

EXTENDED TO MAY 15, 2018

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>CLEARWAY MINNESOTA (SM)</b>	<b>D</b> Employer identification number <b>41-1921094</b>
Address change	Doing business as	<b>E</b> Telephone number <b>952-767-1400</b>
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2 APPLETREE SQ, 8011 34TH AV S</b>	
Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>MINNEAPOLIS, MN 55425</b>	<b>G</b> Gross receipts \$ <b>46,253,864.</b>
Final return/terminated	<b>F</b> Name and address of principal officer: <b>DAVID J. WILLOUGHBY</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Amended return		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
Application pending	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.CLEARWAYMN.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>MN</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>CLEARWAY MINNESOTA IS AN INDEPENDENT NONPROFIT ORGANIZATION WORKING TO IMPROVE THE HEALTH OF</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	29
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	20
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	41,993.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	35,968.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 119,354.	Current Year 116,327.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	752,840.	3,400,597.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,227.	41,993.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	901,421.	3,558,917.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,227,741.	4,579,457.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,532,295.	3,707,536.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,892,880.	6,599,668.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,652,916.	14,886,661.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-14,751,495.	-11,327,744.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 55,431,244.	End of Year 40,561,925.
	<b>21</b> Total liabilities (Part X, line 26)	3,577,648.	2,469,499.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	51,853,596.	38,092,426.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>DAVID J. WILLOUGHBY, CHIEF EXEC OFFICER</b>	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/type preparer's name <b>LINDA M. NELSON, CPA</b>	Preparer's signature <b>LINDA M. NELSON</b>	Date <b>11/22/17</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00205567</b>
	Firm's name ▶ <b>OLSEN THIELEN &amp; CO., LTD</b>	Firm's EIN ▶ <b>41-1360831</b>	Phone no. <b>651-483-4521</b>		
	Firm's address ▶ <b>2675 LONG LAKE ROAD</b> <b>ST. PAUL, MN 55113</b>				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE PART I, LINE 1

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.

4a (Code: ) (Expenses \$ 7,395,615. including grants of \$ 1,638,913.) (Revenue \$ 0.)

COMMUNICATIONS AND PUBLIC AFFAIRS
COMMUNICATIONS AND OUTREACH ACTIVITIES HELP CLEARWAY MINNESOTA TO PROMOTE CESSATION SERVICES, TO MOTIVATE MINNESOTA TOBACCO USERS TO QUIT AND TO EDUCATE MINNESOTANS ABOUT TOBACCO'S DANGERS. CLEARWAY MINNESOTA DEVELOPS CAMPAIGNS AFTER EXTENSIVE RESEARCH AND PLANNING, USING GUIDELINES FROM THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND LEARNING FROM THE EXPERIENCES OF NATIONAL AND STATE PARTNERS.

CLEARWAY MINNESOTA CONDUCTS STATEWIDE ADVERTISING CAMPAIGNS CONSISTING OF PAID BROADCAST, INTERNET, PRINT AND OUT-OF-HOME ADVERTISING. ADDITIONALLY, CLEARWAY MINNESOTA CONDUCTS OUTREACH INCLUDING COMMUNITY VISITS, MEDIA INTERVIEWS AND MEETINGS WITH COMMUNITY LEADERS. THIS WORK

4b (Code: ) (Expenses \$ 1,569,726. including grants of \$ 807,403.) (Revenue \$ 0.)

RESEARCH
CLEARWAY MINNESOTA PROVIDES GRANTS TO ACADEMIC, PROFESSIONAL AND COMMUNITY-BASED ORGANIZATIONS AROUND THE STATE TO CONDUCT RESEARCH THAT ADVANCES SCIENTIFIC KNOWLEDGE OF EFFECTIVE TOBACCO CONTROL PROGRAMS AND POLICIES. DURING FISCAL YEAR 2017, CLEARWAY MINNESOTA AWARDED SIX RESEARCH GRANTS. FOUR OF THE FISCAL YEAR 2017 GRANTS WERE IN RESPONSE TO OUR REQUEST FOR PROPOSALS ON THE TOPIC OF REDUCING TOBACCO-RELATED HEALTH DISPARITIES. ONE FOCUSES ON IDENTIFYING THE BEST APPROACHES TO INCREASING THE USE OF PROVEN TOBACCO-DEPENDENCE TREATMENT METHODS AMONG ASIAN LANGUAGE-SPEAKING SMOKERS; ONE WILL DEVELOP A FAITH-BASED, COMMUNITY-INFORMED SMOKING CESSATION INTERVENTION IN THE SOMALI IMMIGRANT POPULATION IN MINNESOTA; AND ONE WILL EVALUATE THE

4c (Code: ) (Expenses \$ 3,890,565. including grants of \$ 1,595,222.) (Revenue \$ 0.)

CESSATION
CLEARWAY MINNESOTA PROVIDES EVIDENCE-BASED OR PROMISING PROGRAMS TO HELP MINNESOTANS QUIT TOBACCO USE. SINCE INCEPTION, QUITPLAN SERVICES HAS HELPED MORE THAN 160,000 MINNESOTANS IN THEIR ATTEMPTS TO QUIT.

QUITPLAN SERVICES CONSISTS OF THE QUITPLAN HELPLINE AND INDIVIDUAL QUITPLAN SERVICES. THE QUITPLAN HELPLINE PROVIDES TELEPHONE COUNSELING AND PRINTED MATERIALS TO UNINSURED MINNESOTANS AND THOSE WHOSE INSURANCE DOES NOT COVER CESSATION HELP. OVER-THE-COUNTER NICOTINE REPLACEMENT PRODUCTS IN THE FORM OF PATCHES, GUM AND LOZENGES ARE PROVIDED AS APPROPRIATE. HELPLINE ENROLLEES MAY ALSO ADD INTEGRATED TEXT MESSAGING AND/OR EMAIL SUPPORT SERVICES AS PART OF THE PROGRAM.

4d Other program services (Describe in Schedule O.) (Expenses \$ 705,585. including grants of \$ 537,919.) (Revenue \$ 0.)

4e Total program service expenses 13,561,491.

**Part IV Checklist of Required Schedules**

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

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

		Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	<b>X</b>	

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



Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, and charitable contributions.

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	15		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	15		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MN, CA, NY, VT, MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
**STEVE BADER, CFO - 952-767-1407**  
**8011 34TH AVE S, STE 400, MINNEAPOLIS, MN 55425**

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOY RIKALA BOARD CHAIR (THRU SEPTEMBER 2016)	7.00	X		X			0.	0.	0.	
(2) BOB BOERSCHEL, BOARD CHAIR (BEG SEPT 2016), TREAS (THRU 9/2016)	7.00	X		X			0.	0.	0.	
(3) DANIEL JOHNSON SECRETARY (THRU SEPTEMBER 2016)	2.00	X		X			0.	0.	0.	
(4) ANNE VARS SECRETARY (BEGINNING SEPTEMBER 2016)	4.00	X		X			0.	0.	0.	
(5) VIVIAN JENKINS NELSEN VICE CHAIR	5.00	X		X			0.	0.	0.	
(6) LAURIE LAFONTAINE TREASURER (BEGINNING SEPTEMBER 2016)	5.00	X		X			0.	0.	0.	
(7) GAIL AMUNDSON DIRECTOR (BEGINNING OCT 2016)	1.00	X					0.	0.	0.	
(8) JOEL SWANSON DIRECTOR (THRU FEBRUARY 2017)	4.00	X					0.	0.	0.	
(9) ELLEN DENZEN DIRECTOR	4.00	X					0.	0.	0.	
(10) KELLY DRUMMER DIRECTOR	1.00	X					0.	0.	0.	
(11) PAMELA LUX DIRECTOR	2.00	X					0.	0.	0.	
(12) STEVEN MCWHIRTER DIRECTOR	4.00	X					0.	0.	0.	
(13) HOWARD ORENSTEIN DIRECTOR	1.00	X					0.	0.	0.	
(14) BRIAN OSBERG DIRECTOR	2.00	X					0.	0.	0.	
(15) BRIAN SHORT DIRECTOR	1.00	X					0.	0.	0.	
(16) JANET AVERY DIRECTOR	1.00	X					0.	0.	0.	
(17) KAREN KRAEMER DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NEVADA LITTLEWOLF DIRECTOR	1.00	X					0.	0.	0.	
(19) HUGH NIERENGARTEN DIRECTOR (THRU APRIL 2017)	2.00	X					0.	0.	0.	
(20) TOM WEAVER DIRECTOR (THRU SEPTEMBER 2016)	4.00	X					0.	0.	0.	
(21) DAVID J. WILLOUGHBY CHIEF EXECUTIVE OFFICER	40.00			X			167,409.	0.	48,936.	
(22) STEVEN BADER CHIEF FINANCIAL OFFICER	40.00			X			133,534.	0.	35,951.	
(23) BARBARA SCHILLO VICE PRESIDENT	40.00				X		144,608.	0.	42,375.	
(24) ANDREA MOWERY VICE PRESIDENT	40.00				X		146,727.	0.	35,573.	
(25) JAIME MARTINEZ DIRECTOR OF COMMUNITY DEVELOPMENT	40.00				X		127,391.	0.	31,148.	
(26) RAYMOND BOYLE DIRECTOR OF RESEARCH PROGRAMS	40.00				X		120,888.	0.	31,694.	
<b>1b Sub-total</b>							840,557.	0.	225,677.	
<b>c Total from continuation sheets to Part VII, Section A</b>							113,496.	0.	34,388.	
<b>d Total (add lines 1b and 1c)</b>							954,053.	0.	260,065.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLARITY COVERDALE FURY, INC., 120 SOUTH SIXTH ST, STE 1300, MINNEAPOLIS, MN 55402	MEDIA BUY AND ADVERTISING SERVICES	4,706,843.
PROFESSIONAL DATA ANALYSTS, INC., 219 MAIN STREET SE, STE 302, MINNEAPOLIS, MN 55414	QUITPLAN AND MEDIA EVALUATION	207,985.

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

**SEE PART VII, SECTION A CONTINUATION SHEETS**





**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	116,327.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....			116,327.			
<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			477,173.			477,173.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		45,618,371.					
		<b>b</b> Less: cost or other basis and sales expenses .....		42,694,947.			
		<b>c</b> Gain or (loss) .....		2,923,424.			
	<b>d</b> Net gain or (loss) .....			2,923,424.			2,923,424.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue							
<b>11 a</b> PTNRSH UNRELATED BUSINESS INCOME	<b>900099</b>		41,993.			41,993.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			41,993.			
<b>12 Total revenue.</b> See instructions. ....			3,558,917.	0.	41,993.	3,400,597.	

# Public Inspection Copy

**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  X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,439,804.	4,439,804.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	139,653.	139,653.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	409,465.	281,410.	128,055.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,486,013.	1,710,199.	775,814.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	356,471.	244,159.	112,312.	
<b>9</b> Other employee benefits	241,053.	165,105.	75,948.	
<b>10</b> Payroll taxes	214,534.	147,584.	66,950.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	32,089.	24,922.	7,167.	
<b>c</b> Accounting	22,750.	17,669.	5,081.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	14,264.		14,264.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	107,681.	83,631.	24,050.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	178,645.	148,883.	29,762.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	132,089.	89,932.	42,157.	
<b>17</b> Travel	87,449.	71,944.	15,505.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	29,350.	26,926.	2,424.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	19,843.	13,510.	6,333.	
<b>23</b> Insurance	16,998.	11,573.	5,425.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a PUBLIC EDUCATION/RELATI</b>	5,588,592.	5,585,413.	3,179.	
<b>b EVALUATION FEES</b>	319,132.	319,132.		
<b>c CONSULTANTS</b>	45,240.	36,262.	8,978.	
<b>d OTHER EXPENSES</b>	5,546.	3,780.	1,766.	
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	14,886,661.	13,561,491.	1,325,170.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

# Public Inspection Copy

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	19,158.	1	16,419.	
	<b>2</b> Savings and temporary cash investments .....		2		
	<b>3</b> Pledges and grants receivable, net .....	10,793.	3	45,358.	
	<b>4</b> Accounts receivable, net .....	2,275.	4	844.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			6	
	<b>7</b> Notes and loans receivable, net .....			7	
	<b>8</b> Inventories for sale or use .....			8	
	<b>9</b> Prepaid expenses and deferred charges .....	78,278.	9	49,651.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	414,653.			
	<b>b</b> Less: accumulated depreciation .....	365,405.	42,558.	10c	49,248.
	<b>11</b> Investments - publicly traded securities .....	41,314,068.	11	31,378,168.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	13,964,114.	12	9,022,237.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....		15		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	55,431,244.	16	40,561,925.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,008,394.	17	588,651.	
	<b>18</b> Grants payable .....	2,569,254.	18	1,880,848.	
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....			25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,577,648.	26	2,469,499.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	51,853,596.	27	38,092,426.	
	<b>28</b> Temporarily restricted net assets .....		28		
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	51,853,596.	33	38,092,426.		
<b>34</b> Total liabilities and net assets/fund balances .....	55,431,244.	34	40,561,925.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	3,558,917.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	14,886,661.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-11,327,744.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	51,853,596.
<b>5</b>	Net unrealized gains (losses) on investments .....	<b>5</b>	-2,433,426.
<b>6</b>	Donated services and use of facilities .....	<b>6</b>	
<b>7</b>	Investment expenses .....	<b>7</b>	
<b>8</b>	Prior period adjustments .....	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	38,092,426.

**Part XII Financial Statements and Reporting**

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

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



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2016

Open to Public  
Inspection

Name of the organization <b>CLEARWAY MINNESOTA (SM)</b>	Employer identification number <b>41-1921094</b>
--	---

**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 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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 in 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 ..... 1
  - 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		
SEE	41-1921094	6	X		0.	0.
<b>Total</b>					0.	0.

# Public Inspection Copy

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

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

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		► <input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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



**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)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)		Current Year
<b>2</b>	Enter 85% of line 1		
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)		
<b>4</b>	Enter greater of line 2 or line 3		
<b>5</b>	Income tax imposed in prior year		
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

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

PART I, LINE 12g

COLUMNS (i) & (ii) - STATE OF MINNESOTA THROUGH THE SECOND JUDICIAL DISTRICT COURT. CLEARWAY MINNESOTA (SM) WAS CREATED BY (AND REMAINS SUBJECT TO THE AUTHORITY OF) THE STATE OF MINNESOTA'S JUDICIAL BRANCH, HAVING BEEN FORMED BY ORDER OF THE STATE'S SECOND JUDICIAL DISTRICT COURT TO RECEIVE AND ADMINISTER FUNDS WON BY THE STATE OF MINNESOTA IN THE STATE'S SUCCESSFUL LAWSUIT AGAINST A CONGLOMERATE OF TOBACCO COMPANIES FOR REMEDIES AND RELIEF FROM INJURIES TO THE HEALTH AND WELFARE OF THE PEOPLE OF THE STATE. FROM INCEPTION THE ORGANIZATION'S GOVERNANCE STRUCTURE HAS BEEN UNDER CONTROL OF THAT COURT, AND THE ORGANIZATION'S BOARD IS COMPRISED IN PART OF APPOINTEES WHO SERVE AT THE PLEASURE OF THE STATE'S LEGISLATURE AND EXECUTIVE BRANCHES. EIN IS N/A.

COLUMN (iv) - AS EXPLAINED IN CLEARWAY MINNESOTA (SM)'S EXEMPTION APPLICATION, THERE IS NO SPECIFIC NAMING OF A "SUPPORTED" ORGANIZATION IN THE ARTICLES OF INCORPORATION, BUT THE ARTICLES WERE PART OF THE COURT'S ORDER WHICH ITSELF BOTH CREATES THE ORGANIZATION WITH PURPOSES AND GOVERNANCE STRUCTURE FURTHERING THE STATE'S NEEDS AS MANDATED BY THE COURT ORDER.

COLUMN (v) - 100% OF THE ORGANIZATION'S PROGRAM SERVICE EXPENDITURES (\$13,661,491) RELATE TO UNDERTAKINGS THAT ARE MANDATED BY TERMS ESTABLISHED AT THE TIME OF THE ORGANIZATION'S FORMATION BY THE COURT, MEMORIALIZED WITHIN AND CONTROLLING PURSUANT TO THE ORGANIZATION'S ARTICLES OF INCORPORATION.

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

COLUMN (vi) - 100% OF THE ORGANIZATION'S MANAGEMENT EXPENDITURES (\$1,325,170), AS WELL AS THE ENTIRETY OF ITS EFFORTS CONDUCTED VIA VOLUNTEERS, SUPPORT THE ORGANIZATION'S UNDERTAKINGS FURTHERING THE MEETING OF THE STATE OF MINNESOTA'S NEEDS ADDRESSED IN THE RESPONSE FOR THE PRECEDING COLUMN, (v).

PART IV, SECTION A, LINE 6

HISTORICALLY, AND IN LINE WITH REPORTING OBLIGATIONS TO THE STATE'S COURTS AND OFFICIALS, CLEARWAY MINNESOTA HAS REPORTED PAYMENTS TO ORGANIZATIONS ISSUED UNDER RFPS, AND SOME PAYMENTS TO INDIVIDUALS PROVIDED UNDER RFPS, AS "GRANTS," IN LARGE PART TO ENSURE SYNCHRONICITY WITH THE EXPANDED REPORTING ON SUCH "GRANTS" EFFECTED UPON SCHEDULE I AND REPORTING TO THE STATE'S COURT CLEARWAY MINNESOTA MAKES ON AN ANNUAL BASIS. HOWEVER, THE CHARACTERIZATION OF THE RECIPIENTS AS GRANTEES RATHER THAN AS PROVIDERS OF SERVICES IN LINE WITH THE "GRANT" PROGRAMS' RFPS HAS ALWAYS BEEN AN ISSUE IN PREPARATION OF FORM 990'S PART IX STATEMENT OF FUNCTIONAL EXPENSES, AS THE EXPENDITURES COULD BE REPORTED UPON LINE 11 RATHER THAN LINE 1 (IN THE CASE OF "GRANT" AGREEMENTS WITH ORGANIZATIONS) OR LINE 2 (IN THE CASE OF "GRANT" AGREEMENTS WITH INDIVIDUALS), AND THE EXPANDED REPORTING UPON SAME IN SCHEDULE I). ACCORDINGLY, THE "YES" ANSWER AT PART IV SECTION A LINE 6 IS NOT INDICATIVE OF A VIOLATION OF REG. 1.509(A)-4(I)(2), AS CLEARWAY MINNESOTA RECOGNIZES THAT AS A SUPPORTING ORGANIZATION IT MUST ENGAGE SOLELY IN ACTIVITIES THAT SUPPORT OR BENEFIT ITS SUPPORTED ORGANIZATION AND NOT DEVIATE FROM THIS REQUIREMENT, WHICH PER THE CITED REGULATIONS IN GENERAL MEANS THAT SUPPORTING ORGANIZATIONS ARE ALLOWED TO:

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

- MAKE GRANTS DIRECTLY TO SUPPORTED ORGANIZATIONS;

- PROVIDE SERVICES AND FACILITIES DIRECTLY TO ITS SUPPORTED ORGANIZATIONS;

- MAKE GRANTS OR PROVIDE SERVICES OR FACILITIES TO EITHER INDIVIDUAL MEMBERS OF THE CHARITABLE CLASS BENEFITED BY ITS SUPPORTED ORGANIZATION OR OTHER SUPPORTING ORGANIZATIONS THAT ALSO SUPPORT OR BENEFIT ITS SUPPORTED ORGANIZATION.

CLEARWAY MINNESOTA'S OPERATION OF RFP'S TO EFFECT THE "GRANTS" PROGRAMS EFFECTUATED IN THE SPECIFIC PROGRAM ARENAS NOTED IN THIS FORM'S PART III LINES 4A-4D (AND FULLY DISCUSSED IN FLOW-OVER NARRATION FROM THAT PART TO SCHEDULE O) IS THE METHODOLOGY THAT THE STATE OF MINNESOTA EMBRACED, BOTH WHEN CLEARWAY WAS CREATED AND FUNDED WITH THE STATE OF MINNESOTA'S MONIES AND AS THE STATE CONTINUES TO MAKE GRANTS AND HAVE REPORTING ON SAME PROVIDED BACK TO THE STATE'S COURT AND OFFICIALS.



Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

CLEARWAY MINNESOTA (SM)

Employer identification number

41-1921094

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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) (2016)

# Public Inspection Copy

Name of organization  <b>CLEARWAY MINNESOTA (SM)</b>	Employer identification number  <b>41-1921094</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>116,327.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

# Public Inspection Copy

Name of organization  <b>CLEARWAY MINNESOTA (SM)</b>	Employer identification number  <b>41-1921094</b>
--	---

**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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

# Public Inspection Copy

Name of organization  <b>CLEARWAY MINNESOTA (SM)</b>	Employer identification number  <b>41-1921094</b>
--	---

**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 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 CLEARWAY MINNESOTA (SM) Employer identification number 41-1921094

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.

# Public Inspection Copy

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	57,215.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	65,586.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	122,801.													
<b>d</b> Other exempt purpose expenditures .....	14,749,596.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	14,872,397.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	893,620.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	223,405.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	997,940.	907,438.	929,437.	893,620.	3,728,435.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,592,653.
<b>c</b> Total lobbying expenditures	149,099.	119,532.	111,591.	122,801.	503,023.
<b>d</b> Grassroots nontaxable amount	249,485.	226,860.	232,359.	223,405.	932,109.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,398,164.
<b>f</b> Grassroots lobbying expenditures	90,396.	60,982.	54,566.	57,215.	263,159.



# Public Inspection Copy

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: <ul style="list-style-type: none"> <li><b>a</b> Volunteers? .....</li> <li><b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..</li> <li><b>c</b> Media advertisements? .....</li> <li><b>d</b> Mailings to members, legislators, or the public? .....</li> <li><b>e</b> Publications, or published or broadcast statements? .....</li> <li><b>f</b> Grants to other organizations for lobbying purposes? .....</li> <li><b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....</li> <li><b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....</li> <li><b>i</b> Other activities? .....</li> <li><b>j</b> Total. Add lines 1c through 1i .....</li> </ul>			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**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-A - BRIEF DESCRIPTION OF ORGANIZATION'S LOBBYING ACTIVITIES:**

RESEARCH SHOWS PUBLIC POLICIES THAT REDUCE SECONDHAND SMOKE EXPOSURE AND MAKE TOBACCO PRODUCTS LESS ACCESSIBLE WORK WITH QUIT-SMOKING PROGRAMS TO REDUCE TOBACCO'S HARM TO THE PUBLIC. BECAUSE SUCH POLICIES HELP REDUCE SMOKING RATES AND REDUCE EXPOSURE TO SECONDHAND SMOKE, CLEARWAY MINNESOTA SUPPORTS WORK IN THIS AREA.

# Public Inspection Copy

**Part IV** Supplemental Information (continued)

IN FISCAL YEAR 2017, CLEARWAY MINNESOTA HAD A DIRECT LOBBYING CONTRACT WITH LOCKRIDGE GRINDAL NAUEN P.L.L.P. THIS YEAR'S DIRECT LOBBYING WORK FOCUSED ON DEFENDING THE TOBACCO TAX INCREASES PASSED IN 2013, SECURING SUSTAINED FUNDING FOR A CESSATION QUITLINE, INTRODUCING A BILL TO RAISE THE TOBACCO SALE AGE TO 21 AND LAYING THE GROUNDWORK FOR FUTURE EFFORTS TO RESTRICT YOUTH ACCESS TO CANDY-, FRUIT- AND MENTHOL-FLAVORED TOBACCO PRODUCTS. WE ALSO CONTINUED TO SUPPORT NEW REGULATIONS TO INCREASE ACCESS TO COMPREHENSIVE TOBACCO TREATMENT SERVICES. OTHER LOBBYING ACTIVITIES INCLUDED GRASSROOTS, COMMUNICATIONS AND PUBLIC RELATIONS EFFORTS. THIS YEAR, CLEARWAY MINNESOTA AWARDED EIGHT POLICY GRANTS TO NONPROFIT ORGANIZATIONS AND LOCAL UNITS OF GOVERNMENT TO REDUCE THE HARM TOBACCO CAUSES MINNESOTA THROUGH COALITION BUILDING, POLICY ADVOCACY AND PUBLIC EDUCATION. UP TO 3 PERCENT OF THEIR GRANT AWARDS CAN BE USED FOR LOBBYING ACTIVITIES. IN ADDITION, THE POLICY CHAMPIONS PROJECT ENGAGES INDIVIDUALS FROM PRIORITY POPULATIONS TO HELP ADVANCE CLEARWAY MINNESOTA'S POLICY AGENDA, AND A SMALL PORTION OF THESE CONTRACTS SUPPORT DIRECT AND GRASSROOTS LOBBYING ACTIVITIES. FINALLY, CLEARWAY MINNESOTA ALSO AWARDED GRANTS TO AMERICAN INDIAN TRIBES TO SUPPORT THE DEVELOPMENT OF RESERVATION INITIATIVES TO PROMOTE HEALTH AND ADVANCE SMOKE-FREE POLICIES ON TRIBAL LANDS IN MINNESOTA. A SMALL PORTION OF THESE GRANTS (UP TO \$2,000 PER GRANT) IS USED FOR LOBBYING TO ADVANCE SMOKE-FREE POLICIES ON TRIBAL LANDS.

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.

OMB No. 1545-0047

2016 Open to Public Inspection

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

Name of the organization CLEARWAY MINNESOTA (SM) Employer identification number 41-1921094

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (table with 2a-2d). 3-8. Monitoring and enforcement questions (checkboxes for Yes/No). 9. Description of reporting requirements.

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.

Form with 2 main questions: 1a. Reporting requirements for art, historical treasures, etc. 1b. Amounts relating to these items (revenue/assets). 2. Reporting requirements for financial gain (revenue/assets).

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Public exhibition</p> <p><b>b</b> <input type="checkbox"/> Scholarly research</p> <p><b>c</b> <input type="checkbox"/> Preservation for future generations</p> | <p><b>d</b> <input type="checkbox"/> Loan or exchange programs</p> <p><b>e</b> <input type="checkbox"/> Other _____</p> |
|---|---|
- 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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Temporarily restricted endowment ▶ \_\_\_\_\_ %
- 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 |
| <b>(i)</b> unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 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
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		26,243.	25,792.	451.
<b>d</b> Equipment .....		388,410.	339,613.	48,797.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				49,248.

**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) <b>ALTERNATIVE INVESTMENT</b>		
(B) <b>FUND OF FUNDS</b>	52,107.	<b>END-OF-YEAR MARKET VALUE</b>
(C) <b>PRIVATE EQUITY FUND OF</b>		
(D) <b>FUNDS</b>	8,970,130.	<b>END-OF-YEAR MARKET VALUE</b>
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>9,022,237.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,111,227.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-2,433,426.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-2,433,426.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,544,653.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	14,264.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	14,264.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	3,558,917.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	14,872,397.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	14,872,397.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	14,264.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	14,264.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	14,886,661.

**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 X, LINE 2:**

**FIN 48 (ASC 740) DISCLOSURE FROM AUDITED FINANCIAL STATEMENTS:**

CLEARWAY MINNESOTA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS ALSO EXEMPT FROM MINNESOTA INCOME TAXES.

THE ORGANIZATION FOLLOWS THE CURRENT ACCOUNTING GUIDANCE RELATED TO UNCERTAINTY IN INCOME TAXES. THIS GUIDANCE CLARIFIES THE RECOGNITION THRESHOLD AND MEASUREMENT REQUIREMENTS FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS. THIS INCLUDES POSITIONS THAT THE ENTITY IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO ADDITIONAL INCOME TAX LIABILITY ON UNRELATED BUSINESS INCOME. UNDER THE STANDARDS, THE



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

ORGANIZATION RECOGNIZES TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION HAS IDENTIFIED NO SIGNIFICANT INCOME TAX UNCERTAINTIES. THE ORGANIZATION FILES INFORMATION RETURNS AS A TAX-EXEMPT ORGANIZATION. SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION COULD BE SUBJECT TO REVIEW BY THE IRS.

THE ORGANIZATION'S FEDERAL AND STATE INFORMATION RETURNS ARE OPEN TO EXAMINATION FOR TAX YEARS 2014 THROUGH 2016.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  <b>CLEARWAY MINNESOTA (SM)</b>	Employer identification number  <b>41-1921094</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			INVESTMENT IN COLLER INTERNATIONAL PARTNERS V-B, L.P. FUND		824,224.
<b>3 a</b> Sub-total .....	0	0			824,224.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			824,224.

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▲▲

3 Enter total number of other organizations or entities ▲▲

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**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
  
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**CLEARWAY MINNESOTA (SM)**

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

Employer identification number  
**41-1921094**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALERE WELBEING, INC. 999 THIRD AVENUE, SUITE 2100 SEATTLE, WA 98104	20-0231080	FOR PROFIT CORP	7,163.	0.			PROCESSING FEE FOR REFERRALS TO QUITPLAN SERVICES
ALERE WELBEING, INC. 999 THIRD AVENUE, SUITE 2100 SEATTLE, WA 98104	20-0231080	FOR PROFIT CORP	1,088,631.	0.			QUITPLAN HELPLINE RESEARCH STUDY TO UNDERSTAND AND EVALUATE THE IMPACT OF TRADITIONAL TOBACCO MESSAGING ON FACILITATE AMERICAN INDIAN MESSAGE TESTING FOR CESSATION SERVICES AND COMMUNICATIONS
AMERICAN INDIAN CANCER FOUNDATION 615 FIRST AVENUE NE, SUITE 125 MINNEAPOLIS, MN 55413	27-0300026	501C(3)	250,000.	0.			CONVERSATIONS TO ADVANCE SMOKE-FREE CASINOS IV
AMERICAN INDIAN CANCER FOUNDATION 615 FIRST AVENUE NE, SUITE 125 MINNEAPOLIS, MN 55413	27-0300026	501C(3)	36,441.	0.			FY'17 LOCAL POLICY GRANT
AMERICAN INDIAN CANCER FOUNDATION 615 FIRST AVENUE NE, SUITE 125 MINNEAPOLIS, MN 55413	27-0300026	501C(3)	15,000.	0.			
AMERICAN LUNG ASSOCIATION OF THE UPPER MIDWEST - 490 CONCORDIA AVENUE - ST. PAUL, MN 55103	20-4392201	501C(3)	174,999.	0.			

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **25.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **8.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2016)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION OF THE UPPER MIDWEST - 490 CONCORDIA AVENUE - ST. PAUL, MN 55103	20-4392201	501C(3)	185,865.	0.			FY'17 LOCAL POLICY GRANT
AMHERST H. WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH ST. PAUL, MN 55104	41-0693889	501C(3)	18,571.	0.			FORMATIVE RESEARCH FOR SURVEY DEVELOPMENT - COGNITIVE INTERVIEWS ON SHS SURVEY ITEMS
APPLE TREE DENTAL 8960 SPRINGBROOK DRIVE NW STE 150 MINNEAPOLIS, MN 55433	36-3411437	501C(3)	19,999.	0.			HEALTH SYSTEMS CHANGE DISSEMINATION GRANT
ASSOCIATION FOR NONSMOKERS-MINNESOTA (ANSR) - 2395 UNIVERSITY AVE. W, SUITE 310 - ST. PAUL, MN 55114	41-1410442	501C(3)	59,993.	0.			LAAMPP ALUMNI POLICY CHAMPIONS COORDINATION
ASSOCIATION FOR NONSMOKERS-MINNESOTA (ANSR) - 2395 UNIVERSITY AVE. W, SUITE 310 - ST. PAUL, MN 55114	41-1410442	501C(3)	49,993.	0.			TOBACCO INDUSTRY TRACKING
ASSOCIATION FOR NONSMOKERS-MINNESOTA (ANSR) - 2395 UNIVERSITY AVE. W, SUITE 310 - ST. PAUL, MN 55114	41-1410442	501C(3)	319,999.	0.			FY'17 LOCAL POLICY GRANT
BOSMA CONSULTING, LLC 1616 CLEMSON DRIVE, SUITE B EAGAN, MN 55122	43-2069648	FOR PROFIT LLC	9,000.	0.			LEECH LAKE TRIBAL COLLEGE DISSEMINATION
CENTER FOR ENERGY AND ENVIRONMENT 212 3RD AVENUE NORTH STE 560 MINNEAPOLIS, MN 55401	41-1647799	501C(3)	9,546.	0.			DISSEMINATION AWARD FOR THE WORK DONE ON SMOKE-FREE VEHICLES (SHS FORMATIVE RESEARCH)
CENTER FOR ENERGY AND ENVIRONMENT 212 3RD AVENUE NORTH STE 560 MINNEAPOLIS, MN 55401	41-1647799	501C(3)	12,084.	0.			CONDUCT REAL-TIME MONITORING OF INDOOR FINE PARTICULATE MATTER (PM2.5) CONCENTRATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRACARE HEALTH FOUNDATION 1406 6TH AVENUE NORTH ST. CLOUD, MN 56303	41-1855173	501C(3)	175,000.	0.			FY'17 LOCAL POLICY GRANT-CENTRAL MN
CLAY COUNTY PUBLIC HEALTH 715 11TH ST. NORTH, STE 303 MOORHEAD, MN 56560	41-6005775	2 W CENTRAL COUNTIES	149,987.	0.			FY'17 LOCAL POLICY GRANT-WESTERN MN
DAKOTA WICOHAN 230 WEST 2ND ST MORTON, MN 56270	42-1552956	501C(3)	19,201.	0.			FY'17 COMMUNITY ENGAGEMENT GRANT TO LINK ADULT SMOKERS WITH LOW SOCIOECONOMIC STATUS TO
ESSENTIA HEALTH 502 EAST SECOND STREET DULUTH, MN 55805	20-0360007	501C(3)	19,718.	0.			HEALTH SYSTEMS CHANGE DISSEMINATION GRANT
FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA - 927 TRETTEL LANE - CLOQUET, MN 55720	41-0965719	TRIBAL NATION	230,000.	0.			TRIBAL TOBACCO EDUCATION AND POLICY PROJECT FOR FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA
GOODHUE COUNTY HEALTH AND HUMAN SERVICES - 426 WEST AVENUE, ROOM 104 - RED WING, MN 55066	41-6005797	GOODHUE COUNTY	180,000.	0.			FY'17 LOCAL POLICY GRANT-SOUTH EAST MN
HIMLE RAPP & COMPANY, INC. 333 SOUTH SEVENTH STREET, STE 2400 MINNEAPOLIS, MN 55402	41-1426445	FOR PROFIT CORP	129,413.	0.			PUBLIC AFFAIRS
HIMLE RAPP & COMPANY, INC. 333 SOUTH SEVENTH STREET, STE 2400 MINNEAPOLIS, MN 55402	41-1426445	FOR PROFIT CORP	122,533.	0.			PUBLIC AFFAIRS
INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT - 8009 34TH AVENUE SOUTH, SUITE 1200 - BLOOMINGTON, MN 55425	41-1782168	501C(3)	186,340.	0.			HEALTH SYSTEMS CHANGE CAPACITY BUILDING PROJECT TO ASSESS AND ADDRESS TOBACCO USE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCKRIDGE GRINDAL NAUEN P.L.L.P. 100 WASHINGTON AVENUE S, SUITE 2200 MINNEAPOLIS, MN 55401	41-1340615	FOR PROFIT PARTNERSH	130,000.	0.			STATEWIDE LOBBYING OPTIMIZING CARE FOR THE SMOKER WHO DESIRES TO QUIT IN AMBULATORY CARE PRACTICE
MINNEAPOLIS MEDICAL RESEARCH FOUNDATION - 701 PARK AVENUE, PP7.700 - MINNEAPOLIS, MN 55415	41-1677920	501C(3)	40,000.	0.			DEVELOP TOBACCO HEALTH LITERACY TOOL AND CREATE LINKAGES TO EXISTING CESSATION SERVICES
MINNESOTA HEAD START ASSOCIATION, INC. - 904 VALLEY DRIVE - DULUTH, MN 55804	36-3579547	501C(3)	14,659.	0.			CONSULTATION ON CESSATION POLICY STRATEGIC PLAN IMPLEMENTATION
MS STRATEGIES, LLC 1113 EAST FRANKLIN AVENUE, #202B MINNEAPOLIS, MN 55404	47-4197971	FOR PROFIT CORP	57,525.	0.			SUPPORT QUITPLAN SERVICES TRANSITION IMPLEMENTATION
NORTH AMERICAN RESEARCH & ANALYSIS, INC. - 1016 11TH AVENUE - FARIBAULT, MN 55021	26-3210860	FOR PROFIT CORP	24,828.	0.			FY'17 LOCAL POLICY GRANT TO WORK IN CITY OF MINNEAPOLIS
NORTHPOINT HEALTH & WELLNESS CENTER, INC. - 1315 PENN AVENUE NORTH - MINNEAPOLIS, MN 55411	20-0898277	501C(3)	100,000.	0.			FY'17 COMMUNITY ENGAGEMENT GRANT TO LINK ADULT SMOKERS WITH LOW SOCIOECONOMIC STATUS TO RESEARCH TO EXAMINE
PORTICO HEALTHNET 1600 UNIVERSITY AVENUE WEST, STE 21 ST. PAUL, MN 55104	41-1814659	501C(3)	15,547.	0.			TOBACCO CONTROL POLICIES IN HOMELESS SHELTERS AND RELATED HOUSING IN MN AND SMOKER INTERVIEW
PUBLIC HEALTH LAW CENTER, INC. 875 SUMMIT AVENUE ST. PAUL, MN 55105	41-1896367	501C(3)	125,000.	0.			STUDY-AFRICAN AMERICAN AND LGBTQ SMOKERS IN MINNESOTA
RAINBOW RESEARCH, INC. 621 W LAKE STREET, STE 300 MINNEAPOLIS, MN 55408	41-1326460	501C(3)	18,680.	0.			

CLEARWAY MINNESOTA (SM)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF WISCONSIN - 750 UNIVERSITY AVENUE, 4TH FLOOR - MADISON, WI 53706	39-6006492	WI LAND/GRANT ENTITY	19,274.	0.			TECHNICAL ASSISTANCE TO RESEARCH GRANTEEES, ASSIST WITH THE DISSEMINATION OF RESEARCH FINDINGS AND
REGENTS OF THE UNIVERSITY OF WISCONSIN - 750 UNIVERSITY AVENUE, 4TH FLOOR - MADISON, WI 53706	39-6006492	WI LAND/GRANT ENTITY	124,989.	0.			TA TO RESEARCH GRANTEEES, ASSIST WITH THE DISSEMINATION OF RESEARCH FINDINGS AND PROVIDE
REGENTS OF THE U OF M OFFICE OF SPA, 200 OAK ST, SUITE 45 MINNEAPOLIS, MN 55455	41-6007513	MN LAND/GRANT ENTITY	125,000.	0.			RESEARCH PILOT STUDY FOR A FAITH-BASED TEXT CESSATION INTERVENTION IN MN'S SOMALI COMMUNITIES.
REGENTS OF THE U OF M OFFICE OF SPA, 200 OAK ST, SUITE 45 MINNEAPOLIS, MN 55455	41-6007513	MN LAND/GRANT ENTITY	9,014.	0.			DISSEMINATION OF WORK DONE UNDER AWARD RC 2014-0015 (IMPACT OF SMOKE-FREE POLICY
REGENTS OF THE U OF M OFFICE OF SPA, 200 OAK ST, SUITE 45 MINNEAPOLIS, MN 55455	41-6007513	MN LAND/GRANT ENTITY	125,000.	0.			RESEARCH STUDY TO COLLECT FEASIBILITY AND PILOT DATA FOR AN RCT COMPARING PROACTIVE TELEPHONE
SOUTHWEST HEALTH AND HUMAN SERVICES - 607 WEST MAIN STREET, SUITE 100 - MARSHALL, MN 56258	27-3107061	5 SOUTHWEST COUNTIES	99,827.	0.			FY'17 LOCAL POLICY GRANT-SOUTHWEST MN
SUB-SAHARAN AFRICAN YOUTH & FAMILY SERVICES - 1885 UNIVERSITY AVENUE WEST, STE 297 - ST. PAUL, MN 55104	01-0771671	501C(3)	28,492.	0.			FY'17 COMMUNITY ENGAGEMENT GRANT TO LINK ADULT SMOKERS WITH LOW SOCIOECONOMIC STATUS TO
VIETNAMESE SOCIAL SERVICES OF MINNESOTA - 277 UNIVERSITY AVENUE WEST - ST. PAUL, MN 55103	36-3532232	501C(3)	37,500.	0.			FY'17 COMMUNITY ENGAGEMENT GRANT TO LINK ADULT SMOKERS WITH LOW SOCIOECONOMIC STATUS TO
WESTAT, INC. 1650 RESEARCH BOULEVARD ROCKVILLE, MD 20850	84-0529566	FOR PROFIT CORP	21,451.	0.			ANALYSIS OF MATS 2014 DATA.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE EARTH RESERVATION TRIBAL COUNCIL - 43408 OODENA DRIVE - ONAMIA, MN 56359	41-1737979	TRIBAL NATION	224,904.	0.			TRIBAL TOBACCO EDUCATION AND POLICY - MILLE LACS BAND OF OJIBWE GEGO ZAASWAKEN (DON'T SMOKE)
GRANT CANCELLATIONS			-530,507.	0.			GRANT CANCELLATIONS
GRANTS \$ 5,000 AND UNDER			20,392.	0.			GRANTS \$ 5,000 AND UNDER
GRANT-RELATED EXPENSES			131,772.	0.			GRANT-RELATED EXPENSES
CHANGE IN GRANT NET PRESENT VALUE			22,941.	0.			CHANGE IN GRANT NET PRESENT VALUE
HEALTH PLAN REIMBURSEMENTS			-15,960.	0.			HEALTH PLAN REIMBURSEMENTS



**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
CONSULTING AND TECHNICAL ASSISTANCE FOR AMERICAN INDIAN TOBACCO POLICY PROGRAM INITIATIVE	1	63,375.	0.	N/A	N/A
THE LAAMP ALUMNI POLICY CHAMPIONS PROJECT	14	48,278.	0.	N/A	N/A
DELIVERABLES FOR TRIBAL SUPPORT CENTERS/TRIBAL TOBACCO EDUCATION GATHERING	1	16,500.	0.	N/A	N/A
MINNESOTA FUNDER DIALOGUE ASSESSMENT DELIVERABLES	1	5,500.	0.	N/A	N/A
FACILITATION FOR THE GATHERING OF NATIVE AMERICANS	1	6,000.	0.	N/A	N/A

**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:**

CLEARWAY MINNESOTA'S PROGRAMMATIC GRANT AND CONTRACT MONITORING PROCEDURES

ARE SET FORTH IN THE GRANT-MAKING PROCESS GUIDELINES AND CONTRACTING

GUIDELINES. THESE DOCUMENTS SERVE AS OFFICIAL DOCUMENTATION OF CLEARWAY

MINNESOTA'S GRANT-MAKING AND CONTRACTING PROCESSES AND AS A GUIDE FOR STAFF

AS THEY CREATE FUNDING OPPORTUNITY ANNOUNCEMENTS, PLAN REVIEW PROCESSES,

MONITOR AWARDS AND CLOSE OUT GRANTS AND CONTRACTS.

CLEARWAY MINNESOTA RECOGNIZES THAT MONITORING IS ESSENTIAL IN SUPPORTING

**Part IV** Supplemental Information

THE CAPACITY OF GRANTEES AND CONTRACTORS TO MAKE SIGNIFICANT CONTRIBUTIONS TO THE FIELD OF TOBACCO CONTROL IN MINNESOTA. THE PURPOSE OF MONITORING IS:

- TO ENSURE ACCOUNTABILITY AND PROPER USE OF GRANT FUNDS;
- TO VERIFY COMPLIANCE WITH LEGAL AND GRANT-MAKING REQUIREMENTS;
- TO ENSURE TIMELY PROGRESS IN MEETING PROJECT GOALS;
- TO IDENTIFY ISSUES AND WORK WITH THE GRANTEE TO ADDRESS THEM; AND
- TO IDENTIFY OPPORTUNITIES FOR DISSEMINATION AND SUPPORT FOR FINDINGS/RESULTS.

SEVERAL MONITORING TOOLS ARE USED, INCLUDING ORIENTATION/START UP MEETINGS, REPORTS, SITE VISITS AND CONFERENCE CALLS.

THROUGHOUT THE PROJECT PERIOD, GRANTEES SUBMIT PROGRESS AND FINANCIAL REPORTS. IN-PERSON MEETINGS ARE SCHEDULED ON AN AS-NEEDED BASIS DEPENDING ON THE SCOPE, NEEDS AND PROGRESS OF THE PROJECT. GRANT PAYMENTS ARE RELEASED ACCORDING TO THE APPROVED PAYMENT SCHEDULE, AND ONLY IF ALL PROGRESS AND FINANCIAL REPORTS HAVE BEEN APPROVED. CONTRACTOR INVOICES ARE APPROVED ONLY FOR THOSE SERVICES AND DELIVERABLES PROVIDED AS SPECIFIED IN THE CONTRACT.

CLEARWAY MINNESOTA STAFF MAY OPT TO USE SITE VISITS OR REVERSE SITE VISITS WITH GRANTEES OR CONTRACTORS. THE SCOPE AND FREQUENCY OF SITE VISITS VARIES BY DEPARTMENT AND PROJECT TYPE. CLEARWAY MINNESOTA MAY ALSO OFFER TECHNICAL ASSISTANCE, TRAINING AND NETWORKING OPPORTUNITIES TO GRANTEES AND CONTRACTORS.

PART II, LINE 1, COLUMN (H):

# Public Inspection Copy

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN INDIAN CANCER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH STUDY TO UNDERSTAND AND EVALUATE THE IMPACT OF TRADITIONAL TOBACCO MESSAGING ON AMERICAN INDIAN SMOKING INITIATION AND CESSATION.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN INDIAN CANCER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: FACILITATE AMERICAN INDIAN MESSAGE TESTING FOR CESSATION SERVICES AND COMMUNICATIONS CAMPAIGNS.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR ENERGY AND ENVIRONMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: CONDUCT REAL-TIME MONITORING OF INDOOR FINE PARTICULATE MATTER (PM2.5) CONCENTRATIONS FOR MILLE LACS GRAND CASINO

NAME OF ORGANIZATION OR GOVERNMENT: DAKOTA WICOHAN

(H) PURPOSE OF GRANT OR ASSISTANCE: FY'17 COMMUNITY ENGAGEMENT GRANT TO LINK ADULT SMOKERS WITH LOW SOCIOECONOMIC STATUS TO EXISTING CESSATION SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: PORTICO HEALTHNET

(H) PURPOSE OF GRANT OR ASSISTANCE: FY'17 COMMUNITY ENGAGEMENT GRANT TO LINK ADULT SMOKERS WITH LOW SOCIOECONOMIC STATUS TO EXISTING CESSATION SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC HEALTH LAW CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH TO EXAMINE TOBACCO CONTROL POLICIES IN HOMELESS SHELTERS AND RELATED HOUSING IN MN AND FIVE OTHER STATES.

# Public Inspection Copy

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

REGENTS OF THE UNIVERSITY OF WISCONSIN

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNICAL ASSISTANCE TO RESEARCH GRANTEES, ASSIST WITH THE DISSEMINATION OF RESEARCH FINDINGS AND PROVIDE SUPPORT TO THE RESEARCH AND CESSATION DEPARTMENTS.

NAME OF ORGANIZATION OR GOVERNMENT:

REGENTS OF THE UNIVERSITY OF WISCONSIN

(H) PURPOSE OF GRANT OR ASSISTANCE: TA TO RESEARCH GRANTEES, ASSIST WITH THE DISSEMINATION OF RESEARCH FINDINGS AND PROVIDE SUPPORT TO THE RESEARCH AND CESSATION DEPARTMENTS.

NAME OF ORGANIZATION OR GOVERNMENT: REGENTS OF THE U OF M

(H) PURPOSE OF GRANT OR ASSISTANCE: DISSEMINATION OF WORK DONE UNDER AWARD RC 2014-0015 (IMPACT OF SMOKE-FREE POLICY IMPLEMENTATION ON PUBLIC HOUSING BUILDINGS)

NAME OF ORGANIZATION OR GOVERNMENT: REGENTS OF THE U OF M

(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH STUDY TO COLLECT FEASIBILITY AND PILOT DATA FOR AN RCT COMPARING PROACTIVE TELEPHONE OUTREACH TO INTERACTIVE VOICE RESPONSE TECHNOLOGY TO CONNECT ASIAN-LANGUAGE SMOKERS TO THE ASQ.

NAME OF ORGANIZATION OR GOVERNMENT:

SUB-SAHARAN AFRICAN YOUTH & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FY'17 COMMUNITY ENGAGEMENT GRANT TO LINK ADULT SMOKERS WITH LOW SOCIOECONOMIC STATUS TO EXISTING CESSATION

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**Part IV** Supplemental Information

SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

VIETNAMESE SOCIAL SERVICES OF MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: FY'17 COMMUNITY ENGAGEMENT GRANT TO LINK ADULT SMOKERS WITH LOW SOCIOECONOMIC STATUS TO EXISTING CESSATION SERVICES

NAME OF ORGANIZATION OR GOVERNMENT:

WHITE EARTH RESERVATION TRIBAL COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TRIBAL TOBACCO EDUCATION AND POLICY - MILLE LACS BAND OF OJIBWE GEGO ZAASWAAKEN (DON'T SMOKE) PROJECT

**SCHEDULE J  
(Form 990)**

## Compensation Information

OMB No. 1545-0047

# 2016

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>CLEARWAY MINNESOTA (SM)</b>	Employer identification number <b>41-1921094</b>
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**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 filing 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 checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2016

**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 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) DAVID J. WILLOUGHBY CHIEF EXECUTIVE OFFICER	(i) 167,409.	0.	0.	25,839.	23,097.	216,345.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN BADER CHIEF FINANCIAL OFFICER	(i) 133,534.	0.	0.	17,076.	18,875.	169,485.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA SCHILLO VICE PRESIDENT	(i) 144,608.	0.	0.	22,283.	20,092.	186,983.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANDREA MOWERY VICE PRESIDENT	(i) 146,727.	0.	0.	22,194.	13,379.	182,300.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAIME MARTINEZ DIRECTOR OF COMMUNITY DEVELOPMENT	(i) 127,391.	0.	0.	18,810.	12,338.	158,539.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RAYMOND BOYLE DIRECTOR OF RESEARCH PROGRAMS	(i) 120,888.	0.	0.	18,181.	13,513.	152,582.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

CLEARWAY MINNESOTA (SM)

Employer identification number

41-1921094

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ALL MINNESOTANS BY ELIMINATING THE HARM CAUSED BY TOBACCO. CLEARWAY  
MINNESOTA WAS CREATED IN 1998 TO ADMINISTER 3 PERCENT (\$202 MILLION) OF  
MINNESOTA'S TOBACCO SETTLEMENT FUNDS OVER A PERIOD OF 25 YEARS.

CLEARWAY MINNESOTA'S MISSION IS TO ENHANCE LIFE FOR ALL MINNESOTANS BY  
REDUCING TOBACCO USE AND EXPOSURE TO SECONDHAND SMOKE THROUGH RESEARCH,  
ACTION AND COLLABORATION.

THE ORGANIZATION'S WORK IS GROUNDED IN ESTABLISHED AND EMERGING SCIENCE  
AND IN PUBLIC HEALTH BEST AND PROMISING PRACTICES. IT INCLUDES A  
COMPREHENSIVE BODY OF TOBACCO CESSATION PROGRAMS (MARKETED AS QUITPLAN  
SERVICES), EXTENSIVE GRANT-MAKING ACTIVITIES IN AREAS OF RESEARCH,  
POLICY AND COMMUNITY DEVELOPMENT AND MEDIA CAMPAIGNS TO RAISE AWARENESS  
OF TOBACCO'S HARMS AND TO PROMOTE QUITTING.

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

PROVIDES OPPORTUNITIES FOR THE PUBLIC TO LEARN MORE ABOUT CLEARWAY  
MINNESOTA'S MISSION, PROGRAMS AND ACTIVITIES, AND TO GIVE CLEARWAY  
MINNESOTA FEEDBACK. CLEARWAY MINNESOTA'S COMMUNICATIONS WORK ALSO  
INCLUDES CUSTOMIZED OUTREACH TO DIVERSE COMMUNITIES.

IN FISCAL YEAR 2017, CLEARWAY MINNESOTA LAUNCHED A NEW CAMPAIGN, STOP  
THE START, AIMED AT EDUCATING MINNESOTANS THAT WE CAN AND SHOULD DO  
MORE TO PROTECT YOUTH FROM STARTING TO USE TOBACCO. THE NEW CAMPAIGN  
INCLUDED A NEW WEBSITE, [STOPTHESTARTMN.ORG](http://STOPTHESTARTMN.ORG). CLEARWAY MINNESOTA

# Public Inspection Copy

Name of the organization CLEARWAY MINNESOTA (SM)	Employer identification number 41-1921094
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CONTINUED ADVERTISING AND OUTREACH WORK FOCUSED ON PROMOTING QUITPLAN SERVICES, THE QUITCASH CHALLENGE(TM) AND MINI-QUIT MONDAYS, AND LEVERAGED CDC'S NATIONAL MEDIA CAMPAIGN BY PLACING TIPS FROM FORMER SMOKERS ADS IN PUBLICATIONS AROUND THE STATE. CLEARWAY MINNESOTA'S PROGRAMS, SERVICES OR KEY MESSAGES ALSO RECEIVED NEWS COVERAGE BY MINNESOTA MEDIA APPROXIMATELY 2,000 TIMES OVER THE COURSE OF THE YEAR.

IN FISCAL YEAR 2017, CLEARWAY MINNESOTA'S MASS MEDIA CAMPAIGNS REACHED 99 PERCENT OF MINNESOTA ADULTS AN AVERAGE OF 177 TIMES THROUGHOUT THE YEAR. FURTHERMORE, 99 PERCENT OF MINNESOTA SMOKERS SAW MESSAGES RELATING TO SMOKING CESSATION AN AVERAGE OF 87 TIMES DURING THE YEAR. IN ACCORDANCE WITH CLEARWAY MINNESOTA'S LONG-TERM CONTRACTING POLICY, IN FISCAL YEAR 2017 THE PUBLIC AFFAIRS DEPARTMENT LED A COMPETITIVE BID PROCESS TO SECURE A PUBLIC AFFAIRS VENDOR. IN NOVEMBER OF 2016, THE BOARD OF DIRECTORS APPROVED THE RECOMMENDATION OF A REVIEW PANEL TO CONTINUE WORKING WITH HIMLE RAPP & CO.

THIS YEAR, CLEARWAY MINNESOTA AWARDED EIGHT GRANTS TO MINNESOTA NONPROFITS AND LOCAL UNITS OF GOVERNMENT TO REDUCE TOBACCO'S HARM THROUGH COALITION BUILDING, POLICY ADVOCACY AND PUBLIC EDUCATION. ALL GRANTEES CONTRIBUTED TO CLEARWAY MINNESOTA'S STATEWIDE POLICY GOALS BY EDUCATING LAWMAKERS ABOUT THE IMPORTANCE OF KEEPING TOBACCO PRICES HIGH, INCREASING THE AGE TO PURCHASE TOBACCO, RESTRICTING YOUTH ACCESS TO FLAVORED TOBACCO PRODUCTS AND INCREASING FUNDING FOR TOBACCO PREVENTION. NOTABLY, THEY HELPED PASS OVER 50 NEW LOCAL POLICIES, SUCH AS RESTRICTING ACCESS TO FRUIT- AND CANDY-FLAVORED TOBACCO PRODUCTS TO ADULTS-ONLY STORES.

# Public Inspection Copy

Name of the organization CLEARWAY MINNESOTA (SM)	Employer identification number 41-1921094
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IN THE FALL OF 2016, CLEARWAY MINNESOTA RELEASED A REQUEST FOR PROPOSALS (RFP), LOCAL POLICY GRANTS TO CREATE A SMOKE-FREE GENERATION. THE PURPOSE OF THE RFP WAS TO FUND A NEW COHORT OF ORGANIZATIONS TO PASS BOLD TOBACCO CONTROL POLICIES AT THE LOCAL LEVEL THAT WILL REDUCE YOUTH TOBACCO INITIATION. IN FEBRUARY, CLEARWAY MINNESOTA CONVENED REVIEW PANELS THAT MET TO DISCUSS, SCORE AND RANK ALL OF THE PROPOSALS RECEIVED. BASED ON THOSE SCORES, THE PUBLIC AFFAIRS DEPARTMENT RECOMMENDED 11 PROPOSALS THAT WERE APPROVED BY THE BOARD OF DIRECTORS FOR FUNDING IN FISCAL YEAR 2018.

CLEARWAY MINNESOTA MARKETING AND COMMUNICATIONS AND PUBLIC AFFAIRS STAFF MEMBERS, GRANTEEES AND CONTRACTORS SHARE FINDINGS FROM OUR WORK LOCALLY, AT THE STATE LEVEL, AND NATIONALLY.

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

EFFECTIVENESS OF CONVENTIONAL "MAINSTREAM" TOBACCO-CONTROL MESSAGES, AS COMPARED WITH AMERICAN INDIAN-SPECIFIC MESSAGES THAT DIFFERENTIATE BETWEEN COMMERCIAL AND TRADITIONAL TOBACCO. THE FINAL TOBACCO-RELATED HEALTH DISPARITIES PROJECT WILL EXPLORE IN DEPTH HOW TOBACCO IS USED BY MINNESOTA'S HOMELESS SHELTER AND PROVIDER STAFF IN ORDER TO IDENTIFY WAYS TO ENCOURAGE, SUPPORT AND PROMOTE CESSATION IN SHELTER SETTINGS.

CLEARWAY MINNESOTA AWARDED TWO DISSEMINATION GRANTS TO DISTRIBUTE RESEARCH FINDINGS ON PREVIOUSLY FUNDED RESEARCH PROJECTS. ONE OF THESE AWARDS WENT TO A GRANT THAT EXAMINED THE IMPACTS OF SMOKE-FREE POLICY IMPLEMENTATION IN PUBLIC HOUSING BUILDINGS, AND THE OTHER DISSEMINATED FINDINGS FROM A STUDY ON THE DANGERS OF SECONDHAND SMOKE PARTICULATE CONCENTRATIONS IN VEHICLES WHERE SMOKING IS ALLOWED.

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CLEARWAY MINNESOTA ALSO CONTRACTS TO EVALUATE MAJOR PROGRAMMATIC EFFORTS. IN ADDITION, SURVEILLANCE RESEARCH IS CONDUCTED TO MONITOR TOBACCO USE, ATTITUDES AND BEHAVIORS OVER TIME AND TO MEASURE THE IMPACT OF TOBACCO CONTROL POLICIES AND PROGRAMS. IN ADVANCE OF THE 2018 MINNESOTA ADULT TOBACCO SURVEY (MATS), CLEARWAY MINNESOTA CONTRACTED WITH WILDER RESEARCH TO CONDUCT COGNITIVE TESTING OF THE INSTRUMENT RELATED TO ASSESSING SECONDHAND SMOKE EXPOSURE. CLEARWAY MINNESOTA IS INTERESTED IN BETTER UNDERSTANDING THE SMOKING BEHAVIOR, BARRIERS AND ATTITUDES OF SELECTED DEMOGRAPHIC GROUPS WHO HAVE NOT SEEN THE SAME REDUCTIONS IN SMOKING AS THE GENERAL POPULATION. IN FISCAL YEAR 2017, THE CLEARWAY MINNESOTA RESEARCH DEPARTMENT CONTRACTED WITH RAINBOW RESEARCH, INC., TO CONDUCT INTERVIEWS WITH AFRICAN AMERICAN AND LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER (LGBTQ) SMOKERS LIVING IN THE TWIN CITIES METRO AREA ABOUT THEIR SMOKING BEHAVIORS, PERCEPTIONS OF HARM, AND REACTIONS TO TAX INCREASES.

GRANTEE DISSEMINATION HIGHLIGHTS IN FISCAL YEAR 2017 INCLUDED NATIONAL CONFERENCE PRESENTATIONS, PUBLICATION OF FIVE MANUSCRIPTS, DEVELOPMENT OF MULTIPLE MANUSCRIPTS FOR PUBLICATION, AND DISTRIBUTION OF DISSEMINATION MATERIALS THROUGH LISTSERVS AND WEBINARS.

DURING FISCAL YEAR 2017 CLEARWAY MINNESOTA, IN PARTNERSHIP WITH MINNESOTA TOBACCO CONTROL RESEARCHERS, PARTICIPATED IN NUMEROUS NATIONAL, STATE AND LOCAL CONFERENCE PRESENTATIONS AND PUBLISHED IN SEVERAL PEER-REVIEWED PUBLICATIONS. CLEARWAY MINNESOTA RESEARCH STAFF PUBLISHED 10 PEER-REVIEWED SCIENTIFIC PAPERS. STAFF PARTICIPATED IN ONE SYMPOSIUM (FOCUSED ON WORK WITH AND FROM INDIGENOUS COMMUNITIES IN

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REDUCING TOBACCO-RELATED HEALTH DISPARITIES) AT THE ANNUAL MEETING OF THE SOCIETY FOR RESEARCH ON NICOTINE AND TOBACCO (SRNT), AND ONE WEBINAR (ON THE TOBACCO-INDUSTRY USE OF AMERICAN INDIAN CULTURE IN THE MARKETING OF THEIR PRODUCTS). ADDITIONALLY, RESEARCH STAFF PRESENTED PAPERS AT THE MEETINGS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION (APHA), AND THE NATIONAL CONFERENCE ON TOBACCO OR HEALTH (NCTOH). THE PAPERS PROVIDED A LOOK AT TOBACCO INDUSTRY USE OF AMERICAN INDIAN TRADITIONAL TOBACCO FOR THEIR OWN EDUCATION AND PRODUCT PURPOSES, AND AT SANTA FE NATURAL TOBACCO COMPANY'S PRODUCT NATURAL AMERICAN SPIRIT AND EXPLOITATION OF AMERICAN INDIAN CULTURE. RESEARCH STAFF ALSO PRESENTED FIVE POSTERS AT THE SRNT ANNUAL CONFERENCE AND THREE POSTERS AT THE NCTOH CONFERENCE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INDIVIDUAL QUITPLAN SERVICES INCLUDE NICOTINE REPLACEMENT STARTER KITS, A TEXT-MESSAGING PROGRAM, AN EMAIL PROGRAM AND/OR A PRINTED QUIT GUIDE. ALL ADULT MINNESOTANS CAN RECEIVE INDIVIDUAL QUITPLAN SERVICES. TOBACCO USERS CAN REGISTER FOR ANY QUITPLAN SERVICE EITHER ONLINE (AT WWW.QUITPLAN.COM) OR BY PHONE.

DURING FISCAL YEAR 2017:

-2,028 TOBACCO USERS ENROLLED IN THE QUITPLAN HELPLINE; AND

-13,318 TOBACCO USERS ENROLLED IN INDIVIDUAL QUITPLAN SERVICES.

CLEARWAY MINNESOTA ALSO PARTNERS WITH MAJOR MINNESOTA HEALTH PLANS THAT PROVIDE TELEPHONE COUNSELING SERVICES THROUGH THE CALL IT QUILTS COLLABORATIVE. THIS COLLABORATIVE PROVIDES A FORUM FOR ALL MINNESOTA

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QUITLINE SERVICE PROVIDERS TO SHARE INFORMATION AND LEARN ABOUT BEST PRACTICES. THE CALL IT QUILTS COLLABORATIVE AND THE MINNESOTA DEPARTMENT OF HEALTH SUPPORT THE CALL IT QUILTS REFERRAL PROGRAM, WHICH ALLOWS HEALTH CARE PROVIDERS TO USE A SINGLE FORM AND FAX NUMBER TO REFER PATIENTS TO QUITLINE SUPPORT, REGARDLESS OF INSURANCE STATUS.

IN FISCAL YEAR 2015 CLEARWAY MINNESOTA LAUNCHED THE COMMUNITY ENGAGEMENT GRANTS INITIATIVE. THIS INITIATIVE CONNECTS ADULT SMOKERS OF LOW SOCIOECONOMIC STATUS TO EXISTING SMOKING CESSATION SERVICES. FOUR COMMUNITY-BASED ORGANIZATIONS WERE AWARDED A SECOND YEAR OF FUNDING THROUGH THIS INITIATIVE IN FISCAL YEAR 2017. CLEARWAY MINNESOTA ALSO AWARDED A ONE-YEAR GRANT TO THE MINNESOTA HEAD START ASSOCIATION TO SUPPORT THE INTEGRATION OF ADDRESSING TOBACCO USE AND SECONDHAND SMOKE EXPOSURE INTO MINNESOTA HEAD START PROGRAMS. CLEARWAY MINNESOTA STAFF ARE ALSO INVOLVED IN CESSATION POLICY WORK TO ENSURE THAT ALL MINNESOTANS HAVE ACCESS TO COMPREHENSIVE TOBACCO DEPENDENCE TREATMENT. THIS WORK ENTAILS EDUCATING ABOUT AND ADVOCATING FOR COMPREHENSIVE TOBACCO CESSATION BENEFITS AS PART OF HEALTH INSURANCE COVERAGE, PROMOTING SYSTEMS CHANGES TO INTEGRATE TOBACCO DEPENDENCE TREATMENT INTO HEALTH CARE, AND ADVOCATING FOR HEALTH CARE QUALITY MEASURES ON TOBACCO TREATMENT DELIVERY. TWO HEALTH SYSTEMS CHANGE DISSEMINATION GRANTS WERE FUNDED IN FISCAL YEAR 2017. THESE GRANTS WERE AWARDED TO HEALTH SYSTEMS THAT HAD PREVIOUSLY RECEIVED HEALTH SYSTEMS CHANGE GRANTS. DISSEMINATION GRANTS PROVIDE HEALTH SYSTEMS WITH RESOURCES TO SHARE LESSONS LEARNED FROM THEIR GRANT-FUNDED WORK WITH OTHER MINNESOTA HEALTH SYSTEMS AS WELL AS NATIONAL AUDIENCES. WE ALSO AWARDED A GRANT TO ONE OF OUR PREVIOUS HEALTH SYSTEMS CHANGE GRANTEEES TO ANALYZE ELECTRONIC HEALTH RECORD DATA TO MEASURE THE IMPACT OF THEIR



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GRANT-FUNDED WORK. WE ALSO CONTINUED A PROJECT TO INCREASE HEALTH SYSTEM CAPACITY TO ASSESS AND ADDRESS TOBACCO USE. MUCH OF THIS WORK FOCUSES ON CLINICS AND HEALTH SYSTEMS THAT SERVE POPULATIONS THAT SMOKE AT HIGHER RATES.

QUITPLAN SERVICES, OUR CESSATION POLICY EFFORTS AND THE COMMUNITY ENGAGEMENT GRANTS ARE EVALUATED TO AID IN PROGRAM MONITORING, TO ENHANCE QUALITY AND TO GUIDE DECISION-MAKING AND RESOURCE ALLOCATION.

CLEARWAY MINNESOTA CESSATION STAFF MEMBERS, GRANTEES AND CONTRACTORS SHARE FINDINGS FROM OUR WORK LOCALLY, AT THE STATE LEVEL, AND NATIONALLY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY DEVELOPMENT

CLEARWAY MINNESOTA FUNDS EFFORTS IN PRIORITY POPULATIONS (AFRICANS AND AFRICAN AMERICANS, AMERICAN INDIANS, ASIANS, ASIAN AMERICANS, PACIFIC ISLANDERS, CHICANOS/LATINOS, LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER [LGBTQ] COMMUNITIES, AND OTHER GROUPS) TO CREATE AWARENESS ABOUT TOBACCO'S HARMS, TO PROMOTE STOP-SMOKING SERVICES AND TO BUILD TOBACCO CONTROL LEADERSHIP SKILLS. PRIORITY POPULATIONS HAVE A DISPROPORTIONATE TOBACCO-RELATED DISEASE BURDEN AND DISPARITIES.

IN FISCAL YEAR 2017, CLEARWAY MINNESOTA CONTINUED THE TRIBAL TOBACCO EDUCATION AND POLICY (TTEP) GRANT INITIATIVE IN INDIAN COUNTRY TO ADVANCE COMPREHENSIVE COMMERCIAL TOBACCO-FREE POLICIES AND PROMOTE HEALTH ON MINNESOTA TRIBAL LANDS. THESE GRANTEES INCLUDE BOIS FORTE BAND OF CHIPPEWA, WHITE EARTH NATION, MILLE LACS BAND OF OJIBWE, FOND

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DU LAC BAND OF LAKE SUPERIOR CHIPPEWA AND THE UPPER SIOUX COMMUNITY.

("COMMERCIAL TOBACCO" USE LIKE CIGARETTE SMOKING IS DIFFERENTIATED FROM SACRED, TRADITIONAL USES OF TOBACCO BY AMERICAN INDIANS.) IN FISCAL YEAR 2017, CLEARWAY MINNESOTA CONTINUED TO PROVIDE TECHNICAL ASSISTANCE, TRAINING AND MENTORSHIP TO THE TTEP GRANTEES TO SUPPORT EFFORTS TO ADVANCE SMOKE-FREE POLICIES ON TRIBAL LANDS. CLEARWAY MINNESOTA ALSO CONTINUED TO PARTNER WITH THE MINNESOTA DEPARTMENT OF HEALTH, THE STATEWIDE HEALTH IMPROVEMENT PROGRAM (SHIP) AND BLUE CROSS AND BLUE SHIELD OF MINNESOTA, ALL OF WHICH WORK TO PROMOTE HEALTH IN INDIAN COUNTRY.

ALSO IN 2017, IN AN EFFORT TO EXPAND THE TRADITIONAL TOBACCO MOVEMENT IN MINNESOTA, WE COLLABORATED WITH VARIOUS FUNDERS OF TRIBAL TOBACCO WORK AND AMERICAN INDIAN ADVOCATES TO HOLD A GATHERING OF NATIVE AMERICANS (GONA) ON TRADITIONAL TOBACCO AS A WAY TO PROMOTE HEALTH IN INDIAN COUNTRY. THE GONA IS A UNIQUE COMMUNITY HEALTH PREVENTION EVENT BASED ON AMERICAN INDIAN CULTURAL PRINCIPLES AND STRENGTHS TO SUPPORT THE RESILIENCY THAT PROMOTES OPTIMUM WELLBEING. THE GATHERING FOCUSED ON THE TWO TOBACCO WAYS, COMMERCIAL TOBACCO VS. TRADITIONAL TOBACCO.

THIS YEAR WE ALSO HOSTED TWO SIGNIFICANT MEETINGS TO ADVANCE KNOWLEDGE AND BUILD SUSTAINABILITY FOR WORK IN INDIAN COUNTY; ONE WAS WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S TRIBAL SUPPORT CENTERS (TSC) AND TTEP PROJECTS. THE CDC'S TRIBAL SUPPORT CENTERS WERE CHARGED WITH ADVANCING COMMERCIAL TOBACCO CONTROL IN TRIBAL AND AMERICAN INDIAN/ALASKA NATIVE COMMUNITIES ACROSS THE COUNTRY, AND THE TTEP INITIATIVE WORKED ON ADVANCING COMMERCIAL TOBACCO-FREE POLICIES ON TRIBAL LANDS IN MINNESOTA. THE GATHERING HAS INITIATED A PUBLICATION TO

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HIGHLIGHT HOW TOBACCO WORK IN INDIAN COUNTRY EMERGES FROM THE COMMUNITY. A SECOND MEETING WITH THE INDIAN HEALTH SERVICE (IHS) WAS HELD TO ASSIST IHS IN INTEGRATING TOBACCO WORK INTO THEIR REGIONAL AND NATIONAL WORKPLANS.

COMMUNITY DEVELOPMENT HAS CONTINUED TO SUPPORT THE AMERICAN INDIAN CANCER FOUNDATION TO EDUCATE MINNESOTA AND NATIONAL INDIAN GAMING ASSOCIATIONS ABOUT COMMERCIAL TOBACCO AND SECONDHAND SMOKE IN AN EFFORT TO ADVANCE SMOKE-FREE CASINO POLICIES. THESE DISCUSSIONS HAVE RESULTED IN DEEPER CONVERSATIONS REGARDING SECONDHAND SMOKE AMONG TRIBAL BUSINESS LEADERS IN MINNESOTA AND ACROSS THE NATION.

ADDITIONALLY, COMMUNITY DEVELOPMENT HAS ALSO CONTINUED TO SUPPORT LAAMPP (LEADERSHIP AND ADVOCACY INSTITUTE TO ADVANCE MINNESOTA'S PARITY FOR PRIORITY POPULATIONS) FELLOWS THROUGH ONGOING MEETINGS AND TRAININGS. THESE ONGOING DEVELOPMENT EFFORTS WITH LAAMPP FELLOWS AND OTHER PRIORITY POPULATIONS (AFRICAN AMERICAN, AMERICAN INDIAN, ASIAN AMERICAN PACIFIC ISLANDERS, CHICANO/LATINO AND LGBTQ COMMUNITIES) ARE IMPORTANT TO BUILD THE NEXT GENERATION OF TOBACCO CONTROL ADVOCATES. FINALLY, SINCE CLEARWAY MINNESOTA'S LIMITED LIFESPAN ENDS IN 2023, THE ORGANIZATION IS SUPPORTING TWO CONTRACTORS TO LEAD AN EFFORT TO ESTABLISH DIALOGUES WITH LOCAL AND NATIONAL FOUNDATIONS TO CONTINUE TO BUILD SUPPORT FOR PRIORITY POPULATIONS, INCLUDING PROMOTING HEALTH IN INDIAN COUNTRY.

FINALLY, FISCAL YEAR 2017 SAW THE DEBUT OF RECLAIMING SACRED TOBACCO, A DOCUMENTARY ON TRADITIONAL AND COMMERCIAL TOBACCO USE AMONG AMERICAN INDIANS IN MINNESOTA. THE PROGRAM WAS CREATED BY CLEARWAY MINNESOTA

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WITH TWIN CITIES PUBLIC TELEVISION, AND CONTINUES TO BE SHOWN ON  
MINNESOTA PUBLIC TELEVISION STATIONS AND AT EVENTS, MEETINGS AND  
GATHERINGS IN INDIAN COUNTRY.

CLEARWAY MINNESOTA COMMUNITY DEVELOPMENT STAFF MEMBERS, GRANTEES AND  
CONTRACTORS SHARE FINDINGS FROM OUR WORK LOCALLY, AT THE STATE LEVEL  
AND NATIONALLY.

EXPENSES \$ 705,585. INCLUDING GRANTS OF \$ 537,919. REVENUE \$ 0.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

GUERNSEY, CAYMAN ISLANDS, BRITISH VIRGIN IS

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION UPDATED ITS BYLAWS FOR THE NUMBER OF BOARD OF DIRECTORS  
CURRENTLY AND IN FUTURE YEARS AND THE DUTIES OF OFFICERS IN THE EVENT OF  
ABSENCES FROM BOARD MEETINGS.

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

THE IRS FORM 990 AND ATTACHMENTS ARE COMPLETED BY THE INDEPENDENT AUDITOR  
AND REVIEWED BY STAFF AND LEGAL COUNSEL. THE FORM IS PRESENTED TO THE  
AUDIT/FINANCE COMMITTEE AND THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.  
THE COMMITTEE AND BOARD RECEIVE THE DOCUMENT APPROXIMATELY ONE WEEK IN  
ADVANCE OF THE RESPECTIVE MEETING AT WHICH IT IS REVIEWED. THE INDEPENDENT  
AUDITOR IS AVAILABLE TO ANSWER ANY QUESTIONS THAT MAY ARISE.

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

CONFLICTS OF INTEREST, INCLUDING POLICIES RELATING TO LOANS AND GIFTS, ARE  
GOVERNED BY CLEARWAY MINNESOTA'S CONFLICT OF INTEREST POLICY.

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ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY SHALL BE MADE BY THE CLEARWAY MINNESOTA BOARD, ON THE RECOMMENDATION OF THE EXECUTIVE/GOVERNANCE COMMITTEE OF THE BOARD, OR OF A COMMITTEE DESIGNATED BY THAT COMMITTEE.

CLEARWAY MINNESOTA REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. THE BOARD REQUIRES EACH BOARD MEMBER AND EMPLOYEE TO BE ADVISED OF THIS POLICY, AND PROVIDED A COPY, IMMEDIATELY UPON ASSUMING THEIR CLEARWAY MINNESOTA DUTIES OR RELATIONSHIP, AND TO BE PERIODICALLY REMINDED OF THIS POLICY AND EDUCATED CONCERNING ITS APPLICATION. EVERY BOARD MEMBER AND EMPLOYEE IS RESPONSIBLE FOR KNOWING AND OBSERVING THE POLICY.

EACH BOARD MEMBER AND EMPLOYEE IS REQUIRED TO SUBMIT A CERTIFICATE OF COMPLIANCE ANNUALLY. THE CERTIFICATE OF COMPLIANCE REQUIRES BOARD MEMBERS AND EMPLOYEES TO REVIEW A LIST OF CURRENT CLEARWAY MINNESOTA GRANTEES AND CONTRACTORS AND TO DISCLOSE AFFILIATIONS WITH ANY ORGANIZATIONS THAT HAVE GRANTS OR CONTRACTS WITH CLEARWAY MINNESOTA.

CLEARWAY MINNESOTA HAS A CONFLICT OF INTEREST SCREENING PROCESS TO IDENTIFY POTENTIAL CONFLICTS INVOLVING APPLICANTS FOR FUNDING THAT HAVE NOT HAD A GRANT OR CONTRACT WITH CLEARWAY MINNESOTA DURING THE PAST YEAR. THIS PROCESS IDENTIFIES POTENTIAL CONFLICTS EARLY IN THE APPLICATION PROCESS IN ORDER TO IMPLEMENT CONFLICT OF INTEREST MITIGATION STRATEGIES THAT MAY BE NECESSARY DURING THE APPLICATION REVIEW PROCESS.

BOARD DIRECTORS AND STAFF HAVE THE RESPONSIBILITY TO DISCLOSE TO THE ORGANIZATION THE RELEVANT FACTS OF ANY PROPOSED ACTION INVOLVING CLEARWAY

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MINNESOTA IN WHICH THEY HAVE POSSIBLE OR PERCEIVED CONFLICTS AS SOON AS THEY ARE DISCOVERED.

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

CLEARWAY MINNESOTA REVIEWS COMPENSATION (SALARY RANGES AND BENEFITS) ON AN ANNUAL BASIS. AT LEAST EVERY TWO YEARS, AN INDEPENDENT COMPENSATION CONSULTANT COMPARES ALL JOBS TO APPLICABLE MARKET SURVEYS TO DETERMINE COMPENSATION COMPETITIVENESS TO THE MARKET. IN YEARS WHERE A CONSULTANT IS NOT ENGAGED, STAFF REVIEWS THE MOST CURRENT ANNUAL WORLD-AT-WORK SURVEY TO DETERMINE MARKET TRENDS. FROM THESE ANALYSES, PAY RANGE MODIFICATIONS AND THE ANNUAL BUDGETED SALARY MERIT INCREASE PERCENTAGE ARE DETERMINED. THIS INFORMATION IS REVIEWED BY THE EXECUTIVE/GOVERNANCE COMMITTEE, AND BY THE BOARD OF DIRECTORS, WHICH MAKES THE FINAL DECISION ON SALARY RANGE LEVELS AND BUDGET AMOUNTS.

ALL STAFF SALARY CHANGES, EXCEPT THAT OF THE CHIEF EXECUTIVE OFFICER, ARE REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER. SALARY CHANGES FOR THE CHIEF EXECUTIVE OFFICER ARE DETERMINED ANNUALLY BY THE EXECUTIVE/GOVERNANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

IRS FORMS 1023 AND 990 ARE AVAILABLE ON OUR WEBSITE AT [WWW.CLEARWAYMN.ORG](http://WWW.CLEARWAYMN.ORG). WE ALSO MAKE IRS DOCUMENTS AVAILABLE IN OUR OFFICE FOR PUBLIC INSPECTION.

FORM 990, PART VI, SECTION C, LINE 19:

CLEARWAY MINNESOTA'S GOVERNING DOCUMENTS, INCLUDING ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, ARE AVAILABLE AT THE CLEARWAY MINNESOTA OFFICE FOR INSPECTION.

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FORM 990, PART IX, LINE 11D:

SEE SCHEDULE A PART VI, NARRATIVE RELATING TO REPORTING CONTRACTS AS GRANTS (WITH RESPECT TO SCHEDULE A, SECTION A, LINE 6) AND SCHEDULE C PART IV, NARRATIVE RELATING TO LOBBYING ACTIVITIES AND USE OF VENDORS, RELATING TO ABSENCE OF DOLLAR DISCLOSURE.