

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning

, and ending

Name of foundation FIRST COMMUNITY HEALTH FOUNDATION		A Employer identification number 41-0635532
Number and street (or P.O. box number if mail is not delivered to street address) 130 WEST SUPERIOR STREET	Room/suite 700	B Telephone number 218-727-9872
City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55802		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 6,865,135.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
(Part I, column (d) must be on cash basis.)		

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

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

Part III Analysis of Changes in Net Assets or Fund Balances

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

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	129,018.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

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

2 Total of line 1, column (d)	2	.042041
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.042041
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	6,127,240.
5 Multiply line 4 by line 3	5	257,595.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,705.
7 Add lines 5 and 6	7	260,300.
8 Enter qualifying distributions from Part XII, line 4	8	331,025.

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

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

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

Part VII-A Statements Regarding Activities

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

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.THEVICTORYFUND.ORG	X	
14 The books are in care of KATHERINE HEIMBACH Telephone no. 218-727-9872 Located at 130 WEST SUPERIOR STREET, SUITE 700, DULUTH, MN ZIP+4 55802		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

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

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

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

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

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		77,504.	13,802.	671.

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

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

Total number of other employees paid over \$50,000 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

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

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 15	73,290.
2 SEE STATEMENT 16	17,000.
3	
4	

Part IX-B Summary of Program-Related Investments

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

Total. Add lines 1 through 3 0.

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

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

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

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

Part XII Qualifying Distributions (see instructions)

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

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

Part XIII Undistributed Income (see instructions)

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

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 18

SEE STATEMENT 17

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

c Any submission deadlines:

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

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION INC 525 SOUTH LAKE AVE, SUITE 214 DULUTH, MN 55807		PC	SUPPORT FOR REASON TO HOPE LUNCHEON AND TWIN PORTS WALK	3,500.
KATELYN ADAMS 208 FOURTH AVENUE TWO HARBORS, MN 55616		I	SCHOLARSHIP	500.
LIFE HOUSE 102 W. 1ST STREET DULUTH, MN 55802		PC	TO SUPPORT THE LIFE HOUSE MENTAL HEALTH & WELLNESS PROGRAM	73,333.
MARA CHRISTENSEN 3327 HIGHWAY 2 TWO HARBORS, MN 55616		I	SCHOLARSHIP	500.
CENTER FOR ALCOHOL AND DRUG TREATMENT INC 314 W SUPERIOR ST, SUITE 400 DULUTH, MN 55802		PC	TWIN PORTS RECOVERY WALK	500.
Total	SEE CONTINUATION SHEET(S)			78,533.
b Approved for future payment				
NONE				
Total				0.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

FIRST COMMUNITY HEALTH FOUNDATION

Employer identification number

41-0635532

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization FIRST COMMUNITY HEALTH FOUNDATION	Employer identification number 41-0635532
---	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	METROPOLITAN AREA AGENCY ON AGING 2365 N. MCKNIGHT ROAD NORTH ST. PAUL, MN 55109	\$ 8,661.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FIRST COMMUNITY HEALTH FOUNDATION	Employer identification number 41-0635532
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization FIRST COMMUNITY HEALTH FOUNDATION	Employer identification number 41-0635532
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(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

FORM 990-PF	OTHER INCOME		STATEMENT	4
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
HEALTH PLAN RUN OUT EMPLOYEE MEDICAL PREMIUMS ADJUSTMENT	577.	0.		
TOTAL TO FORM 990-PF, PART I, LINE 11	66,090.	0.		
	66,667.	0.		

FORM 990-PF	ACCOUNTING FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	5,250.	0.		5,250.	
TO FORM 990-PF, PG 1, LN 16B	5,250.	0.		5,250.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT FEES	24,287.	24,287.		0.	
OTHER FEES	14,707.	0.		12,809.	
TO FORM 990-PF, PG 1, LN 16C	38,994.	24,287.		12,809.	

FORM 990-PF	TAXES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES	7,085.	0.		0.
TO FORM 990-PF, PG 1, LN 18	7,085.	0.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSES	1,089.	0.		1,089.
INFORMATION TECHNOLOGY	6,435.	0.		6,435.
INSURANCE	2,362.	0.		2,476.
MISCELLANEOUS EXPENSE	1,514.	0.		1,514.
LEGACY EXPENSES	6,765.	0.		6,765.
INVESTMENT RENTAL EXPENSES - VICTORY APTS	221,593.	158,771.		0.
ALZHEIMER PROGRAM EXPENSES	73,290.	0.		73,290.
ADDICTION PROGRAM EXPENSES	17,000.	0.		17,000.
TO FORM 990-PF, PG 1, LN 23	330,048.	158,771.		108,569.

FORM 990-PF	CORPORATE STOCK		STATEMENT 9
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
FIDELITY DIVERSIFIED INTERNATIONAL FUND	2,407.	2,407.	
T. ROWE PRICE DIVIDEND GROWTH FUND	3,166.	3,166.	
VANGUARD EMERGING MARKETS STOCK INDEX FUND - ADMIRAL SHARES	2,552.	2,552.	
VANGUARD MID CAP INDEX FUND - ADMIRAL SHARES	2,589.	2,589.	
VANGUARD SMALL-CAP GROWTH INDEX FUND - ADMIRAL SHARES	1,937.	1,937.	
VANGUARD SHORT-TERM INFLATION-PROTECTED SECURITIES INDEX FUND - ADMIRAL SHAR	1,226.	1,226.	
VANGUARD REIT INDEX FUND - ADMIRAL SHARES	1,834.	1,834.	
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND - ADMIRAL SHARES	2,531.	2,531.	
FIDELITY CONTRAFUND	3,077.	3,077.	

VANGUARD EQUITY INCOME FUND - ADMIRAL SHARES	3,177.	3,177.
VANGUARD 500 INDEX FUND - ADMIRAL SHARES	3,211.	3,211.
VANGUARD HIGH-YIELD CORPORATE FUND - ADMIRAL SHARES	3,724.	3,724.
FIDELITY GOVERNMENT INCOME FUND	4,883.	4,883.
VANGUARD GNMA FUND - ADMIRAL SHARES	4,899.	4,899.
VANGUARD TOTAL BOND MARKET INDEX FUND - ADMIRAL SHARES	5,029.	5,029.
DODGE & COX INCOME FUND	5,506.	5,506.
VANGUARD SHORT-TERM TREASURY FUND - ADMIRAL SHARES	5,448.	5,448.
VANGUARD SMALL-CAP GROWTH INDEX FUND - ADMIRAL SHARES	163,971.	163,971.
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND - ADMIRAL SHARES	149,315.	149,315.
FIDELITY GOVERNMENT INCOME FUND	182,033.	182,033.
VANGUARD TOTAL BOND MARKET INDEX FUND - ADMIRAL SHARES	184,587.	184,587.
VANGUARD GNMA FUND - ADMIRAL SHARES	182,732.	182,732.
DODGE & COX INCOME FUND	193,127.	193,127.
VANGUARD SHORT-TERM TREASURY FUND - ADMIRAL SHARES	196,783.	196,783.
VANGUARD EMERGING MARKETS STOCK INDEX FUND - ADMIRAL SHARES	205,006.	205,006.
VANGUARD REIT INDEX FUND - ADMIRAL SHARES	163,197.	163,197.
DODGE & COX INTERNATIONAL STOCK	218,675.	218,675.
FIDELITY DIVERSIFIED INTERNATIONAL FUND	220,426.	220,426.
FIDELITY CONTRAFUND	226,516.	226,516.
T. ROWE PRICE GROWTH STOCK FUND	214,433.	214,433.
T. ROWE PRICE DIVIDEND GROWTH FUND	232,933.	232,933.
MAIRS & POWER GROWTH FUND	214,837.	214,837.
VANGUARD MID CAP INDEX FUND - ADMIRAL SHARES	247,072.	247,072.
VANGUARD EQUITY INCOME FUND - ADMIRAL SHARES	254,746.	254,746.
FEDERATED INSTITUTIONAL HIGH YIELD BOND FUND	258,771.	258,771.
VANGUARD 500 INDEX FUND - ADMIRAL SHARES	403,704.	403,704.
TOTAL TO FORM 990-PF, PART II, LINE 10B	<u>4,170,060.</u>	<u>4,170,060.</u>

FORM 990-PF	CORPORATE BONDS	STATEMENT 10
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PRAXAIR, INC. SR NTS 2.45% DUE 2/15/2022 DTD 2/6/2012	50,107.	50,107.
PRECISION CASTPARTS CORP SR NTS 1.25% DUE 1/15/2018 DTD 12/20/2012	49,992.	49,992.
BERKSHIRE HATHAWAY INC SR NTS 1.55% DUE 2/9/2018 DTD 2/11/2013	49,989.	49,989.
HALLIBURTON CO SR NTS 2.00% DUE 8/1/2018 DTD 8/5/2013	49,936.	49,936.

WISCONSIN ELECTRIC POWER CO. SR NTS 1.70% DUE 6/15/2018 DTD 6/13/2013	49,977.	49,977.
CHEVRON CORP GLOBAL SR NTS 2.427% DUE 6/24/2020 DTD 6/24/2013	50,273.	50,273.
UNILEVER CAPITAL CORP GTD SR NTS 2.20% DUE 3/6/2019 DATED 9/6/2013	50,067.	50,067.
NATIONAL RURAL UTILITIES CO-OP NTS 2.30% DUE 11/15/2019 DTD 11/12/2014	50,124.	50,124.
ORACLE CORP SR NTS 2.375% DUE 1/15/2019 DTD 7/16/2013	50,215.	50,215.
TARGET CORP SR NTS 2.30% DUE 6/26/2019 DTD 6/26/2014	50,143.	50,143.
STATOIL ASA SR NTS 2.90% DUE 11/08/2020 DTD 11/8/2013	50,698.	50,698.
TOTAL TO FORM 990-PF, PART II, LINE 10C	551,521.	551,521.

FORM 990-PF OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ACCRUED RESTRICTED INVESTMENT	FMV	59.	59.
FEDERATED GOVERNMENT OBLIGATIONS FUND - PREMIER SHARES	FMV	5,974.	5,974.
ACCRUED INTEREST RECEIVABLE	FMV	5,513.	5,513.
FEDERATED GOVERNMENT OBLIGATIONS FUND - PREMIER SHARES	FMV	229,419.	229,419.
TOTAL TO FORM 990-PF, PART II, LINE 13		240,965.	240,965.

FORM 990-PF OTHER ASSETS STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
MHFA ESCROW	261,593.	307,528.	307,528.
UTILITY - SECURITY DEPOSITS	2,000.	2,000.	2,000.
TO FORM 990-PF, PART II, LINE 15	263,593.	309,528.	309,528.

FORM 990-PF	OTHER LIABILITIES	STATEMENT	13
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
MHFA MORTGAGE PAYABLE		222,309.	177,202.
TOTAL TO FORM 990-PF, PART II, LINE 22		222,309.	177,202.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KAREN ERICKSON 130 WEST SUPERIOR STREET, NO. 700 DULUTH, MN 55802	BOARD CHAIR 1.00	1,500.	0.	0.
GARY OLSON 130 WEST SUPERIOR STREET, NO. 700 DULUTH, MN 55802	DIRECTOR 1.00	1,000.	0.	0.
GREGORY S KVAM 130 WEST SUPERIOR STREET, NO. 700 DULUTH, MN 55802	DIRECTOR 1.00	1,000.	0.	0.
BETH ELSTAD 130 WEST SUPERIOR STREET, NO. 700 DULUTH, MN 55802	SECRETARY 1.00	1,500.	0.	0.
THOMAS HYTEAD 130 WEST SUPERIOR STREET, NO. 700 DULUTH, MN 55802	VICE CHAIR 1.00	1,500.	0.	0.
KATHY MCNAMARA-HEIMBACH 130 WEST SUPERIOR STREET, NO. 700 DULUTH, MN 55802	EXECUTIVE DIRECTOR 28.00	70,004.	13,802.	671.
DIANE HOLLIDAY-WELSH 130 WEST SUPERIOR STREET, NO. 700 DULUTH, MN 55802	DIRECTOR 1.00	500.	0.	0.
JULIE STONE 130 WEST SUPERIOR STREET, NO. 700 DULUTH, MN 55802	DIRECTOR 1.00	500.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		77,504.	13,802.	671.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 15

ACTIVITY ONE

DEMENTIA FRIENDLY DULUTH

OUR GOAL IS TO MAKE THE COMMUNITY MORE AWARE, INFORMED, SENSITIVE AND SUPPORTIVE OF PEOPLE EXPERIENCING AND CARING FOR THOSE WITH ALZHEIMER'S AND OTHER FORMS OF DEMENTIA.

OUR OBJECTIVE IS TO IMPROVE AWARENESS OF THE RESOURCES AND ORGANIZATIONS AVAILABLE TO SUPPORT PEOPLE WITH DEMENTIA AND THEIR FAMILIES AND INCREASE KNOWLEDGE OF DEMENTIA ACROSS THE COMMUNITY.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

73,290.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 16

ACTIVITY TWO

OVATION

WE FUND AREA ORGANIZATIONS THAT PROVIDE PEER-TO-PEER RECOVERY PROGRAMS FOR SUBSTANCE USE DISORDERS. BY EMPOWERING OUR PARTNERS, WE SUPPORT ADVOCACY - AND INNOVATIVE WAYS OF ACHIEVING LONG-TERM RECOVERY.

IN 2017 OVATION, AN INITIATIVE OF THE VICTORY FUND, WAS CREATED AS A PROGRAM DEDICATED TO FINDING SOLUTIONS TO AND SUPPORTING RECOVERY PROGRAMS THAT INCREASE THE SUCCESS OF TREATMENT OF SUBSTANCE USE DISORDERS. IN FISCAL YEAR 2017 THE VICTORY FUND ALLOCATED UP TO \$225,000 (\$75,000 PER YEAR FOR 3 YEARS) TO DEVELOP, PROMOTE, AND/OR EXPAND COMMUNITY-BASED RECOVERY SUPPORT WHICH INCLUDE, BUT ARE NOT LIMITED TO:

- PEER RECOVERY SUPPORT SERVICE PROGRAMS
- PEER MENTORING AND COACHING
- PEER RECOVERY RESOURCE CONNECTIONS
- RECOVERY SUPPORT FOR SPECIAL POPULATIONS
- TRAINING ACADEMY/HUB
- COMMUNITY AWARENESS/EDUCATION
- COMMUNITY SOBER HOUSING
- SOCIAL SUPPORT FOR RECOVERY

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

17,000.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 17
PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KATHY HEIMBACH
130 WEST SUPERIOR STREET, SUITE 700
DULUTH, MN 55802

TELEPHONE NUMBER	NAME OF GRANT PROGRAM
218-727-9872	THE FOUNDERS' FUND SCHOLARSHIP

EMAIL ADDRESS

KHEIMBACH@THEVICTORYFUND.ORG

FORM AND CONTENT OF APPLICATIONS

THE FOUNDERS' FUND SCHOLARSHIP IS AWARDED TO HELP FINANCE THE COST OF HIGHER EDUCATION OR CONTINUING EDUCATION FOR STUDIES IN THE HEALTH CARE FIELD. ONE THOUSAND DOLLARS (\$1,000) WILL BE AWARDED TO EACH RECIPIENT, TO BE PAID OUT IN FIVE HUNDRED DOLLAR (\$500) INSTALLMENTS FOR EACH OF TWO YEARS. A RECIPIENT MAY RE-APPLY FOR AN ADDITIONAL TWO YEARS OF AWARDS AT THE END OF THE FIRST SCHOLARSHIP.

INDIVIDUALS MAY APPLY FOR THE SCHOLARSHIP ONLINE AT WWW.THEVICTORYFUND.ORG OR THE APPLICATION MAY BE DOWNLOADED AND SUBMITTED VIA MAIL TO:

THE VICTORY FUND
KATHY HEIMBACH, EXECUTIVE DIRECTOR
130 WEST SUPERIOR STREET, SUITE 700

ANY SUBMISSION DEADLINES

APRIL 1, EACH YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

ELIGIBILITY REQUIREMENTS:

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

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KATHY HEIMBACH
130 WEST SUPERIOR STREET, SUITE 700
DULUTH, MN 55802

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

218-727-9872

DR. JERRY CHURCH COMMUNITY HEALTH SUSTAINER'S AWARD

EMAIL ADDRESS

KHEIMBACH@THEVICTORYFUND.ORG

FORM AND CONTENT OF APPLICATIONS

THE DR. JERRY CHURCH COMMUNITY HEALTH SUSTAINER'S AWARD IS AVAILABLE TO HELP INDIVIDUALS FINANCE THE COST OF MEDICAL TRAINING. THE AWARD IS ONE THOUSAND DOLLARS (\$1,000) AND WILL BE PAID OUT IN FIVE HUNDRED DOLLAR (\$500) INSTALLMENT FOR EACH OF TWO YEARS.

INDIVIDUALS MAY APPLY FOR THE SCHOLARSHIP ONLINE AT WWW.THEVICTORYFUND.ORG OR THE APPLICATION MAY BE DOWNLOADED AND SUBMITTED VIA MAIL TO:

THE VICTORY FUND
KATHY HEIMBACH, EXECUTIVE DIRECTOR
130 WEST SUPERIOR STREET, SUITE 700
DULUTH, MINNESOTA 55802

ANY SUBMISSION DEADLINES

APRIL 1, EACH YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

ELIGIBILITY REQUIREMENTS:

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

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KATHY HEIMBACH
130 WEST SUPERIOR STREET, SUITE 700
DULUTH, MN 55802

<u>TELEPHONE NUMBER</u>	<u>NAME OF GRANT PROGRAM</u>
218-727-9872	THE VICTORY FUND GRANTS

EMAIL ADDRESS
KHEIMBACH@THEVICTORYFUND.ORG

FORM AND CONTENT OF APPLICATIONS

GENERAL PURPOSES - BASED ON RESOLUTIONS ADOPTED BY THE BOARD OF DIRECTORS, THE FOUNDATION IS OPERATED TO SUPPORT COMMUNITY-BASED PROGRAMS FOCUSED ON FINDING SOLUTIONS TO CHRONIC HEALTH ISSUES.

ORGANIZATIONS MAY APPLY FOR A GRANT ONLINE AT WWW.THEVICTORYFUND.ORG OR THE APPLICATION MAY BE DOWNLOADED AND SUBMITTED VIA MAIL TO:

THE VICTORY FUND
KATHY HEIMBACH, EXECUTIVE DIRECTOR
130 WEST SUPERIOR STREET, SUITE 700
DULUTH, MINNESOTA 55802

ANY SUBMISSION DEADLINES

PROPOSALS ARE REVIEWED AND AWARDED ON A QUARTERLY BASIS

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A - 2D (CONTINUATION)

STATEMENT 18

NAME OR DESCRIPTION OF GRANT PROGRAM

THE FOUNDERS' FUND SCHOLARSHIP

FORM AND CONTENT OF APPLICATIONS

DULUTH, MINNESOTA 55802

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
December 31, 2017

Prepared for	First Community Health Foundation 130 West Superior Street No. 700 Duluth, MN 55802
Prepared by	RSM US LLP 227 W First St, Ste 700 Duluth, MN 55802-1926 (218) 727-5025
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2018
Special Instructions	The return should be signed and dated.

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

2017

For calendar year 2017 or other tax year beginning , and ending

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

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 6,120,440; D Employer identification number 41-0635532; E Unrelated business activity codes 531110; F Group exemption number; G Check organization type 501(c) corporation; H Describe the organization's primary unrelated business activity DEBT-FINANCED RENTAL PROPERTY; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No; J The books are in care of KATHERINE HEIMBACH Telephone number 218-727-9872

Part I Unrelated Trade or Business Income table header with columns (A) Income, (B) Expenses, (C) Net

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 1c Balance, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 4c Capital loss deduction for trusts, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income (89,814), 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total (89,814 / 62,822 / 26,992)

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: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions (0), 30 Unrelated business taxable income before net operating loss deduction (26,992), 31 Net operating loss deduction (SEE STATEMENT 20), 32 Unrelated business taxable income before specific deduction (0), 33 Specific deduction (1,000), 34 Unrelated business taxable income (0)

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Rows include: 35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, 39 Tax on Non-Compliant Facility Income, 40 Total.

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Rows include: 41a Foreign tax credit, 42 Subtract line 41e from line 40, 43 Other taxes, 44 Total tax, 45a Payments, 46 Total payments, 47 Estimated tax penalty, 48 Tax due, 49 Overpayment, 50 Enter the amount of line 49 you want.

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

Table with 3 columns: Question, Yes, No. Rows include: 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... 52 During the tax year, did the organization receive a distribution from... 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

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.

Sign Here: Signature of officer, Date, EXECUTIVE DIRECTOR, Title. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name (MARY BETH SANTORI), Preparer's signature, Date, Check self-employed, PTIN (P00023783), Firm's name (RSM US LLP), Firm's address (227 W FIRST ST, STE 700 DULUTH, MN 55802-1926), Firm's EIN (42-0714325), Phone no. ((218) 727-5025)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
		STATEMENT 21	STATEMENT 22	
(1) VICTORY APARTMENTS, LLC	316,803.	21,864.	199,729.	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
STATEMENT 23	STATEMENT 24			
(1) 201,634.	711,138.	28.35%	89,814.	62,822.
(2)		%		
(3)		%		
(4)		%		
Totals			89,814.	62,822.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 26.
Totals		0.	0.		0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))		0.	0.			0.
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Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

FIRST COMMUNITY HEALTH FOUNDATION
130 WEST SUPERIOR STREET, SUITE 700
DULUTH, MN 55802

EMPLOYER IDENTIFICATION NUMBER: 41-0635532

FOR THE YEAR ENDING DECEMBER 31, 2017

FIRST COMMUNITY HEALTH FOUNDATION IS MAKING THE DE MINIMIS
SAFE HARBOR ELECTION UNDER REG. SECTION 1.263(A)-1(F).

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 20

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/07	142,966.	142,966.	0.	0.
12/31/08	165,005.	15,601.	149,404.	149,404.
12/31/09	390,736.	0.	390,736.	390,736.
12/31/10	2,241,210.	0.	2,241,210.	2,241,210.
12/31/11	1,246,707.	0.	1,246,707.	1,246,707.
NOL CARRYOVER AVAILABLE THIS YEAR			4,028,057.	4,028,057.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 21

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		21,864.	
- SUBTOTAL -	1		21,864.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			21,864.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 22

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OTHER RENTAL EXPENSES		199,729.	
- SUBTOTAL -	1		199,729.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			199,729.

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2017

Prepared for	First Community Health Foundation 130 West Superior Street No. 700 Duluth, MN 55802
Prepared by	RSM US LLP 227 W First St, Ste 700 Duluth, MN 55802-1926 (218) 727-5025
Amount due or refund	Balance due of \$25.00
Make check payable to	State of Minnesota
Mail tax return and check (if applicable) to	Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130
Return must be mailed on or before	July 16, 2018
Special Instructions	The report should be signed and dated by the authorized individual(s).

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 FIRST COMMUNITY HEALTH FOUNDATION

Federal EIN: 41-0635532

Fiscal Year-End: 12312017
mm/dd/yyyy

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

Mailing Address: KATHERINE HEIMBACH	Physical Address: KATHERINE HEIMBACH
Contact Person 130 WEST SUPERIOR STREET, NO. 700	Contact Person 130 WEST SUPERIOR STREET #700
Street Address DULUTH, MN 55802	Street Address DULUTH, MN 55802
City, State, and ZIP Code 218-727-9872	City, State, and ZIP Code 218-727-9872
Phone Number	Phone Number
Email Address	Email Address

1. Organization's website: WWW.THEVICTORYFUND.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).
FIRST COMMUNITY HEALTH FOUNDATION
THE VICTORY FUND

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

5. Total amount of contributions the organization received from Minnesota donors: \$ 8,861.

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

*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	\$ <u>8,861.</u>	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ <u>577.</u>	3
4. Other Revenue	\$ <u>609,451.</u>	4
5. TOTAL INCOME	\$ <u>618,889.</u>	5

EXPENSES

6. Program Expenses	\$ <u>337,479.</u>	6
7. Management & General Expenses	\$ <u>252,965.</u>	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$ <u>590,444.</u>	9
10. EXCESS or DEFICIT	\$ <u>28,445.</u>	10

(Line 5 minus Line 9)

ASSETS

11. Cash	\$ <u>37,832.</u>	11
12. Land, Buildings & Equipment	\$ <u>779,927.</u>	12
13. Other Assets	\$ <u>5,302,681.</u>	13
14. TOTAL ASSETS	\$ <u>6,120,440.</u>	14

LIABILITIES

15. Accounts Payable	\$ <u>36,539.</u>	15
16. Grants Payable	\$ <u>37,500.</u>	16
17. Other Liabilities	\$ <u>177,202.</u>	17
18. TOTAL LIABILITIES	\$ <u>251,241.</u>	18

FUND BALANCE/NET WORTH

	\$ <u>5,869,199.</u>	
--	----------------------	--

(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.	81,700.	81,700.		
2. Grants and other assistance to individuals in the U.S.	1,000.	1,000.		
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	91,306.	91,306.		
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	16,975.	16,975.		
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,035.	4,035.		
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting	5,250.	5,250.		
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees	24,287.		24,287.	
g. Other	14,707.	14,707.		
12. Advertising and promotion				
13. Office expenses	1,089.	1,089.		
14. Information technology	6,435.	6,435.		
15. Royalties				
16. Occupancy	11,106.	11,106.		
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings	2,596.	2,596.		
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization	349.	349.		
23. Insurance	2,362.	2,362.		
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a. RENTAL EXPENSES	221,593.		221,593.	
b. ALZHEIMER PROGRAM EXPEN	73,290.	73,290.		
c. ADDICTION PROGRAM EXPEN	17,000.	17,000.		
d. ALL OTHER EXPENSE STMT 1	15,364.	8,279.	7,085.	
25. Total functional expenses. Add lines 1 through 24d	590,444.	337,479.	252,965.	
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

_____ (Title) and _____ (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.

KATHERINE HEIMBACH

Name (Print)

Name (Print)

Signature

Signature

EXECUTIVE DIRECTOR

Title

Title

Date

Date

ANNUAL REPORT	ALL OTHER EXPENSES FOR FUNCTIONAL EXPENSE STATEMENT			STATEMENT	1
DESCRIPTION	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING	
TAXES	7,085.	0.	7,085.		0.
LEGACY EXPENSES	6,765.	6,765.	0.		0.
MISCELLANEOUS EXPENSES	1,514.	1,514.	0.		0.
TOTAL TO LINE 24D OF STATEMENT OF FUNCTIONAL EXPENSE	15,364.	8,279.	7,085.		0.

2017 TAX RETURN FILING INSTRUCTIONS

MINNESOTA FORM M4NP

FOR THE YEAR ENDING

December 31, 2017

Prepared for	First Community Health Foundation 130 West Superior Street No. 700 Duluth, MN 55802
Prepared by	RSM US LLP 227 w first st, ste 700 duluth, mn 55802-1926 (218) 727-5025
To be signed and dated by	The authorized individual(s).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Minnesota Revenue Mail Station 1257 St. Paul, MN 55146-1257
Return must be mailed on or before	May 15, 2018
Special Instructions	

2017 M4NP Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income.

Tax year beginning 01012017, 2017, and ending 12312017 (required)

Name of Organization FIRST COMMUNITY HEALTH FOUNDATION		FEIN 410635532	Minnesota Tax ID (required) 8201732
Mailing Address 130 WEST SUPERIOR STREET NO. 700		This Organization Files Federal Form (check one) <input checked="" type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL	
City DULUTH	County DULUTH	State MN	ZIP Code 55802
Check All That Apply: <input type="checkbox"/> Amended Return <input type="checkbox"/> Filing Under an Extension <input type="checkbox"/> Final Return (see inst., pg. 3)		Exempt Under IRS Section (check one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 528 <input type="checkbox"/> Other:	
Enter Close Date:		Enter your NAICS Codes (see instructions, pg. 3) 531110 /	
Are you filing a combined income return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was 100% of the business conducted in Minnesota for this tax year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA)	

You must round amounts to nearest whole dollar.

- 1 Federal taxable income **before** Minnesota subtractions (from federal Form 990-T line 34; 1120-C, line 27; 1120-H, line 19; or 1120-POL, line 19) **1** _____
- 2 Total subtractions from federal taxable income (from M4NPI, line 1) **2** _____
- 3 Federal taxable income or (loss) after subtractions. If you conducted business both within and outside Minnesota, complete M4NPA (See instructions, pg. 6.) (If 100% of your activities were conducted in Minnesota, do not complete M4NPA.) **3** _____
- 4 Minnesota taxable net income or (loss) (from M4NPA, line 12, or if 100% of your activities were conducted in Minnesota, enter amount from line 3 above) **4** _____
- 5 Total deductions from taxable net income (from M4NPI, line 2) **5** _____
- 6 Taxable income (subtract line 5 from line 4; if zero or less, enter zero) **6** _____
- 7 Regular tax (multiply line 6 by 9.8% [0.098]; if zero or less, enter zero) **7** _____
- 8 Proxy tax (see instructions, pg. 3) **8** _____
- 9 Tax before credits (add lines 7 and 8) **9** _____
- 10 Total credits against tax (from M4NPI, line 3) **10** _____
- 11 Minnesota tax liability (subtract line 10 from line 9; if zero or less, enter zero) **11** _____
- 12 Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3) **12** _____
- 13 Add lines 11 and 12 **13** _____
- 14 Total refundable credits (from M4NPI, line 4) **14** _____
- 15 Amount credited from your 2016 Form M4NP, line 30 **15** _____

Continued next page

2017 M4NP UBIT Return, Page 2 (continued)

Name of Organization FIRST COMMUNITY HEALTH FOUNDATION	FEIN 410635532	Minnesota Tax ID 8201732
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- 16** 2017 estimated tax payments **16** _____
- 17** 2017 extension payment **17** _____
- 18** Total refundable credits and payments (add lines 14, 15, 16, and 17) **18** _____
- 19** Subtract line 18 from line 13 **19** _____
- 20** Penalty (determine from worksheet in the instructions, pg. 4) **20** _____
- 21** Interest (determine from worksheet in the instructions, pg. 4) **21** _____
- 22** Additional charge for underpayment of estimated tax (from M15NP, line 17) **22** _____
- 23** Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 13, 20, 21, and 22) **23** _____
- 24** Amount from line 23 **24** _____
- 25** Amount from line 18 **25** _____
- 26** **AMOUNT DUE.** If line 24 is more than or equal to line 25, subtract line 25 from 24 **26** _____

Payment method: Electronic (see inst., pg. 2) Check (see inst., pg. 2) Amended return payment by check (see inst., pg. 2)

- 27** **OVERPAYMENT.** If line 25 is more than line 24, subtract line 24 from line 25 **27** _____
- 28** Amount of line 27 to be credited to your 2018 estimated tax **28** _____
- 29** Refund (subtract line 28 from line 27) **29** _____

To have your refund direct deposited, enter your banking information below.

Account type: Checking Savings Routing number _____ Account number (use an account not associated with any foreign banks) _____

I declare that this return is correct and complete to the best of my knowledge and belief.

Authorized Signature	Title	Date	Daytime Phone	<input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.
	EXECUTIVE DIRECTOR		2187279872	
Paid Preparer's Signature	PTIN	Date	Daytime Phone	
	*****		2187275025	
Email Address for Correspondence, if Desired		This email address belongs to (check one):		
		<input type="checkbox"/> Employee <input type="checkbox"/> Paid Preparer		

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.
 Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257