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SOUTHWEST INITIATIVE FOUNDATION
FORM 990 INCOME TAX RETURN
FOR YEAR ENDED JUNE 30, 2023

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **SOUTHWEST INITIATIVE FOUNDATION** EIN or SSN **41-1555592**

Name and title of officer or person subject to tax **SCOTT MARQUARDT
PRESIDENT/CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>13,272,478.</u>
2a Form 990-EZ check here ...	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Scott Marquardt Date 5/15/2024

Part III Certification and Authentication

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

41297513127
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature KRISTIN L SCHMIDT, CPA Date 05/13/24

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

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 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.

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.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 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, 2024**, 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, 2022**, and ending **JUN 30, 2023**.

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-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)

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTHWEST INITIATIVE FOUNDATION		D Employer identification number 41-155592
	Doing business as		E Telephone number (320) 587-4848
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 46,007,095.
	15 3RD AVE NW		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code HUTCHINSON, MN 55350		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: SCOTT MARQUARDT SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.SWIFFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1986 M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS CONNECTING PEOPLE, INVESTING IN IDEAS AND BUILDING COMMUNITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	300
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,533,461.	10,905,312.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	717,847.	671,974.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,328,558.	1,614,187.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,181.	81,005.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,655,047.	13,272,478.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,688,096.	5,333,725.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,146,696.	2,323,485.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	649,826.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,449,242.	2,678,889.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,284,034.	10,336,099.	
19 Revenue less expenses. Subtract line 18 from line 12	8,371,013.	2,936,379.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	100,435,349.	108,175,659.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,788,300.	10,601,860.
		89,647,049.	97,573,799.

Part II Signature Block

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

Sign Here	DocuSigned by: <i>Scott Marquardt</i>	Date 5/15/2024			
	Signature of officer SCOTT MARQUARDT, PRESIDENT/CEO	Date			
Paid Preparer Use Only	Print/Type preparer's name KRISTIN L SCHMIDT, CPA	Preparer's signature KRISTIN L SCHMIDT, C	Date 05/13/24	Check if self-employed <input type="checkbox"/>	PTIN P01487323
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Phone no. 320-203-5500		
	Firm's address 4150 2ND STREET SOUTH, SUITE 400 ST. CLOUD, MN 56301				

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes [X] No

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 \$ 4,502,767. including grants of \$ 2,892,750.) (Revenue \$ 0.)

PROGRAMS (SEE SCHEDULE O).

4b (Code:) (Expenses \$ 2,216,537. including grants of \$ 2,159,119.) (Revenue \$ 0.)

AFFILIATE AND COMPONENT FUNDS (SEE SCHEDULE O).

4c (Code:) (Expenses \$ 1,755,142. including grants of \$ 281,856.) (Revenue \$ 671,974.)

ECONOMIC DEVELOPMENT (SEE SCHEDULE O).

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

4e Total program service expenses 8,474,446.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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 various organizational requirements.

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
1a	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.		
	1a	11	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
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.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	
16b			

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, box 6 of 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 FORMER PRESIDENT/CEO	50.00						X	165,457.	0.	39,706.
(2) SCOTT MARQUARDT CURRENT PRESIDENT/CEO	50.00			X				119,457.	0.	24,615.
(3) MARGIE NELSEN CFO	50.00			X				129,113.	0.	5,679.
(4) AMY WOITALEWICZ BUSINESS FINANCE DIRECTOR	50.00			X				109,998.	0.	23,864.
(5) PATRICIA LOEHR-DOLS CHAIR	6.00	X		X				0.	0.	0.
(6) RANDY REINKE PAST CHAIR	4.00	X		X				0.	0.	0.
(7) MARY CHRISTINE ROCK VICE CHAIR	6.00	X		X				0.	0.	0.
(8) DANIEL GREVE TREASURER	4.00	X		X				0.	0.	0.
(9) TERRY 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) TERESA PETERSON BOARD MEMBER	4.00	X						0.	0.	0.
(13) ERICA VOLKIR BOARD MEMBER	4.00	X						0.	0.	0.
(14) KATHY WEHKING BOARD MEMBER	4.00	X						0.	0.	0.
(15) BENJAMIN WILCOX BOARD MEMBER	4.00	X						0.	0.	0.
(16) THERESA ZASKE BOARD MEMBER	4.00	X						0.	0.	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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	487,679.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,417,633.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 769,324.			
	h	Total. Add lines 1a-1f		10,905,312.			
Program Service Revenue	2 a	LOAN INTEREST INCOME	Business Code 900099	531,518.	531,518.		
	b	OTHER PROGRAM INCOME	900099	121,696.	121,696.		
	c	LOAN ADMIN FEES	900099	18,760.	18,760.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		671,974.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,733,989.		2733989.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	81,005.			
			(ii) Personal				
			6a	81,005.			
	b	Less: rental expenses	6b	0.			
	c	Rental income or (loss)	6c	81,005.			
	d	Net rental income or (loss)		81,005.		81,005.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	31,556,853.			
			(ii) Other	57,962.			
			7a	31,556,853.	57,962.		
	b	Less: cost or other basis and sales expenses	7b	32,687,761.	46,856.		
c	Gain or (loss)	7c	-1,130,908.	11,106.			
d	Net gain or (loss)		-1,119,802.		-1119802.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
		10b					
		10c					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		13,272,478.	671,974.	0.	1695192.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,080,660.	5,080,660.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	253,065.	253,065.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	591,496.	417,757.	122,874.	50,865.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,363,290.	711,379.	374,154.	277,757.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,642.	34,038.	18,115.	13,489.
9 Other employee benefits	174,040.	94,892.	45,030.	34,118.
10 Payroll taxes	129,017.	73,839.	32,989.	22,189.
11 Fees for services (nonemployees):				
a Management				
b Legal	58,502.	46,603.	3,032.	8,867.
c Accounting	78,243.	54,685.	14,655.	8,903.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	299,325.		299,325.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	305,093.	255,331.	30,921.	18,841.
12 Advertising and promotion	58,714.	37,095.	13,493.	8,126.
13 Office expenses	128,568.	66,723.	24,581.	37,264.
14 Information technology	318,801.	183,697.	77,943.	57,161.
15 Royalties				
16 Occupancy	55,114.	29,941.	15,697.	9,476.
17 Travel	137,904.	116,572.	6,487.	14,845.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	91,337.	66,786.	13,090.	11,461.
20 Interest	55,958.	41,227.	9,206.	5,525.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	201,269.	109,423.	57,157.	34,689.
23 Insurance	37,090.	20,251.	10,499.	6,340.
24 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.)				
a FUNDRAISING COSTS	71,549.	51,813.		19,736.
b PUBLIC RELATIONS	38,540.	28,020.	6,137.	4,383.
c				
d				
e All other expenses	742,882.	700,649.	36,442.	5,791.
25 Total functional expenses. Add lines 1 through 24e	10,336,099.	8,474,446.	1,211,827.	649,826.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
Assets	1 Cash - non-interest-bearing	3,600.	1	3,600.
	2 Savings and temporary cash investments	1,179,718.	2	1,516,045.
	3 Pledges and grants receivable, net	3,221,626.	3	2,441,977.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	9,542,235.	7	9,524,791.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	88,959.	9	75,749.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,306,481.		
	b Less: accumulated depreciation	10b 1,955,263.		
	11 Investments - publicly traded securities	73,861,970.	11	82,249,621.
	12 Investments - other securities. See Part IV, line 11	9,931,826.	12	9,937,871.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	61,659.	15	74,787.
16 Total assets. Add lines 1 through 15 (must equal line 33)	100,435,349.	16	108,175,659.	
Liabilities	17 Accounts payable and accrued expenses	1,047,299.	17	521,517.
	18 Grants payable	1,927,537.	18	2,488,217.
	19 Deferred revenue	850,083.	19	714,970.
	20 Tax-exempt bond liabilities	445,320.	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,575,410.	21	1,796,720.
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	967,004.	23	1,239,321.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,975,647.	25	3,841,115.
	26 Total liabilities. Add lines 17 through 25	10,788,300.	26	10,601,860.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	28,833,220.	27	31,359,248.
	28 Net assets with donor restrictions	60,813,829.	28	66,214,551.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	89,647,049.	32	97,573,799.
33 Total liabilities and net assets/fund balances	100,435,349.	33	108,175,659.	

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	13,272,478.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,336,099.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,936,379.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	89,647,049.
5	Net unrealized gains (losses) on investments	5	4,802,020.
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	188,351.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	97,573,799.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3674093.	6744893.	8969349.	11533461.	10905312.	41827108.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3674093.	6744893.	8969349.	11533461.	10905312.	41827108.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8873813.
6 Public support. Subtract line 5 from line 4.						32953295.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	3674093.	6744893.	8969349.	11533461.	10905312.	41827108.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3501894.	3515926.	2120591.	6917496.	2814994.	18870901.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						60698009.
12 Gross receipts from related activities, etc. (see instructions)					12	2,942,507.
13 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

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	54.29 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	52.81 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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, 2a, 2b, 3a, 3b regarding the Integral Part Test and activities.

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.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. 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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

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 for the latest information.

OMB No. 1545-0047

2022

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 SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-155592
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Confidential _____ _____ _____	\$ <u>234,770.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	Confidential _____ _____ _____	\$ <u>480,005.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	Confidential _____ _____ _____	\$ <u>3,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	Confidential _____ _____ _____	\$ <u>2,700,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	Confidential _____ _____ _____	\$ <u>571,009.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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
5	GIFT OF STOCK _____ _____ _____	\$ 568,314.	03/24/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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 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: SOUTHWEST INITIATIVE FOUNDATION
Employer identification number: 41-1555592

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 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 expenditures next year?	4
5 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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	32	230
2 Aggregate value of contributions to (during year)	453,551.	2,919,876.
3 Aggregate value of grants from (during year)	358,715.	4,920,121.
4 Aggregate value at end of year	4,217,397.	93,356,403.
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 July 25, 2006, 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) 2022

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	56,667,037.	67,222,638.	54,745,386.	55,881,915.	55,251,515.
b Contributions	3,736,326.	1,102,480.	1,156,537.	598,604.	752,309.
c Net investment earnings, gains, and losses	5,443,856.	-8,906,232.	13,944,769.	920,282.	2,392,509.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,851,232.	2,751,849.	2,624,054.	2,655,415.	2,514,418.
f Administrative expenses					
g End of year balance	62,995,987.	56,667,037.	67,222,638.	54,745,386.	55,881,915.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 27.4800 %
 - b Permanent endowment 67.2800 %
 - c Term endowment 5.2400 %
- 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 type="checkbox"/> | 3b | |
- 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.	704,116.	1,012,183.
c Leasehold improvements		230,956.	214,877.	16,079.
d Equipment		1,344,226.	1,036,270.	307,956.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,351,218.

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	199,295.	COST
(F) INVESTMENTS HELD IN TRUST	1,729,491.	COST
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	9,937,871.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	31,888.
(3) LEASE LIABILITY	30,663.
(4) LIFE ESTATE LIABILITY	3,198,270.
(5) OBLIGATIONS OF SPLIT-INTEREST	
(6) AGREEMENTS	199,295.
(7) INVESTMENT TRUST LIABILITY	380,999.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,841,115.

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.

1	Total revenue, gains, and other support per audited financial statements		1	17,716,223.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,802,020.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	121,238.	
e	Add lines 2a through 2d	2e		4,923,258.
3	Subtract line 2e from line 1		3	12,792,965.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	299,325.	
b	Other (Describe in Part XIII.)	4b	180,188.	
c	Add lines 4a and 4b	4c		479,513.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	13,272,478.

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

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

1	Total expenses and losses per audited financial statements		1	9,789,473.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	9,789,473.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	299,325.	
b	Other (Describe in Part XIII.)	4b	247,301.	
c	Add lines 4a and 4b	4c		546,626.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,336,099.

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, 2023 CONSISTS OF 22 FUNDS IN WHICH THE BENEFICIARIES WERE DESIGNATED BY THE DONOR AT THE TIME THE FUNDS WERE ESTABLISHED. THEREFORE, THE FOUNDATION HAS NO CONTROL OVER THE DISTRIBUTION OF THESE FUNDS.

PART V, LINE 4:

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

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE INCOME TAX LAWS. THE FOUNDATION IS A 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	121,238.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND REVENUES	180,188.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND EXPENSES	75,743.
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Part XIII Supplemental Information *(continued)*

PROVISION FOR LOAN LOSS 171,558.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 247,301.

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 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AUGUSTANA UNIVERSITY 2001 S SUMMIT AVE SIOUX FALLS, SD 57197-0001	46-0224588	501(C)(3)	11,624.	0.			ORGANIZATIONAL SUPPORT
BENSON LIONS CLUB PO BOX 104 BENSON, MN 56215-0104	41-6059572	501(C)(4)	11,000.	0.			DISC GOLF COURSE
BIBLES FOR MISSIONS THRIFT CENTERS 419 TENTH ST WORTHINGTON, MN 56187	38-3084876	501(C)(3)	24,770.	0.			BIBLES FOR MISSIONS THRIFT CENTERS - MSERP
BLUE AND GOLD EDUCATIONAL FOUNDATION - DIST. 891 - 108 SAINT OLAF AVE N - CANBY, MN 56220-1372	41-1522315	501(C)(3)	58,334.	0.			FY23 DISBURSEMENT, CANBY HIGH SCHOOL SCHOLARSHIP AWARDS
CHRIST LUTHERAN CHURCH PO BOX 87 HENDRICKS, MN 56136-0087	41-1641584	501(C)(3)	5,500.	0.			HENDRICKS FOOD SHELF
CITY CENTRE PROFESSIONAL COMPLEX, LLC - 909 4TH AVE - WORTHINGTON, MN 56187-2365	55-0849731		8,617.	0.			CITY CENTRE PROFESSIONAL COMPLEX - MSERP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **53.**
- 3** Enter total number of other organizations listed in the line 1 table **20.**

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

Schedule I (Form 990) 2022

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
CITY OF COTTONWOOD PO BOX 106 COTTONWOOD, MN 56229-0106	41-6005075	GOVERNMENT	175,000.	0.			COTTONWOOD SPLASH PAD
CITY OF DARWIN PO BOX 67 DARWIN, MN 55324-0067	41-6008390	GOVERNMENT	13,161.	0.			DARWIN EVENTS 2022
CITY OF GRANITE FALLS 641 PRENTICE ST GRANITE FALLS, MN 56241-1517	41-6005203	GOVERNMENT	505,624.	0.			RICHTER FIELD IMPROVEMENTS, YME SOFTBALL FIELD UPDATES, COMMUNITY PLAYGROUND, AND
CITY OF HENDRICKS PO BOX 86 HENDRICKS, MN 56136-0086	41-6005227	GOVERNMENT	10,000.	0.			HENDRICKS FIRE DEPARTMENT
CITY OF IVANHOE PO BOX 54 IVANHOE, MN 56142-0054	41-6005261	GOVERNMENT	20,000.	0.			PARK IMPROVEMENTS AND IVANHOE FIRE DEPARTMENT
CITY OF MADISON 404 6TH AVE MADISON, MN 56256-1237	41-6005335	GOVERNMENT	14,452.	0.			BASEBALL FIELD
CITY OF MORTON PO BOX 127 MORTON, MN 56270-0127	41-1619901	GOVERNMENT	12,000.	0.			CITY BEAUTIFICATION PROJECT
CITY OF PIPESTONE 119 2ND AVE SW PIPESTONE, MN 56164-1683	41-6005460	GOVERNMENT	16,457.	0.			MESSAGE SIGN AT HARMON PARK AND POWER OF PRODUCE (POP) CLUB PROGRAMS
CITY OF WALNUT GROVE PO BOX 335 WALNUT GROVE, MN 56180-0335	41-6005611	GOVERNMENT	10,000.	0.			WALNUT GROVE AMBULANCE UPDATE LIFE SAVING EQUIPMENT

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
CONEXIONES PO BOX 346 MORRIS, MN 56267-0346	81-3094564	501(C)(3)	10,000.	0.			CONNECTING SWIFT COUNTY
COTTONWOOD ECONOMIC DEVELOPMENT AUTHORITY - 78 W MAIN ST - COTTONWOOD, MN 56229-2137	41-6005075	GOVERNMENT	6,000.	0.			COTTONWOOD CHILD CARE CENTER
FOUNDATION FOR ESSENTIAL NEEDS 701 3RD ST N STE 203 MINNEAPOLIS, MN 55401-1491	27-4342240	501(C)(3)	10,000.	0.			FOOD SHELVES SUPPORT
FOUNDATION FOR INNOVATION IN EDUCATION - 1420 E COLLEGE DR - MARSHALL, MN 56258-2065	82-4640555	501(C)(3)	20,000.	0.			CREATING ENTREPRENEURIAL OPPORTUNITIES (CEO) PROGRAM COTTONWOOD & JACKSON COUNTIES AND
FRIENDS OF THE AUDITORIUM, INC. 714 13TH ST WORTHINGTON, MN 56187-2286	41-1760089	501(C)(3)	8,000.	0.			CULTURAL PRIDE THROUGH NATIVE AMERICAN DANCE
FRIENDS OF THE ORCHESTRA, LTD. 803 CHERYL AVE MARSHALL, MN 56258-2117	41-1799541	501(C)(3)	5,716.	0.			FISCAL YEAR 2023 DISBURSEMENT
GREATER MILAN INITIATIVE PO BOX 128 MILAN, MN 56262-0128	26-0774267	501(C)(3)	10,000.	0.			MILAN KIDS CLUB/ECFE PROGRAM
HENDRICKS COMMUNITY FOUNDATION PO BOX 86 HENDRICKS, MN 56136-0086	33-1067345	501(C)(3)	10,000.	0.			VETERAN'S MEMORIAL PARK
INITIATIVE FOUNDATION 405 1ST ST SE LITTLE FALLS, MN 56345-3007	36-3451562	501(C)(3)	480,000.	0.			INITIATIVE FOUNDATION BELONGING, ANTI-HATE, AND ANTI-RACISM

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
ISD #129 - MONTEVIDEO 2001 WILLIAMS AVE MONTEVIDEO, MN 56265-1599	41-6000507	EDUCATION	24,750.	0.			SIDEWALK PROJECT AND CREATE AND IMPLEMENT A FOUNDATIONS OF MEDICAL CAREERS
ISD #2159 - BUFFALO LAKE-HECTOR-STEWART - PO BOX 307 - HECTOR, MN 55342-0307	41-1751593	EDUCATION	40,036.	0.			LITTLE STANGS LEARNING CENTER WORKFORCE, SPRING 2023 TEACHER'S GRANTS, LSLC PLAYGROUND PROJECT,
ISD #2180 - MACCRAY PO BOX 690 CLARA CITY, MN 56222-0690	41-1783004	EDUCATION	14,960.	0.			TEACHER'S GRANTS REQUEST
ISD #2184 - LUVERNE PUBLIC SCHOOLS 709 N KNISS AVE LUVERNE, MN 56156-1229	41-6008465	EDUCATION	27,079.	0.			CHILD GUIDE PROGRAM
ISD #2895 - JACKSON COUNTY CENTRAL PO BOX 119 JACKSON, MN 56143-0119	41-1872029	EDUCATION	10,500.	0.			2023 STUDENT SCHOLARSHIPS
ISD #2902 - RUSSELL TYLER RUTHTON PUBLIC SCHOOLS - PO BOX 659 - TYLER, MN 56178-0659	20-4928015	EDUCATION	32,925.	0.			WEIGHT ROOM & ART CENTER, SCHOOL GRANTS, JUNIOR KNIGHTS, FITNESS, FFA, AND YEARBOOK PROGRAM
ISD #2903 - ORTONVILLE PUBLIC SCHOOL - 200 TROJAN DR - ORTONVILLE, MN 56278-1393	41-6000273	EDUCATION	5,200.	0.			SCHOLARSHIPS, BPA, AND INDUSTRIAL TECH PROGRAM
ISD #347 - WILLMAR 611 5TH ST SW WILLMAR, MN 56201-3218	41-6001746	EDUCATION	40,000.	0.			WEST CENTRAL MN TALKING IS TEACHING CAMPAIGN AND CHILD GUIDE PROGRAM
ISD #403 - IVANHOE PUBLIC SCHOOL PO BOX 9 IVANHOE, MN 56142-0009	41-6001990	EDUCATION	28,000.	0.			OUTDOOR COMMUNITY BASKETBALL COURT

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
ISD #423 - HUTCHINSON 30 GLEN ST NW HUTCHINSON, MN 55350-1618	41-6002222	EDUCATION	14,345.	0.			2022-2023 GRANTS AND MANUFACTURING AND HEALTH CAREER SUMMER EXPLORATORY CAMPS
ISD #465 - LITCHFIELD SCHOOL 114 N HOLCOMBE AVE STE 110 LITCHFIELD, MN 55355-2345	41-6002290	EDUCATION	22,421.	0.			LHS SCHOLARSHIPS AND TEACHER'S GRANTS 2023
ISD #511 - ADRIAN PO BOX 40 ADRIAN, MN 56110-0040	41-6008514	EDUCATION	7,000.	0.			HEARING ASSISTANCE
ISD #518 - WORTHINGTON 1117 MARINE AVE WORTHINGTON, MN 56187-1610	41-6008522	EDUCATION	25,500.	0.			VISION AND HEARING TEST EQUIPMENT AND DISCOVERY ROOM CREATION
ISD #777 - BENSON PUBLIC SCHOOLS 1400 MONTANA AVE BENSON, MN 56215-1246	41-6004181	EDUCATION	10,000.	0.			MARCHING BAND COLORADO TOUR 2023
KANDIYOHI COUNTY FOOD SHELF 624 PACIFIC AVE SW WILLMAR, MN 56201-3256	41-1432367	501(C)(3)	14,000.	0.			KANDIYOHI COUNTY FOOD SHELF
MARSHALL AREA YMCA 200 S A ST MARSHALL, MN 56258-1700	41-1984589	501(C)(3)	20,000.	0.			MIDDLE SCHOOL AFTER SCHOOL PROGRAM
MCLEOD EMERGENCY FOOD SHELF-GLENCOE - 719 13TH ST E STE A - GLENCOE, MN 55336-2802	41-1470696	501(C)(3)	7,440.	0.			GLENCOE/HUTCHINSON FOOD SHELF
MCLEOD EMERGENCY FOOD SHELF-HUTCHINSON - 498 HIGHWAY 7 E - HUTCHINSON, MN 55350-1917	41-1470696	501(C)(3)	5,907.	0.			HUTCHINSON SITE REFRIGERATION EXPANSION PROJECT

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
MEEKER COUNTY FOOD SHELF 118 N SIBLEY AVE LITCHFIELD, MN 55355-2139	41-1459645	501(C)(3)	5,520.	0.			LITCHFIELD/DASSEL FOOD SHELF
MINI SOTA AGRICULTURAL CHILDREN'S MUSEUM - PO BOX 75 - BENSON, MN 56215-0075	92-1619710	501(C)(3)	14,500.	0.			MINI SOTA AGRICULTURAL CHILDREN'S MUSEUM
MINNESOTA COUNCIL ON FOUNDATIONS 800 WASHINGTON AVE N STE 703 MINNEAPOLIS, MN 55401-2759	41-1269275	501(C)(3)	7,750.	0.			2023 MCF MEMBERSHIP
MINNESOTA RIVER AREA AGENCY ON AGING, INC. - 201 N BROAD ST STE 102 - MANKATO, MN 56001-3569	26-1632413	501(C)(3)	9,000.	0.			SUPPORTING COMMUNITY ENGAGEMENT
MONTEVIDEO AREA YOUTH CENTER 802 N 2ND ST MONTEVIDEO, MN 56265-1384	46-2666914	501(C)(3)	24,495.	0.			CHIPPEWA VALLEY YOUTH CLUB AND BIENVENIDOS AMIGOS/WELCOME FRIENDS
NEIGHBORS UNITED RESOURCE CENTER 415 9TH AVE STE 202 GRANITE FALLS, MN 56241-1374	41-1637586	501(C)(3)	6,000.	0.			FOOD SHELF BASIC NEEDS
NORTHLAND FOUNDATION 202 W SUPERIOR ST STE 800 DULUTH, MN 55802-1924	41-1554455	501(C)(3)	480,000.	0.			NORTHLAND FOUNDATION BELONGING, ANTI-HATE, AND ANTI-RACISM
NORTHWEST MINNESOTA FOUNDATION 201 3RD ST NW BEMIDJI, MN 56601-3111	41-1556013	501(C)(3)	480,000.	0.			NORTHWEST MINNESOTA FOUNDATION BELONGING, ANTI-HATE, AND ANTI-RACISM
OUR LADY OF GUADALUPE FREE CLINIC PO BOX 731 WORTHINGTON, MN 56187	46-1425247	501(C)(3)	10,000.	0.			HEALTH CARE FOR THE UNDERSERVED

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
OUR LADY OF THE LAKES 6680 153RD AVE NE SPICER, MN 56288-9663	41-1308081	501(C)(3)	9,000.	0.			MISSION SUPPORT
PACT FOR FAMILIES COLLABORATIVE 2200 23RD ST NE STE 2030 WILLMAR, MN 56201-6608	41-1857830	GOVERNMENT	10,000.	0.			FOOD AND CONVENING PROJECT AND FAMILY RESILIENCY PROJECT
PALMA CUSTOMS AND AUTO SALES, LLC 1426 OXFORD ST WORTHINGTON, MN 56187-1764	47-4503961		30,000.	0.			PALMA 1506 - MSERP
PIPESTONE COUNTY FOOD SHELF 223 2ND ST NW PIPESTONE, MN 56164-1635	55-0888466	501(C)(3)	5,920.	0.			PIPESTONE FOOD SHELF
PIPESTONE SENIOR CITIZENS CENTER PO BOX 291 PIPESTONE, MN 56164-0291	41-1470351	501(C)(3)	125,000.	0.			SCHROEDER SENIOR CENTER AND FOOD SHELF BUILDING
PRAIRIE FIVE COMMUNITY ACTION COUNCIL - PO BOX 159 - MONTEVIDEO, MN 56265-0159	41-0904802	501(C)(3)	110,000.	0.			AGING WELL PROGRAM - YEAR 7 & 8, GROUP CDA COURSE, AND VITA FREE TAX CLINIC
PRAIRIE HOME HOSPICE AND COMMUNITY CARE - 1108 E COLLEGE DR - MARSHALL, MN 56258-1902	41-1494079	501(C)(3)	10,108.	0.			FISCAL YEAR 2023 DISBURSEMENT
REACH OUT AND READ MINNESOTA 3800 AMERICAN BLVD W BLOOMINGTON, MN 55431-4420	81-1641189	501(C)(3)	10,000.	0.			REACH OUT AND READ IN SOUTHWEST MN
REBUILDING TOGETHER-TWIN CITIES PO BOX 266 WINDOM, MN 56101-0266	41-1893180	501(C)(3)	20,000.	0.			COTTONWOOD COUNTY REBUILDING DAY

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
SAINT JOHN'S SCHOOL OF THEOLOGY AND SEMINARY - PO BOX 5866 - COLLEGEVILLE, MN 56321-5866	45-3656162	RELIGIOUS	15,000.	0.			PREPARING FOR PRIESTHOOD
SOUTHERN MINNESOTA INITIATIVE FOUNDATION - PO BOX 695 - OWATONNA, MN 55060-0695	36-3454285	501(C)(3)	480,000.	0.			SOUTHERN MINNESOTA INITIATIVE FOUNDATION BELONGING, ANTI-HATE, AND ANTI-RACISM
SPLASH ISLAND ADVENTURE PARK 731 GROVE AVE BIRD ISLAND, MN 55310-1173	87-2232098	501(C)(3)	6,000.	0.			SPLASH ISLAND ADVENTURE PARK FEATURE
ST. JAMES EPISCOPAL CHURCH 101 N 5TH ST MARSHALL, MN 56258-1303	41-6098516	501(C)(3)	14,344.	0.			FISCAL YEAR 2023 DISBURSEMENT
ST. JOHNS PREPARATORY SCHOOL PO BOX 4000 COLLEGEVILLE, MN 56321-4000	41-0693973	RELIGIOUS	10,000.	0.			TUITION ASSISTANCE
TSADKANE MARIAM ETHIOPIAN ORTHODOX TEWAHEDO CHURCH - 1724 CLIFTON AVE - WORTHINGTON, MN 56187-1963	46-5411580	501(C)(3)	30,000.	0.			MSERP - TSADKANE MARIAM ETHIOPIAN ORTHODOX TEWAHEDO CHURCH
UNITED COMMUNITY ACTION PARTNERSHIP - 1400 S SARATOGA ST - MARSHALL, MN 56258-3114	41-0904860	501(C)(3)	45,830.	0.			HELPING PEOPLE GET THERE AND KITCHEN TABLE FOOD SHELF-MARSHALL
UNITED WAY OF MCLEOD COUNTY PO BOX 504 HUTCHINSON, MN 55350-0504	41-6051875	501(C)(3)	15,000.	0.			UWMC DOLLY PARTON IMAGINATION LIBRARY (DPIL) AND DOLLY PARTON IMAGINATION LIBRARY:
UNITED WAY OF WEST CENTRAL MINNESOTA - PO BOX 895 - WILLMAR, MN 56201-0895	41-0844871	501(C)(3)	10,000.	0.			GROWMOBILE PRESCHOOL SCREENING AND EVALUATION VEHICLE

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
WEST CENTRAL INITIATIVE PO BOX 318 FERGUS FALLS, MN 56538-0318	36-3453471	501(C)(3)	480,000.	0.			WEST CENTRAL INITIATIVE BELONGING, ANTI-HATE, AND ANTI-RACISM
WESTERN MENTAL HEALTH CENTER 1212 E COLLEGE DR MARSHALL, MN 56258-2010	41-0877940	501(C)(3)	6,220.	0.			TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY
WILLIAMS FAMILY COMPANIES 1045 20TH ST SE MONTEVIDEO, MN 56265-4058	83-2335973		50,786.	0.			SQUEAKY CLEAN CAR WASH - MSERP
WORTHINGTON AREA YMCA 1501 COLLEGEWAY WORTHINGTON, MN 56187-3028	41-6007569	501(C)(3)	8,071.	0.			FISCAL YEAR 2023 DISBURSEMENT

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	7	171,234.	0.		
MSERP INDIVIDUALS	4	81,831.	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. EACH ADVISED FUND COMMITTEE MUST SUBMIT A ROSTER OF THEIR ADVISORS FOR BOARD REVIEW AND APPROVAL ANNUALLY, AND CRITERIA FOR THEIR GRANT IS REVIEWED TO ENSURE COMPLIANCE WITH ALL STATE AND FEDERAL REGULATIONS AND MEETS THE REQUIRED CHARITABLE PURPOSE OF THE FUND AGREEMENTS IN PLACE.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF GRANITE FALLS

(H) PURPOSE OF GRANT OR ASSISTANCE: RICHTER FIELD IMPROVEMENTS, YME
SOFTBALL FIELD UPDATES, COMMUNITY PLAYGROUND, AND WEBBER PLAYGROUND

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR INNOVATION IN EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATING ENTREPRENEURIAL
OPPORTUNITIES (CEO) PROGRAM COTTONWOOD & JACKSON COUNTIES AND MINNESOTA
RIVER VALLEY CEO PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

ISD #2159 - BUFFALO LAKE-HECTOR-STEWART

(H) PURPOSE OF GRANT OR ASSISTANCE: LITTLE STANGS LEARNING CENTER
WORKFORCE, SPRING 2023 TEACHER'S GRANTS, LSLC PLAYGROUND PROJECT, AND
SUMMER PAINTING PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF MCLEOD COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: UWMC DOLLY PARTON IMAGINATION
LIBRARY (DPIL) AND DOLLY PARTON IMAGINATION LIBRARY: WELCOME TO READING
BABY! 2023

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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 FORMER PRESIDENT/CEO	(i)	141,132.	0.	24,325.	8,275.	31,431.	205,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(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 RECEIVES SOURCED DATA, INCLUDING 990'S FROM OTHER ORGANIZATIONS AND THE GALLAGHER HUMAN RESOURCES & COMPENSATION CONSULTING PRACTICE. THIS DATA IS REFRESHED ANNUALLY, INCORPORATING A WAGE INFLATION INDICATOR PROVIDED BY GALLAGHER HUMAN RESOURCES & COMPENSATION CONSULTING PRACTICE. THE BOARD OVERSEES THE COMPENSATION OF THE PRESIDENT/CEO. TO ENSURE THAT WE REMAIN COMPETITIVE AMONG OUR EMPLOYEES, THE FOUNDATION CONTINUOUSLY MONITORS THE LABOR MARKET, CONDUCTING A COMPREHENSIVE MARKET REVIEW ANNUALLY, FACILITATED BY GALLAGHER HUMAN RESOURCES & COMPENSATION CONSULTING PRACTICE AND OVERSEEN BY THE PRESIDENT/CEO.

PAY STRUCTURES (I.E., JOB VALUES) ARE EVALUATED AND ADJUSTED (AS APPROPRIATE) CONSISTENT WITH CHANGES IN THE LABOR MARKET WITHIN WHICH THE FOUNDATION COMPETES FOR TALENT AND WITH CONSIDERATION FOR OUR OVERALL BUDGET AND SUSTAINABILITY OVER TIME. INDIVIDUAL PAY ADJUSTMENTS ARE THEN MADE BASED UPON CHANGES IN THE LABOR MARKET FOR THEIR POSITION AND PERFORMANCE IN THE ROLE TO ENSURE RESULTING PAY IS COMPETITIVE AND EQUITABLE ACROSS THE FOUNDATION, PARTICULARLY FOR KEY EMPLOYEES AND HIGHLY

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.

COMPENSATED EMPLOYEES. ANNUALLY, THIS REVIEW INCORPORATES A WAGE INFLATION INDICATOR PROVIDED BY GALLAGHER HUMAN RESOURCES & COMPENSATION CONSULTING PRACTICE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	40	766,474.	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 (CONSULTING)	X	1	2,850.	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 3 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) 2022

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, PART I, COLUMN (B):

THERE WERE 41 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 for the latest information.

OMB No. 1545-0047

2022

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

SOUTHWEST INITIATIVE FOUNDATION (SWIF) IS A NONPROFIT COMMUNITY

FOUNDATION CONNECTING PEOPLE, INVESTING IN IDEAS AND BUILDING

COMMUNITIES TO CREATE A SOUTHWEST MINNESOTA WHERE ALL PEOPLE THRIVE.

SINCE ITS FOUNDING IN 1986, SWIF HAS DISTRIBUTED MORE THAN \$115 MILLION

THROUGH ITS GRANTMAKING AND BUSINESS FINANCE PROGRAMS. A TALENTED TEAM

OF STAFF AND DEDICATED BOARD MEMBERS WORK ALONGSIDE OUR PARTNERS,

DONORS AND COMMUNITY LEADERS ON PROJECTS AND PROGRAMS THAT DIRECTLY

SUPPORT OUR MISSION.

FROM THE BEGINNING, WE HAVE FOCUSED ON 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 IS UNIQUELY POSITIONED TO PROVIDE REGIONAL LEADERSHIP, OFFERING A

TRUSTED PERSPECTIVE THAT CAN UNITE EFFORTS AND LEADERS THROUGHOUT

SOUTHWEST MINNESOTA. AS AN INDEPENDENT COMMUNITY FOUNDATION, SWIF

CARRIES A LONG-TERM COMMITMENT TO THE REGION AND CAN LEVERAGE OUTSIDE

FUNDING AND EXPERTISE. SWIF ALSO HAS A DEEP HISTORY OF BRINGING PEOPLE

TOGETHER FROM ALL SECTORS TO EXPLORE AND IMPLEMENT LOCAL SOLUTIONS.

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-155592
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WAYS: IMPROVING THE REGION'S ECONOMIC SELF-RELIANCE, OVERCOMING HUMAN DISTRESS AND PROMOTING REGIONAL LEADERSHIP, COORDINATION AND PARTNERSHIPS. WE CONTINUE TO ADDRESS THESE BROAD AREAS AND SERVE AS A PARTNER THROUGH BUSINESS FINANCE AND ECONOMIC DEVELOPMENT, GRANTMAKING AND COMMUNITY PROGRAMMING, AND COMMUNITY GIVING AND PHILANTHROPY.

THE LASTING OUTCOME OF OUR WORK IS ECONOMIC MOBILITY, FOR ALL PEOPLE IN SOUTHWEST MINNESOTA TO ATTAIN A REASONABLE STANDARD OF LIVING, EXPERIENCE THE DIGNITY THAT COMES FROM HAVING POWER AND AUTONOMY OVER THEIR LIVES AND BE ENGAGED IN AND VALUED BY THEIR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS IN 2016, SOUTHWEST INITIATIVE FOUNDATION EMBARKED ON A FOCUSED APPROACH TO HELP ALL SOUTHWEST MINNESOTA KIDS SUCCEED TOWARD ECONOMIC MOBILITY, KNOWN AS THE GROW OUR OWN INITIATIVE.

THE ENTIRETY OF THE COMMUNITY IMPACT TEAM IS ALIGNED TO WORK AT THE COMMUNITY LEVEL, EQUIPPING RESIDENTS AND ORGANIZATIONS WITH OPPORTUNITIES TO STRENGTHEN THEIR NETWORKS, BONDS, SUPPORTS AND PROGRAMS. THROUGH THESE COMMUNITY DEVELOPMENT EFFORTS, WE CAN LEAD INDIVIDUALS AND COMMUNITIES THROUGH GROWTH.

SWIF HAS RELAUNCHED GROWING LOCAL: EMERGING LEADERS, AN EIGHT-MONTH TRAINING PROGRAM DESIGNED TO HELP UP AND COMING LEADERS DISCOVER AND BUILD UPON THEIR UNIQUE STRENGTHS SO THEY CAN MAKE A DIFFERENCE IN THEIR COMMUNITIES. THIS PROGRAM HELPS CULTIVATE A VITAL LEADERSHIP PIPELINE FOR SW MN.

Name of the organization SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-155592
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SWIF COORDINATES WELCOMING WEEK EFFORTS ACROSS SW MN RANGING FROM 6 TO 16 COMMUNITIES. THROUGH THIS, ORGANIZATIONS AND COMMUNITIES BRING TOGETHER NEIGHBORS OF ALL BACKGROUNDS TO BUILD STRONG CONNECTIONS AND AFFIRM THE IMPORTANCE OF WELCOMING AND INCLUSIVE PLACES IN ACHIEVING COLLECTIVE PROSPERITY. SWIF PROVIDES FUNDING AND SUPPORT FOR WELCOMING WEEK CELEBRATIONS IN COMMUNITIES ACROSS OUR REGION AS PART OF OUR MEMBERSHIP IN WELCOMING AMERICA, THE NATIONAL ORGANIZATION FOUNDED WELCOMING WEEK.

THE WELCOMING AND INCLUSIVE COMMUNITIES PROJECT AT SWIF HELPS COMMUNITY MEMBERS BUILD RELATIONSHIPS AND LEARN INCLUSIVE COMMUNITY PRACTICES WHILE GROWING THEIR LOCAL NETWORK OF "WELCOMERS" WHO ARE PASSIONATE ABOUT INCLUDING EVERYONE. COMMUNITIES APPLY TO BE PART OF THE PROJECT AND THEN PARTICIPATE IN MONTHLY COHORT MEETINGS TO SHARE TOOLS, SKILLS AND STRATEGIES FOR WELCOMING AND INCLUSION.

OVER THE PAST SEVEN 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 FINANCIAL PLANNING, EARLY CHILDHOOD DEVELOPMENT, PROVIDER TRAINING, YOUTH ACTIVITIES AND JOB SHADOWING/TRAINING.

RELIEF EFFORTS FOLLOWING THE PANDEMIC INCLUDED GRANTS TO SOUTHWEST MINNESOTA ORGANIZATIONS PROVIDING FUNDING TO PROGRAMS FOR EARLY CHILDHOOD DEVELOPMENT THROUGH SOCIAL AND EMOTIONAL SUPPORTS FOR THE CHILDREN AND TRAINING FOR THE PROVIDERS OF THESE SERVICES.

Name of the organization SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-155592
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SWIF ALSO DEMONSTRATED THE BEST PRACTICES LEARNED THROUGH THE PHILANTHROPIC PREPAREDNESS, RESILIENCE & 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 CONTINUES TO FUND AGE-FRIENDLY COMMUNITIES WORK LAUNCHED IN 2016, IN PARTNERSHIP WITH THE MINNESOTA RIVER AREA AGENCY ON AGING, THE LOWER SIOUX INDIAN COMMUNITY AND THE PRAIRIE FIVE COMMUNITY ACTION AGENCY. THIS FUND ALSO SUPPORTS A RESPONSIVE GRANT FUND FOR COMMUNITY PROJECTS THAT REDUCE SOCIAL ISOLATION AND LONELINESS FOR SENIOR CITIZENS IN SOUTHWEST MINNESOTA.

FORM 990, PART III, LINE 4B, 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

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

Name of the organization SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-155592
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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 SOUTHWEST INITIATIVE FOUNDATION COMMUNITY-MINDED PEOPLE AND LOCAL NEEDS WITH THE RESOURCES NECESSARY FOR LONG LASTING IMPACT.

FORM 990, PART III, LINE 4C, 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 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

Name of the organization SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-155592
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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 U.S. SMALL BUSINESS ADMINISTRATION (SBA) AND
A RURAL MICROENTREPRENEUR ASSISTANCE PROGRAM LENDER THROUGH THE U.S.
DEPARTMENT OF AGRICULTURE (USDA).

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,

Name of the organization SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-155592
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HOUSING, AND BROADBAND.

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 AND RATIFIED 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. IF A RELATIONSHIP ARISES, IT MUST BE DISCLOSED AT THAT TIME. A CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED 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 FINANCE AND AUDIT COMMITTEE FOR REVIEW AND RECOMMENDATION TO THE BOARD. THE FULL BOARD RECEIVES A COPY OF THE FORM ON THE BOARD PORTAL PRIOR TO VOTING ON THE RECOMMENDATION.

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

AT THE COMMENCEMENT OF EACH FISCAL YEAR, ALL EMPLOYEES RECEIVE THE FOUNDATION'S CONFLICT OF INTEREST POLICY AND QUESTIONNAIRE. ADDITIONALLY,

Name of the organization SOUTHWEST INITIATIVE FOUNDATION	Employer identification number 41-155592
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SHOULD THEY ASSUME A POSITION ON A BOARD THAT COULD POTENTIALLY CONFLICT WITH THE POLICIES OUTLINED THEREIN, THEY ARE OBLIGATED TO UPDATE THE CONFLICTS OF INTEREST QUESTIONNAIRE.

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

THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR THE PRESIDENT/CEO. THE EXECUTIVE COMMITTEE WORKS WITH AN OUTSIDE CONSULTING COMPANY TO UNDERTAKE AN ANNUAL REVIEW TO EVALUATE THE FOUNDATION'S EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET USING INFORMATION GATHERED ON COMPARABLE POSITIONS WITHIN THE SPECIFIC INDUSTRY SECTOR AND FROM INDEPENDENTLY PUBLISHED SURVEYS. THE EXECUTIVE COMMITTEE MEETS INDEPENDENT OF THE PRESIDENT/CEO TO DISCUSS PERFORMANCE RELATIVE TO THE POSITION DESCRIPTION. DURING THESE DELIBERATIONS, THE COMMITTEE ALSO CONSIDERS INPUT OBTAINED FROM OTHER BOARD MEMBERS, STAFF, PROFESSIONAL ADVISORS, GRANT RECIPIENTS AND OTHER INFORMED COMMUNITY LEADERS. THE DATE OF DELIBERATIONS AND SUBSEQUENT MEETINGS WITH THE PRESIDENT/CEO ARE DOCUMENTED IN THE MINUTES OF THE BOARD MEETING, AND THE OUTCOME IS MAINTAINED IN THE CONFIDENTIAL PERSONNEL FILES OF THE FOUNDATION.

THE LAST COMPENSATION REVIEW WAS COMPLETED IN 2023 FOR THE PRESIDENT/CEO.

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.

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

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.	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) 2022

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
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

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

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**

C2

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

SECTION A: Organization Information

Legal Name of Organization SOUTHWEST INITIATIVE FOUNDATION

Federal EIN: 41-1555592

Fiscal Year-End: 06302023
mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address: <u>SCOTT MARQUARDT</u> Contact Person <u>15 3RD AVE NW</u> Street Address <u>HUTCHINSON, MN 55350</u> City, State, and ZIP Code <u>320-587-4848</u> Phone Number <u>SCOTTM@SWIFFOUNDATION.ORG</u> Email Address	Physical Address: <u>SCOTT MARQUARDT</u> Contact Person <u>15 3RD AVE NW</u> Street Address <u>HUTCHINSON, MN 55350</u> City, State, and ZIP Code <u>320-587-4848</u> Phone Number <u>SCOTTM@SWIFFOUNDATION.ORG</u> Email Address
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1. Organization's website: WWW.SWIFFOUNDATION.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).
 Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).
SOUTHWEST INITIATIVE FOUNDATION

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 9,698,717.

6. Has the organization's tax-exempt status with the IRS changed?
 Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
 Yes No If yes, attach explanation.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
Street Address	City, State, and ZIP Code

10. Is the organization a food shelf? Yes No
If yes, is the organization required to file an audit? Yes, audit attached No

Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
DIANA D. ANDERSON FORMER PRESIDENT/CEO	165,457.	39,706.
SCOTT MARQUARDT CURRENT PRESIDENT/CEO	119,457.	24,615.
MARGIE NELSEN CFO	129,113.	5,679.
AMY WOITALEWICZ BUSINESS FINANCE DIRECTOR	109,998.	23,864.

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.
Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. TOTAL INCOME	\$ _____	5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ _____	9
10. EXCESS or DEFICIT	\$ _____	10
(Line 5 minus Line 9)		

ASSETS

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. TOTAL ASSETS	\$ _____	14

LIABILITIES

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$ _____	18

FUND BALANCE/NET WORTH

\$ _____
(Line 14 minus Line 18)

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d				
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

PRESIDENT/CEO (Title) and TREASURER (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20 ____, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the

organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

SCOTT MARQUARDT

Name (Print)

DocuSigned by:

Scott Marquardt

Signature 59ABF747F...

PRESIDENT/CEO

Title

5/15/2024

Date

THOMAS BRAKKE

Name (Print)

DocuSigned by:

Tom Brakke

Signature 25B25B3469...

TREASURER

Title

5/14/2024

Date

BANK ACCOUNT LISTING

BANK NAME - CITIZENS BANK & TRUST, CO.
ADDRESS - 102 S. MAIN ST., P O BOX 339, HUTCHINSON, MN 55350
PHONE NUMBER - 320-587-2233

BANK NAME - BANK OF NEW YORK MELLON
ADDRESS - 240 GREENWICH ST., NEW YORK, NY 10286
PHONE NUMBER - 212-495-1784

BANK NAME - VOYA
ADDRESS - P O BOX 990063, HARTFORD, CT 069199-0063
PHONE NUMBER - 860-580-3097

BANK NAME - BREMER
ADDRESS - 208 E COLLEGE DR., MARSHALL, MN 56258-1818
PHONE NUMBER - 507-537-0222

BANK NAME - EQ SHAREOWNER SERVICES
ADDRESS - P O BOX 64874, ST. PAUL, MN 55164-0874
PHONE NUMBER - 800-401-1957

BANK NAME - GRANITE PARTNERS
ADDRESS - 122 12TH AVE N., STE 201, ST. CLOUD, MN 56303
PHONE NUMBER - 320-251-1800

BANK NAME - RBC WEALTH MANAGEMENT
ADDRESS - 60 S 6TH ST., STE P10, MINNEAPOLIS, MN 55402-4433
PHONE NUMBER - 612-371-7897

BANK NAME - FIRST BANK AND TRUST
ADDRESS - P O BOX 5057, BROOKINGS, SD 57006-5057
PHONE NUMBER - 605-696-2277