

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0087

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

SOUTHWEST INITIATIVE FOUNDATION

41-1555592

Number, street, and room or suite no. If a P.O. box, see instructions.

15 3RD AVE NW

E Unrelated business activity codes (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

HUTCHINSON, MN 55350

C Book value of all assets at end of year 90,345,337.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

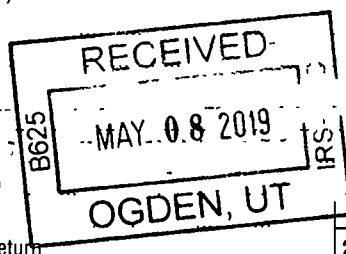
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of MARGIE NELSEN, CFO Telephone number 320-587-4848

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing various income and expense categories.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows 14-34 detailing various deduction categories.



SCANNED JUL 17 2019

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates... 37 Proxy tax... 38 Alternative minimum tax... 39 Tax on Non-Compliant Facility Income... 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)... 42 Subtract line 41e from line 40... 43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)... 44 Total tax. Add lines 42 and 43... 45a Payments: A 2016 overpayment credited to 2017... 46 Total payments. Add lines 45a through 45g... 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached... 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed... 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid... 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here... 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file... 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: Kristin L. Schmidt Date: 1/13/19 Title: PRESIDENT/CEO

Paid Preparer Use Only Print/Type preparer's name: KRISTIN L. SCHMIDT Preparer's signature: [Signature] Date: 1/13/19 Check self-employed: [] PTIN: P01487323 Firm's name: CLIFTONLARSONALLEN LLP Firm's EIN: 41-0746749 Firm's address: 818 SECOND STREET SOUTH, SUITE 320 WAITE PARK, MN 56387 Phone no.: 320-203-5500