAIN STREET COVID RELIEF GRANT



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CARES ACT GRANTS	141	1,410,000.	0.		

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

**PART I, LINE 2:**

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 GRANTEES, USING RESOURCES SUCH AS GUIDESTAR AND THE IRS PUBLICATION 78. FUNDS LEGALLY DEFINED AS DONOR-ADVISED FUNDS DESIGNATE SPECIFIC INDIVIDUALS AT THE START OF THEIR PARTNERSHIP WHO HAVE THE RIGHT TO SUBMIT GRANT RECOMMENDATIONS REGARDING ASSETS IN THE FUND; THOSE INDIVIDUALS ARE NAMED WITHIN THE LEGAL GIFT INSTRUMENT. OTHER COMPONENT FUNDS THAT OPERATE UNDER THE GUIDANCE OF LOCAL

**Part IV** Supplemental Information

COMMUNITY MEMBERS MUST ANNUALLY SUBMIT A ROSTER OF MEMBERS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ISD #2902 - RUSSELL TYLER RUTHTON PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: RTR GREENHOUSE; GRAND PIANO; WEIGHT ROOM & ART CENTER; CHEERLEADING AND VOLLEYBALL PROGRAM; DONOR WALL; LIBRARY BINS AND MENTAL HEALTH BOOKS; SCHOOL BEAUTIFICATION

NAME OF ORGANIZATION OR GOVERNMENT: UNITED COMMUNITY ACTION PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: CTC PROMOTION AND VITA FREE TAX CLINIC; BIG BUDDIES YOUTH MENTORING; GREAT LAKES MARTIAL ARTS PROGRAM

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**SOUTHWEST INITIATIVE FOUNDATION**

Employer identification number

**41-155592**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DIANA D. ANDERSON PRESIDENT/CEO	(i)	161,967.	279.	11,893.	8,283.	26,499.	208,921.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE EXECUTIVE COMMITTEE REVIEWED INFORMATION FROM SIMILAR ORGANIZATION'S  
 REPORTED SALARIES WHICH INCLUDED LOOKING AT OTHER ORGANIZATION'S 990'S AS  
 WELL AS A SURVEY OF OTHER SIMILAR ORGANIZATION'S COMPENSATION PRACTICES.  
 THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OF KEY EXECUTIVES OF THE  
 FOUNDATION ANNUALLY AND APPROVES AT A REGULARLY SCHEDULED MEETING. SEE  
 FURTHER DETAILS OF THIS PROCESS IN SCHEDULE O.

**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.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

<b>Part I Bond Issues</b>												
<b>SEE PART VI FOR COLUMN (F) CONTINUATIONS</b>												
	(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	Yes	No
<b>A</b>	MCLEOD COUNTY	41-6005841	582258AR0	03/10/16	1,830,000.	REFUNDED BONDS ISSUED ON 12/29/2		X		X		X
<b>B</b>												
<b>C</b>												
<b>D</b>												

<b>Part II Proceeds</b>										
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>			
<b>1</b>	Amount of bonds retired		1,360,000.							
<b>2</b>	Amount of bonds legally defeased									
<b>3</b>	Total proceeds of issue		1,830,000.							
<b>4</b>	Gross proceeds in reserve funds									
<b>5</b>	Capitalized interest from proceeds									
<b>6</b>	Proceeds in refunding escrows									
<b>7</b>	Issuance costs from proceeds		18,300.							
<b>8</b>	Credit enhancement from proceeds									
<b>9</b>	Working capital expenditures from proceeds		4,908.							
<b>10</b>	Capital expenditures from proceeds									
<b>11</b>	Other spent proceeds		1,806,792.							
<b>12</b>	Other unspent proceeds									
<b>13</b>	Year of substantial completion									
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X							
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?			X						
<b>16</b>	Has the final allocation of proceeds been made?		X							
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X							

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> 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? ...								
<b>4</b> 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 .....		%		%		%		%
<b>5</b> 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 .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> 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						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....	X							
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X						

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....		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 isn't available under applicable regulations? .....		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: REFUNDED BONDS ISSUED ON 12/29/2005



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	100,000.	FAIR MARKET VALUE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	7	263,230.	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 ▶ ( LEGAL REVIEW )	X	1	300.	HOURLY RATE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**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 M, LINE 30B:

THERE WERE 9 ITEMS CONTRIBUTED DURING THE YEAR.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-155592

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

OUR MISSION IS CONNECTING PEOPLE, INVESTING IN IDEAS AND BUILDING

COMMUNITIES. IT IS LED BY A 12-MEMBER VOLUNTEER BOARD OF

DIRECTORS-WHICH REPRESENTS DIVERSE GEOGRAPHIC LOCATIONS, PROFESSIONS,

RACES, ETHNICITIES AND BACKGROUNDS-TOGETHER WITH SWIF'S PROFESSIONAL

STAFF, AND MANY REGIONAL, COLLABORATIVE PARTNERS.

SINCE 1986, SOUTHWEST INITIATIVE FOUNDATION (SWIF) HAS BEEN COMMITTED

TO SOCIAL AND ECONOMIC GROWTH IN SOUTHWEST MINNESOTA. THE 18 COUNTIES

AND TWO NATIVE NATIONS WE CALL HOME ARE CONTINUOUSLY EVOLVING, AND SWIF

HAS GROWN AND RESPONDED TO OUR REGION'S CHANGING NEEDS. OUR WORK CAN

LOOK DIFFERENT FROM ONE PROGRAM, PARTNERSHIP OR PLACE TO ANOTHER. OUR

ORGANIZATIONAL VALUES OF EQUITY, INTEGRITY, CURIOSITY, COLLABORATION

AND OPTIMISM GUIDE OUR WORK AND ENSURE WE BRING THE SAME CARE AND

COMMITMENT TO EVERY INTERACTION.

SWIF'S ORIGINAL MISSION WAS TO STRENGTHEN SOUTHWEST MINNESOTA IN THREE

WAYS: IMPROVING THE REGION'S ECONOMIC SELF-RELIANCE, OVERCOMING HUMAN

DISTRESS, AND PROMOTING REGIONAL LEADERSHIP, COORDINATION AND

PARTNERSHIPS. WHILE OUR WORK CONTINUES TO ADDRESS THESE BROAD AREAS,

THE CHANGING REGIONAL REALITY CALLS SWIF TO ACT IN NEW WAYS. IN 2016,

SWIF ADOPTED A FOCUS WE'RE CALLING GROW OUR OWN TO CLOSE THE

"OPPORTUNITY GAP"-THE WAYS IN WHICH SOCIOECONOMIC STATUS, COMMUNITY

WEALTH, FAMILIAL SITUATIONS, RACE, ETHNICITY, ENGLISH PROFICIENCY, OR

OTHER FACTORS IMPACT CHILDREN'S ABILITY TO REACH THEIR FULL POTENTIAL.

OUR WORK TODAY REPRESENTS A DEEP HISTORY AND DETERMINED VISION FOR THE

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-155592

FUTURE: OUR VISION IS A SOUTHWEST MINNESOTA WHERE ALL PEOPLE THRIVE.

MANY SOUTHWEST MINNESOTA CHILDREN AND FAMILIES ARE FACING OBSTACLES THAT REMOVE STEPPING STONES TO ECONOMIC MOBILITY. RURAL ECONOMIC MOBILITY AS WE DEFINE IT IS THE COLLECTIVE AMBITION AROUND A REASONABLE STANDARD OF LIVING, DIGNITY THAT COMES FROM HAVING POWER AND AUTONOMY OVER ONE'S LIFE, AND BEING ENGAGED AND VALUED IN THE COMMUNITY.

WE HAVE A STRONG AND GROWING ECONOMY IN OUR REGION, AND AN INCLUSIVE APPROACH THAT REMOVES BARRIERS TO PARTICIPATION THAT WILL ENSURE ALL PEOPLE CAN ACCESS THE ABUNDANT OPPORTUNITIES. WE BELIEVE THE REGION'S FUTURE ECONOMIC SUCCESS DEPENDS ON THE SUCCESS OF OUR NEXT GENERATION. OUR KIDS TODAY ARE SOUTHWEST MINNESOTA'S FUTURE EMPLOYEES, ENTREPRENEURS, COMMUNITY LEADERS, VOLUNTEERS, HOMEOWNERS AND PARENTS.

SWIF IS UNIQUELY POSITIONED TO PROVIDE LEADERSHIP FOR THE REGION ON THIS ISSUE, OFFERING A TRUSTED PERSPECTIVE THAT CAN UNITE EFFORTS AND LEADERS THROUGHOUT SOUTHWEST MINNESOTA. AS AN INDEPENDENT COMMUNITY FOUNDATION, SWIF CARRIES A LONG-TERM COMMITMENT TO THE REGION AND IS LEVERAGING OUTSIDE FUNDING AND EXPERTISE TO SUPPORT WORK IN OUR COMMUNITIES. SWIF ALSO HAS A DEEP HISTORY OF BRINGING PEOPLE TOGETHER FROM ALL SECTORS TO EXPLORE AND IMPLEMENT LOCAL SOLUTIONS. SWIF'S EXPERIENCE DELIVERING EDUCATION AND PROGRAMMING DIRECTLY ALIGNS WITH OUR CRADLE-TO-CAREER FRAMEWORK OF WHAT KIDS NEED TO SUCCEED: STRONG AND HEALTHY FAMILIES, HIGH-QUALITY EARLY CARE AND EDUCATION, ENGAGEMENT IN THE K-12 YEARS IN AND OUT OF SCHOOL, VIBRANT AND WELCOMING COMMUNITIES, AND PATHS TO CAREER AND WORKFORCE READINESS.

Name of the organization SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-155592
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THE "HOW" OF SWIF'S MISSION CONTINUES THROUGH BUSINESS FINANCE AND ECONOMIC DEVELOPMENT, GRANTMAKING AND COMMUNITY PROGRAMMING, AND COMMUNITY GIVING AND PHILANTHROPY. THE "WHY" IS OUR COMMITMENT TO GROW OUR OWN. WE BELIEVE THAT PREPARING THE NEXT GENERATION TO REACH THEIR FULL POTENTIAL IS A LONG-TERM ECONOMIC DEVELOPMENT STRATEGY WITH A TRIPLE BOTTOM LINE RETURN. OUR KIDS WIN-THEY ARE HEALTHY, WELL-EDUCATED, AND READY TO PARTICIPATE IN THE WORLD OF WORK. OUR COMMUNITIES WIN-PRECIOUS RESOURCES THAT MIGHT OTHERWISE GO TO SHORT-TERM REMEDIATION SUCH AS PUBLIC ASSISTANCE AND INCARCERATION ARE INSTEAD AVAILABLE FOR INVESTMENT IN INFRASTRUCTURE AND INNOVATION. AND OUR BUSINESSES WIN-MORE YOUNG PEOPLE ARE ENTERING THE WORLD OF WORK READY TO FULLY PARTICIPATE. MOST IMPORTANTLY, WE'RE SUPPORTING ALL OUR SOUTHWEST MINNESOTA KIDS BECAUSE IT'S SIMPLY THE RIGHT THING TO DO.

THIS WORK IS MORE IMPORTANT THAN EVER AS WE SUPPORT RELIEF EFFORTS FOR PEOPLE MOST IMPACTED BY THE CORONAVIRUS PANDEMIC AND CRISES AFFECTING OUR ENTIRE COUNTRY. LONGSTANDING DISPARITIES THAT SEPARATE PEOPLE ALONG RACIAL AND ECONOMIC LINES-INCLUDING IN SOUTHWEST MINNESOTA-MUST BE ADDRESSED, AND WE ARE ASKING OUR FRIENDS AND PARTNERS TO BE PART OF THIS WORK. SWIF CONTINUES TO MOVE STRATEGIC WORK FORWARD, AS WELL AS PROVIDE THOUGHTFUL AND IMPACTFUL SUPPORT TO SOCIAL AND ECONOMIC RECOVERY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS FOSTERING ENTREPRENEURSHIP, SUPPORTING THE RETENTION AND EXPANSION OF EMPLOYERS, AND HELPING ENSURE A PIPELINE OF SKILLED AND AVAILABLE TALENT ARE CRITICAL FOR SWIF'S GROW OUR OWN INITIATIVE, A COMPREHENSIVE

Name of the organization SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-155592
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APPROACH TO HELP ALL SOUTHWEST MINNESOTA KIDS SUCCEED.

SOUTHWEST INITIATIVE FOUNDATION PROVIDES FLEXIBLE AND INNOVATIVE ECONOMIC DEVELOPMENT FINANCE SOLUTIONS FOR BUSINESS RETENTION, EXPANSION, STARTUP AND OWNERSHIP SUCCESSION PROJECTS THROUGH ITS BUSINESS FINANCE PROGRAM AND ITS MICROENTERPRISE LOAN PROGRAM. ITS FINANCING PROGRAMS SUPPORT PROJECTS IN THE RETAIL, SERVICE, MANUFACTURING, CHILD CARE, HOSPITALITY, AND OTHER SECTORS, WITH A SPECIAL INTEREST IN SUPPORTING PROJECTS IN FOOD AND AGRICULTURE, MANUFACTURING, RENEWABLE ENERGY AND BIOSCIENCE. IN ADDITION, THE MICROENTERPRISE LOAN PROGRAM PROVIDES VALUABLE TECHNICAL ASSISTANCE FOR BORROWERS IN THE AREAS OF BUSINESS MANAGEMENT AND OPERATIONS, FINANCE AND ACCOUNTING, AND MARKETING. SWIF IS ESPECIALLY INTERESTED IN OPPORTUNITIES TO SUPPORT POPULATIONS WHO HAVE BEEN HISTORICALLY UNDERINVESTED IN BY THE MARKETPLACE INCLUDING WOMEN, BIPOC ENTREPRENEURS, VETERANS, PEOPLE WITH DISABILITIES, AND LOW-INCOME PEOPLE.

SWIF ALSO OPERATES THE INITIATE PROSPERITY WEBSITE (IN PARTNERSHIP WITH NORTHERN ECONOMIC INITIATIVES CORPORATION) WWW.INITIATEPROSPERITY.ORG WHICH PROVIDES COMPREHENSIVE TECHNICAL ASSISTANCE RESOURCES INCLUDING INTERACTIVE TOOLS, TEMPLATES, VIDEOS AND GUIDES.

SWIF IS A LENDER FOR THE MINNESOTA EMERGING ENTREPRENEUR LOAN PROGRAM THROUGH THE MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT, IN ADDITION TO BEING A MICROLENDER THROUGH THE US SMALL BUSINESS ADMINISTRATION (SBA) AND A RURAL MICROENTREPRENEUR ASSISTANCE PROGRAM LENDER THROUGH THE US DEPARTMENT OF AGRICULTURE (USDA). SWIF

Name of the organization

SOUTHWEST INITIATIVE FOUNDATION

Employer identification number

41-155592

WAS ALSO HEAVILY ENGAGED IN PANDEMIC-RELATED BUSINESS RELIEF PROGRAMS INCLUDING THE MINNESOTA SMALL BUSINESS RELIEF GRANTS PROGRAM, MINNESOTA SMALL BUSINESS LOAN GUARANTEE PROGRAM, AND THE MINNESOTA SMALL BUSINESS EMERGENCY LOAN PROGRAM.

CHILD CARE IS THE FASTEST GROWING ECONOMIC DEVELOPMENT ISSUE FACING OUR REGION. SWIF HAS DEVELOPED A MULTI-FACETED RESPONSE FOCUSED ON FIVE ASPECTS: PROJECT INVESTMENT AND TECHNICAL ASSISTANCE, COMMUNITY PLANNING, PROFESSIONAL DEVELOPMENT, PUBLIC POLICY, AND PUBLIC RELATIONS.

SWIF HAS SUPPORTED PROFESSIONAL DEVELOPMENT OF THE REGION'S ECONOMIC DEVELOPMENT PROFESSIONALS, IN ADDITION TO SPONSORING ECONOMIC DEVELOPMENT RELATED PROGRAMMING, EVENTS, AND RELATIONSHIP BUILDING OPPORTUNITIES. SWIF HAS ALSO SERVED AS A CONVENER, FACILITATOR, FUNDER, ADVOCATE, AND/OR PROGRAM ADMINISTRATOR FOR PROJECTS RELATED TO CAREER PATHWAYS AND CHILD CARE. OUR RURAL COMMUNITIES FACE UNIQUE CHALLENGES, AS WELL AS OPPORTUNITIES TO COLLABORATE AROUND THESE AND OTHER ISSUES. KEY ISSUES FACING OUR REGION'S ECONOMIC DEVELOPMENT INCLUDE CHILD CARE, HOUSING, AND BROADBAND.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS SOUTHWEST INITIATIVE FOUNDATION HAS EMBARKED UPON A SHIFT IN FOCUSED PROGRAMMATIC WORK. WORK IN COMMUNITY IMPACT, ECONOMIC DEVELOPMENT AND PHILANTHROPY ARE BEING ALIGNED WITH THE DIRECTION THE BOARD AND LEADERSHIP AGREED TO GO-A COMPREHENSIVE APPROACH TO HELP ALL SOUTHWEST MINNESOTA KIDS SUCCEED, KNOWN AS THE GROW OUR OWN INITIATIVE.

Name of the organization SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-155592
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SWIF IS WELL-KNOWN AS A CONVENER AND FACILITATOR AND HAS HOSTED A SERIES OF GROW OUR OWN SUMMITS IN DECEMBER 2016 AND NOVEMBER OF 2018. THESE CONVENINGS EACH ATTRACTED APPROXIMATELY 500 INDIVIDUALS, ELECTED OFFICIALS, EMPLOYERS, COMMUNITY LEADERS, EDUCATORS AND STUDENTS TO HEAR A FULL LINE-UP OF EXPERTS LED BY ROBERT D. PUTNAM, MALKIN PROFESSOR OF PUBLIC POLICY AT HARVARD UNIVERSITY AND AUTHOR OF OUR KIDS: THE AMERICAN DREAM IN CRISIS AND NISHA PATEL OF THE U.S. PARTNERSHIP ON MOBILITY FROM POVERTY.

SWIF STAFF BEGAN AN INTENSIVE COMMUNITY ENGAGEMENT PROCESS WITH SEVERAL REGIONAL COMMUNITIES TO COME UP WITH LOCAL SOLUTIONS TO SUPPORT THEIR OWN LOCAL KIDS. ANOTHER VALUABLE TOOL FOR THESE CONVERSATIONS IS THE GROW OUR OWN 30-MINUTE TELEVISION PROGRAM PRODUCED AND BROADCASTED TO 2.5 MILLION HOUSEHOLDS IN PIONEER PBS'S COVERAGE AREA. THIS IS A PRIME EXAMPLE OF HOW SWIF LEVERAGES AND ENHANCES ITS WORK THROUGH STRONG PARTNERSHIPS.

OVER THE PAST FIVE YEARS, SWIF GRANTS HAVE ALIGNED WITH GROW OUR OWN. AN OPEN GRANT ROUND ATTRACTED PROJECTS AND PROGRAMS THAT SUPPORT STABLE PARENTING AND FAMILIES, EARLY CARE AND EDUCATION, YOUTH ENGAGEMENT, VIBRANT AND WELCOMING COMMUNITIES AND CAREER READINESS. EXAMPLES INCLUDE SUPPORT FOR WEEKEND FOOD PROGRAMS, FINANCIAL PLANNING, EARLY CHILDHOOD DEVELOPMENT, YOUTH ACTIVITIES AND JOB SHADOWING/TRAINING.

RELIEF EFFORTS DURING THE PANDEMIC INCLUDED SUPPORT GRANTS TO SOUTHWEST MINNESOTA NONPROFITS PROVIDING BASIC NEEDS AND WORKING WITH PEOPLE WHO NEED MORE AND DIFFERENT SUPPORT DURING THIS CRISIS. THE FOCUS OF THIS



Name of the organization SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-155592
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WORK INCLUDE SUPPORT TO NONPROFIT ORGANIZATIONS ADDRESSING CRITICAL BASIC NEEDS IN OUR COMMUNITIES RELATED TO THE FOLLOWING AREAS: FOOD SECURITY, MENTAL HEALTH, DOMESTIC VIOLENCE, HOMELESSNESS, AND SUPPORT FOR NONPROFIT ORGANIZATIONS. IT ALSO PROVIDED SUPPORT FOR RECOVERY TO THE HARD-HIT NONPROFIT ORGANIZATIONS OF THE REGION.

SWIF IS CREATING PARTNERSHIPS THROUGH ITS EMERGING LEADERS CABINET. IT IS A COMMITTEE OF THE BOARD OF DIRECTORS COMPRISED SPECIFICALLY OF PEOPLE UNDER THE AGE OF 40 WHO REPRESENT THE DIVERSITY OF THE REGION. THE ROLE OF THE COMMITTEE IS TO EXPLORE CURRENT REALITIES AND TRENDS AND TO CREATE AVENUES OF INFLUENCE, INCLUDING THROUGH GRANTMAKING.

SOUTHWEST INITIATIVE FOUNDATION ALSO DEMONSTRATED THE BEST PRACTICES LEARNED THROUGH THE PHILANTHROPIC PREPAREDNESS, RESILIENCY & EMERGENCY PARTNERSHIP. SWIF IS ONE OF 18 COMMUNITY FOUNDATIONS FROM ACROSS A 10-STATE NETWORK PARTICIPATING IN A DISASTER-PREPAREDNESS, RESPONSE AND RECOVERY PROGRAM.

SWIF'S PAUL AND ALMA SCHWAN AGING TRUST ENDOWMENT FUND CONTINUES TO PROMOTE PRODUCTIVE AGING IN SOUTHWEST MINNESOTA. ESTABLISHED IN 1991, THIS IS A KEY EXAMPLE OF THE LEGACY AND IMPACT DONORS CAN MAKE THROUGH SWIF. IT FUNDED AGE FRIENDLY COMMUNITY WORK LAUNCHED IN 2016, WHICH CONTINUES THROUGH A PARTNERSHIP WITH MINNESOTA RIVER AREA AGENCY ON AGING, PRAIRIE FIVE COMMUNITY ACTION AND THE LOWER SIOUX INDIAN COMMUNITY.

THE ENTIRETY OF THE COMMUNITY IMPACT TEAM IS ALIGNED TO WORK AT THE COMMUNITY LEVEL, EQUIPPING RESIDENTS AND ORGANIZATIONS WITH

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OPPORTUNITIES TO STRENGTHEN THEIR NETWORKS, BONDS, SUPPORTS AND PROGRAMS. THROUGH THESE COMMUNITY DEVELOPMENT EFFORTS, WE ARE ABLE TO BRING AN EQUITY LENS TO LEAD COMMUNITIES THROUGH A GROWTH PROCESS. IN THE NEXT PHASE OF OUR WORK, STAFF CONTINUE TO SPEARHEAD THESE EFFORTS THAT ADVANCE EQUITY WORK WITH OUR RESIDENTS WHOSE LEADERSHIP IS VITAL IN OUR RURAL COMMUNITIES. IT IS IMPERATIVE THAT WE SET AN INCLUSIVE TABLE FOR ALL. THROUGH THIS, WE WILL CREATE PROSPERITY FOR ALL OF OUR KIDS AND THE COMMUNITIES THEY CALL HOME.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS  
SOUTHWEST INITIATIVE FOUNDATION MOBILIZES VOLUNTEERS AND DONORS THROUGHOUT SOUTHWEST MINNESOTA TO CREATE A CULTURE OF GIVING THAT IS, AT ITS CORE, INCLUSIVE, TRANSFORMATIVE AND LOCALLY-INVESTED. THIS NETWORK OF VOLUNTEERS EXTENDS SWIF'S REACH INTO LOCAL COMMUNITIES AND OFFERS A UNIQUE MODEL FOR PEOPLE TO SUPPORT THE CAUSES THEY CARE MOST ABOUT IN THE PLACE THEY CALL HOME.

SOUTHWEST INITIATIVE FOUNDATION'S COMMUNITY FOUNDATION PROGRAM ESTABLISHES A GEOGRAPHICALLY FOCUSED FUND, KNOWN AS AN AFFILIATE FOUNDATION. THROUGH A PARTNERSHIP THAT IS MUTUALLY BENEFICIAL, THE COMMUNITY FOUNDATION PROGRAM FUNCTIONS AS A WELL-ESTABLISHED METHOD OF RETAINING CHARITABLE DOLLARS IN THE REGION AND USING THOSE DOLLARS TO SUPPORT COMMUNITY NEEDS AND OPPORTUNITIES. VOLUNTEER ADVISORY BOARDS DRIVE LOCAL MISSION, ACTIVITIES, AND IMPACT FOR SWIF'S 30 AFFILIATES. SWIF PROVIDES THE ADMINISTRATIVE, INVESTMENT AND 501(C)(3) INFRASTRUCTURE, AS WELL AS A SERIES OF "LAUNCH MEETINGS" TO PROVIDE BOARD TRAINING FOR NEW AFFILIATES. ADDITIONALLY, TECHNICAL AND

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PROFESSIONAL SUPPORT IN AREAS LIKE STRATEGIC PLANNING, FUNDRAISING, MARKETING, PUBLIC RELATIONS, AND GRANTMAKING ARE PROVIDED ON AN ONGOING BASIS FOR ALL PARTNERS.

AFFILIATE VOLUNTEERS ARE OFTEN WELL ESTABLISHED OR EMERGING COMMUNITY LEADERS, MAKING PROJECTS LIKE PARK IMPROVEMENTS, SWIMMING POOLS, BACKPACK FOOD PROGRAMS, BAND INSTRUMENTS, STUDENT FIELD TRIPS AND SO MUCH MORE POSSIBLE THROUGH ANNUAL GRANTMAKING AND SPECIAL INITIATIVES.

IN ADDITION TO AFFILIATE FUNDS, SWIF HOSTS DONOR-ADVISED FUNDS WHICH ALLOW AN INDIVIDUAL DONOR OR FAMILY TO PROVIDE INPUT REGARDING GRANT DISTRIBUTIONS. THESE FUNDS CAN BE ENDOWED OR NON-ENDOWED (PASS-THROUGH) AND ARE CREATED WITH A FAMILY'S GOALS AND LEGACY IN MIND. MANY DONORS FIND THAT SWIF DESIGNATED OR COMPONENT FUNDS ARE ATTRACTIVE OPTIONS TO SUPPORT THEIR CHARITABLE INTERESTS WHILE RELIEVING THEM OF THE ADMINISTRATIVE RESPONSIBILITIES THAT CAN OFTEN BECOME OVERWHELMING FOR FAMILIES AND VOLUNTEERS. ALL FUNDS UNDER THE SWIF UMBRELLA CAN RECEIVE MANY TYPES OF GIFTS, INCLUDING CASH, APPRECIATED SECURITIES, REAL ESTATE, FARMLAND-WHICH CAN STAY IN PRODUCTION THROUGH SWIF'S KEEP IT GROWING FARMLAND RETENTION PROGRAM-AND PLANNED GIFTS, SUCH AS CHARITABLE GIFT ANNUITIES AND BEQUESTS. SWIF CAN CREATE A FUND THAT FULFILLS CHARITABLE GOALS OF A DONOR WHEN THE DONOR'S PRIMARY INTERESTS ARE WITHIN THE 18-COUNTY SERVICE AREA.

SWIF FUNDS OFFER UNIQUE POTENTIAL TO KEEP SOUTHWEST MINNESOTA COMMUNITIES, SCHOOLS AND ORGANIZATIONS STRONG AND VIBRANT. THEY CONNECT COMMUNITY-MINDED PEOPLE AND LOCAL NEEDS WITH THE RESOURCES NECESSARY FOR LONG LASTING IMPACT.

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

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:

BOARD MEMBERS DO NOT HAVE FAMILY OR BUSINESS RELATIONSHIPS WITH EACH OTHER. A CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED ANNUALLY AND EACH BOARD MEETING HAS A STANDING AGENDA ITEM ASKING FOR DISCLOSURES AS WELL.

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

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

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

AT THE START OF EACH FISCAL 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. IF THE ITEM IS LOCATED ON THE CONSENT AGENDA, IT IS REMOVED PRIOR TO THE VOTE TO APPROVE ALL ITEMS ON THE CONSENT AGENDA AND MOVED TO THE REGULAR AGENDA WHERE THE CONFLICT IS NOTED AND THE BOARD MEMBER WITH THE CONFLICT ABSTAINS FROM DISCUSSION AND VOTING. THE EMPLOYEE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO KEY DECISION MAKING EMPLOYEES, REVIEWED, AND SIGNED ANNUALLY WITH UPDATES TO ANY POTENTIAL CONFLICTS OF INTERESTS NOTED. POTENTIAL CONFLICTS OF INTEREST FOR STAFF MUST BE REPORTED TO THE PRESIDENT/CEO AND ARE HANDLED ACCORDING TO THE BOARD APPROVED POLICY REQUIREMENTS.

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

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

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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 2021 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	-166,526.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	69,518.
PROVISION FOR LOAN LOSSES	642,182.
TOTAL TO FORM 990, PART XI, LINE 9	545,174.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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
SWIF REAL ESTATE HOLDINGS, LLC - 47-5210879 15 3RD AVE NW HUTCHINSON, MN 55350		MINNESOTA	0.		SOUTHWEST INITIATIVE FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

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

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

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

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



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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**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.

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



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.