

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
COMMUNITYGIVING
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
101 SOUTH SEVENTH AVENUE NO 100
City or town, state or province, country, and ZIP or foreign postal code
ST CLOUD, MN 56301

D Employer identification number
36-3412544
E Telephone number
(320) 253-4380

F Name and address of principal officer
STEVEN JOUL
101 SOUTH SEVENTH AVENUE NO 100
ST CLOUD, MN 56301

H(a) Is this a group return for subordinates? No Yes
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

I Tax-exempt status
501(c)(3) 501(c) ( ) (insert no ) 4947(a)(1) or 527

J Website: WWW.COMMUNITYGIVING.ORG

H(c) Group exemption number

K Form of organization
Corporation Trust Association Other

L Year of formation 1985

M State of legal domicile
MN

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Each section contains multiple rows of data with columns for descriptions and numerical values.

Part II Signature Block

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

Sign Here
Signature of officer: STEVEN JOUL, PRESIDENT
Date: 2017-01-10

Paid Preparer Use Only
Print/Type preparer's name: JEFFREY J GANNON CPA
Preparer's signature: JEFFREY J GANNON CPA
Date:
Check if self-employed:
PTIN: P00653287
Firm's name: MILLER WELLE HEISER & CO LTD
Firm's EIN: 41-1334380
Firm's address: 4170 THIELMAN LANE PO BOX 159, ST CLOUD, MN 563020159
Phone no: (320) 253-9505

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

**1** Briefly describe the organization's mission

TO ENGAGE PEOPLE, CONNECT RESOURCES, AND BUILD COMMUNITY

**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  No  
 If "Yes," describe these new services on Schedule O

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 7,328,999 including grants of \$ 6,805,541 ) (Revenue \$ )  
 GRANTMAKING - THE FOUNDATION ADMINISTERS THE GRANTING OF OVER \$6 8 MILLION IN CONTRIBUTIONS TO OVER 600 NON-PROFITS FROM THE 700 FUNDS SET UP BY DONORS

**4b** (Code ) (Expenses \$ 298,971 including grants of \$ 298,304 ) (Revenue \$ )  
 SCHOLARSHIPS - THE FOUNDATION ADMINISTERS 76 SCHOLARSHIP FUNDS AND AWARDS OVER \$295,000 TO 120 STUDENTS WHICH ARE PAID TO THEIR RESPECTIVE EDUCATION INSTITUTIONS ON A SEMESTER OR QUARTERLY BASIS

**4c** (Code ) (Expenses \$ 220,988 including grants of \$ 150,234 ) (Revenue \$ )  
 COMMUNITY INITIATIVES - THE FOUNDATION FOCUSES ITS EFFORTS ON SUPPORTING AND STAFFING 6 MAJOR INITIATIVES DESIGNED TO ENGAGE THE COMMUNITY IN BUILDING SOCIAL CAPITAL ASSETS, PROMOTING VOLUNTEER INVOLVEMENT ACTIVITIES FOR OVER 5,000 PEOPLE AND PROVIDING LEVERAGE TO GENERATE ADDITIONAL FUNDS FOR IDENTIFIED COMMUNITY ISSUES

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

**4e Total program service expenses** ▶ 7,848,958

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 20b regarding organizational activities, lobbying, fundraising, and hospital facilities.

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

<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>	Yes	
<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>	Yes	
<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>	Yes	
<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>		No
<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 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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<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>		No
<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>	Yes	
<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>		No
<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>		No
<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>		No
<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>	Yes	
<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>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<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 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>		No
<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>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes sub-questions for various IRS forms and reporting requirements.

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<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?		No
<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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<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?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<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		No

**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?	Yes	
<b>10b</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?	Yes	
<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?	Yes	
<b>11b</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	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<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>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization		No
	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?		No
<b>16b</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?		

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed **MN**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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  
**STEVEN JOUL 101 SOUTH SEVENTH AVE ST CLOUD, MN 56301 (320) 253-4380**

**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, or 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 dotted 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) KEN BEHM ..... DIRECTOR	1 00 .....	X						0	0	0
(2) FRED BURSCH ..... DIRECTOR	1 00 .....	X						0	0	0
(3) KARLO GOERGES ..... DIRECTOR	1 00 .....	X						0	0	0
(4) STEVE LINDER ..... DIRECTOR	1 00 .....	X						0	0	0
(5) ASHA MORGAN MORAN ..... DIRECTOR	1 00 .....	X						0	0	0
(6) BRUCE POHLIG ..... DIRECTOR	1 00 .....	X						0	0	0
(7) STEVE WINDFELDT ..... DIRECTOR	1 00 .....	X						0	0	0
(8) DAVE VAGLE ..... DIRECTOR	1 00 .....	X						0	0	0
(9) BOB SWEENEY ..... DIRECTOR	1 00 .....	X						0	0	0
(10) JOHN HERGES ..... DIRECTOR	1 00 .....	X						0	0	0
(11) TERRY TONE ..... DIRECTOR	0 00 .....	X						0	0	0
(12) STEVEN JOUL ..... PRESIDENT	40 00 .....			X				164,901	0	10,819
(13) MARYANNE MAHOWALD ..... CHAIR	1 00 .....			X				0	0	0
(14) JOHN LINDSTROM ..... VICE CHAIR	1 00 .....			X				0	0	0





**Part VIII Statement of Revenue**

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

			(A) 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>1a</b>	Federated campaigns . . . . . <b>1a</b> _____						
	<b>b</b>	Membership dues . . . . . <b>1b</b> _____						
	<b>c</b>	Fundraising events . . . . . <b>1c</b> _____ 10,200						
	<b>d</b>	Related organizations . . . . . <b>1d</b> _____						
	<b>e</b>	Government grants (contributions) <b>1e</b> _____						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 8,619,243						
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____ 1,696,329						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>	8,629,443					
<b>Program Service Revenue</b>	<b>2a</b>	_____ Business Code _____						
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	_____						
	<b>e</b>	_____						
	<b>f</b>	All other program service revenue _____						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>	1,870,236			1,870,236		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>						
	<b>5</b>	Royalties . . . . . <b>▶</b>						
	<b>6a</b>	Gross rents	(i) Real	49,047				
			(ii) Personal					
			<b>b</b>	Less rental expenses	97,550			
			<b>c</b>	Rental income or (loss)	-48,503			
	<b>d</b>	Net rental income or (loss) . . . . . <b>▶</b>	-48,503		46	-48,549		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	19,004,299				
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	17,261,675			
			<b>c</b>	Gain or (loss)	1,742,624			
	<b>d</b>	Net gain or (loss) . . . . . <b>▶</b>	1,742,624			1,742,624		
	<b>8a</b>	Gross income from fundraising events (not including \$ <u>10,200</u> of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>		23,441				
			<b>b</b>	Less direct expenses . . . . . <b>b</b>	29,540			
			<b>c</b>	Net income or (loss) from fundraising events . . . . . <b>▶</b>	-6,099			-6,099
	<b>9a</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>▶</b>					
<b>10a</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 . . . . . <b>▶</b>					
Miscellaneous Revenue		Business Code						
<b>11a</b>	BAD DEBT RECOVERY _____	900099	31,493			31,493		
<b>b</b>	_____							
<b>c</b>	_____							
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>		31,493					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>▶</b>		12,219,194	0	46	3,589,705		

**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

		(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 . . . . .	7,052,342	7,052,342		
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	201,737	201,737		
<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 . . . . .	174,847	56,978	38,681	79,188
<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 . . . . .	616,247	200,812	136,335	279,100
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	88,578	28,952	19,568	40,058
<b>9</b>	Other employee benefits . . . . .	47,177	15,322	10,454	21,401
<b>10</b>	Payroll taxes . . . . .	55,452	17,866	12,335	25,251
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	14,139	4,596	3,132	6,411
<b>c</b>	Accounting . . . . .	22,176	7,387	4,853	9,936
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .				
<b>12</b>	Advertising and promotion . . . . .	36,092	11,794	7,974	16,324
<b>13</b>	Office expenses . . . . .	126,365	41,643	27,804	56,918
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .				
<b>17</b>	Travel . . . . .				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .	23,352	21,989	447	916
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	30,654	10,067	6,756	13,831
<b>23</b>	Insurance . . . . .	9,981	3,325	2,184	4,472
<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</b>	DEVELOPMENT & MARKETING	115,471	37,192	25,689	52,590
<b>b</b>	ADMINISTRATIVE	106,593	45,940	30,453	30,200
<b>c</b>	OTHER	84,460	84,460		
<b>d</b>	DUES & SUBSCRIPTIONS	19,820	6,556	4,353	8,911
<b>e</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	8,825,483	7,848,958	331,018	645,507
<b>26</b>	<b>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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	823,566	<b>1</b>	2,582,817
	<b>2</b> Savings and temporary cash investments . . . . .	747,507	<b>2</b>	572,431
	<b>3</b> Pledges and grants receivable, net . . . . .	28,712	<b>3</b>	30,773
	<b>4</b> Accounts receivable, net . . . . .	843,749	<b>4</b>	851,179
	<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 . . . . .		<b>5</b>	
	<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 instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	31,493	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	38,994	<b>9</b>	41,422
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 964,400		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 352,937	597,534	<b>10c</b> 611,463
	<b>11</b> Investments—publicly traded securities . . . . .	97,478,487	<b>11</b>	96,878,009
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	11,564,652	<b>12</b>	11,468,153
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	112,154,694	<b>16</b>	113,036,247	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	109,633	<b>17</b>	116,188
	<b>18</b> Grants payable . . . . .	206,300	<b>18</b>	175,000
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	564,815	<b>23</b>	488,051
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	26,949,119	<b>25</b>	25,509,344
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	27,829,867	<b>26</b>	26,288,583
<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 . . . . .	67,341,294	<b>27</b>	69,798,750
	<b>28</b> Temporarily restricted net assets . . . . .	2,962,064	<b>28</b>	3,203,869
	<b>29</b> Permanently restricted net assets . . . . .	14,021,469	<b>29</b>	13,745,045
	<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 . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	84,324,827	<b>33</b>	86,747,664	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	112,154,694	<b>34</b>	113,036,247	

**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>	12,219,194
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,825,483
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,393,711
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	84,324,827
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,961,471
<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>	1,990,597
<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>	86,747,664

**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? 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		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<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?		No
<b>3b</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		

SCHEDULE A (Form 990 or 990EZ)

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITYGIVING

Employer identification number

36-3412544

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 11, 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi) (Checked)
9 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...
10 An organization organized and operated exclusively to test for public safety
11 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
f Enter the number of supported organizations
g Provide the following information about the supported organization(s)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	11,744,692	5,531,037	20,842,517	6,711,058	8,629,443	53,458,747
<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	11,744,692	5,531,037	20,842,517	6,711,058	8,629,443	53,458,747
<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)						18,734,956
<b>6 Public support.</b> Subtract line 5 from line 4						34,723,791

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4	11,744,692	5,531,037	20,842,517	6,711,058	8,629,443	53,458,747
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,696,857	1,421,470	1,399,850	1,999,024	1,919,283	8,436,484
<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						61,895,231

**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 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	56 100 %
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	54 380 %

**16a 33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
<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)? 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
<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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
<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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		



**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** 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? 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.
- 2** 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? 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.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** 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)? 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).

	Yes	No
<b>1</b>		

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

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** 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? 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.
- 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? 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.
- 3** **Parent of Supported Organizations. Answer (a) and (b) below.**
- a** 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? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<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 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

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

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section B - Minimum Asset Amount**

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

	(A) Prior Year	(B) Current Year (optional)
<b>1</b>		
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		

**Section C - Distributable Amount**

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

		Current Year
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		

**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 Part VI) 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 Part VI) See instructions	
<b>9</b> Distributable amount for 2015 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-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . . _____			
<b>d</b> From 2014. . . . . _____			
<b>e</b> From 2015. . . . . _____			

**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).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

▶ 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.

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
COMMUNITYGIVING  
**Employer identification number**  
36-3412544

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year	269	
<b>2</b> Aggregate value of contributions to (during year)	5,942,239	
<b>3</b> Aggregate value of grants from (during year)	3,612,076	
<b>4</b> Aggregate value at end of year	38,888,942	
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	
<b>b</b> Total acreage restricted by conservation easements	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

**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)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
<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 in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 . . . . .	34,027,806	34,566,678	27,945,893	25,343,546	25,033,344
<b>b</b> Contributions . . . . .	652,553	416,024	3,054,189	755,945	1,067,962
<b>c</b> Net investment earnings, gains, and losses . . . . .	1,344,588	1,257,572	5,284,559	3,473,725	337,779
<b>d</b> Grants or scholarships . . . . .	2,636,479	1,334,686	1,223,617	658,817	659,937
<b>e</b> Other expenditures for facilities and programs . . . . .	626,067	422,390	60,061	610,699	100,758
<b>f</b> Administrative expenses . . . . .	432,129	455,392	434,285	357,807	334,844
<b>g</b> End of year balance . . . . .	32,330,272	34,027,806	34,566,678	27,945,893	25,343,546

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶ 48 000 %
  - b** Permanent endowment ▶ 42 000 %
  - c** Temporarily restricted endowment ▶ 10 000 %
- 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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

**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" to 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 . . . . .		109,941		109,941
<b>b</b> Buildings . . . . .		665,083	221,181	443,902
<b>c</b> Leasehold improvements . . . . .		3,586	598	2,988
<b>d</b> Equipment . . . . .		185,790	131,158	54,632
<b>e</b> Other . . . . .				

**Total.** Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 611,463

**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	42,479	F
(3) Other		
(A) CASH SURRENDER VALUE-LIFE INSURANCE	644,126	F
(B) LIFE ESTATE	232,262	F
(C) REAL ESTATE INVESTMENT	1,960,800	F
(D) CHARITABLE REMAINDER TRUST ASSETS	8,588,486	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12)	11,468,153	

**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
<b>Total.</b> (Column (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
<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
Federal income taxes	
LIABILITY UNDER TRUST AGREEMENT	4,215,716
ACCRUED ADMINISTRATIVE FEES	84,055
AGENCY FUNDS	21,159,573
DUE ON INVESTMENT	50,000
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	25,509,344

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>	9,504,930
<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>	-2,961,471	
<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>	120,117	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> -2,841,354
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 12,346,284
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-127,090	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> -127,090
<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> 12,219,194

**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>	7,082,093
<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>	127,090	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 127,090
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 6,955,003
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,870,480	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 1,870,480
<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> 8,825,483

**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.

Return Reference	Explanation
PART V, LINE 4	COMMUNITYGIVING ENDOWMENT FUNDS ARE SEPARATE FUNDS SET UP AT THE REQUEST OF THE DONOR, AGENCY OR GROUPS AND INTENDED TO BE A LONG-TERM INVESTMENT PAYOUT OPTIONS INCLUDE A YEARLY PAYOUT OF THE EARNINGS FOR THE BENEFIT OF THE GROUP OR AGENCY FOR OUR ENDOWED SCHOLARSHIP FUNDS THE ENDOWMENT IS SET UP TO BENEFIT STUDENTS THROUGH A COMPETITIVE PROCESS ENDOWMENT FUNDS SET UP TO BENEFIT COMMUNITYGIVING ARE FUNDS HELD IN RESERVE FOR USE BY COMMUNITYGIVING OPERATIONS AND ONLY USED AT THE AUTHORIZATION OF THE COMMUNITYGIVING BOARD OF DIRECTORS



**Part XIII Supplemental Information (continued)**

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF TRUSTS 253,653 CHANGE IN VALUE OF LIFE INSURANCE -133,536
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSE ON PART VIII LINE 6B -97,550 DIRECT EXPENSE OF FUNDRAISER OFFSETTING REVENUE -29,540
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE ON PART VIII LINE 6B 97,550 DIRECT EXPENSE OF FUNDRAISER OFFSETTING REVENUE 29,540
PART XII, LINE 4B - OTHER ADJUSTMENTS	FASB ASC 958-605 ADJUSTMENT 1,870,480

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITYGIVING

Employer identification number

36-3412544

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1 <b>DANCING W / OUR STARS</b> (event type)	(b)Event #2 <b>WOMEN MAKING WAVES</b> (event type)	(c)Other events <hr/> (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	28,421	5,220		33,641
	<b>2</b> Less Contributions . . . . .	9,250	950		10,200
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	19,171	4,270		23,441
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	5,987	2,853		8,840
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .	2,097	625		2,722
	<b>9</b> Other direct expenses . . . . .	16,703	1,275		17,978
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				29,540
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-6,099	

**Part III Gaming.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITYGIVING

Employer identification number

36-3412544

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 190

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

**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 non-cash assistance
(1) DIVERSITY	1	2,047			
(2) EDUCATIONAL	49	195,764			
(3) OTHER	2	3,926			

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY A DESIGNATION ON THE CHECK STUB WHICH LISTS THE PURPOSE OF THE GRANT A MEMO IS PROVIDED WITH EACH CHECK ISSUED WHICH SPECIFIES THE PURPOSE OF THE GRANT THIS PROVIDES THE NONPROFIT WITH TWO METHODS OF DOCUMENTATION SO THEY ARE WELL AWARE OF THE GRANT PURPOSE OR DESIGNATION AS THEY RECEIPT THE CHECK INTO THEIR ORGANIZATION

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-3412544  
**Name:** COMMUNITYGIVING

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRICK BY BRICK PARTNERS 232 7TH STREET BROOKYN, NY 11215	56-2470061	501(C)(3)	10,000				GENERAL SUPPORT
ABUNDANT LIFE BRAZILIAN CHURCH OF GOD INC 1550 NORTH BELCHAR RD LARGO, FL 33779	82-0562950	501(C)(3)	5,000				GENERAL SUPPORT
ALBANY HIGH SCHOOL PO BOX 40 ALBANY, MN 56307	41-6003949		10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALEXANDRIA SENIOR CITIZENS CENTER 414 HAWTHORNE STREET ALEXANDRIA, MN 56308	41-1375700	501(C)(3)	20,000				GENERAL SUPPORT
ALL SOULS CHURCH OF AUSTIN TEXAS PO BOX 6111 AUSTIN, TX 78762	38-2329622	501(C)(3)	5,000				GENERAL SUPPORT
AMERICAN CANCER SOCIETY 3721 23RD STREET SOUTH STE 102 SAINT CLOUD, MN 563015094	41-0724036	501(C)(3)	10,132				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANDERSON CENTER 122 12TH AVENUE NORTH SUITE 102 SAINT CLOUD, MN 56303	41-1911774	501(C)(3)	70,000				GENERAL SUPPORT
ATONEMENT LUTHERAN ELCA 1144 29TH AVENUE N SAINT CLOUD, MN 56303	41-6121873	501(C)(3)	11,500				GENERAL SUPPORT
AUGSBURG COLLEGE OFFICE OF INSTITUTIONAL ADVANCEMENT MINNEAPOLIS, MN 554541351	41-0694721	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BENILDE-ST MARGARET'S SCHOOL 2501 HIGHWAY 100 SOUTH ST LOUIS PARK, MN 55416	41-1240936	501(C)(3)	5,000				GENERAL SUPPORT
BETHESDA FOUNDATION 901 SE WILLMAR AVENUE WILLMAR, MN 56201	41-1457903	501(C)(3)	5,000				GENERAL SUPPORT
BETHLEHEM LUTHERAN ELCA 4310 COUNTY ROAD 137 SAINT CLOUD, MN 56301	68-0576502	501(C)(3)	7,500				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF CENTRAL MN 203 COOPER AVENUE NORTH SAINT CLOUD, MN 56303	41-0972056	501(C)(3)	33,863				GENERAL SUPPORT
BIRTHLINE INC 1411 WEST SAINT GERMAIN STREET SUITE 5 SAINT CLOUD, MN 56301	36-3448584	501(C)(3)	22,904				GENERAL SUPPORT
BOY SCOUTS OF AMERICA CENTRAL MN COUNCIL 1191 SCOUT DRIVE SARTELL, MN 56377	22-1576300	501(C)(3)	71,700				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF THE BEMIDJI AREA PO BOX 191 BEMIDJI, MN 56619	81-0599601	501(C)(3)	12,000				GENERAL SUPPORT
BOYS & GIRLS CLUBS OF BARRON COUNTY INC 426 N WILSON AVENUE RICE LAKE, WI 54868	39-2025211	501(C)(3)	25,000				GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF CENTRAL MINNESOTA 345 30TH AVENUE NORTH SAINT CLOUD, MN 56303	41-1245177	501(C)(3)	315,048				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRAINERD PUBLIC SCHOOLS FOUNDATION 804 OAK STREET ROOM 209A BRAINERD, MN 56401	36-3542673	501(C)(3)	50,750				GENERAL SUPPORT
BRIDGES OF HOPE PO BOX 742 BRAINERD, MN 56401	72-1538846	501(C)(3)	10,100				GENERAL SUPPORT
BRIGHTER DAYS FOUNDATION 15167 EDGEWOODDRIVE SUITE 240 BRAINERD, MN 56401	26-3644968	501(C)(3)	11,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMP SHAMINEAU OF THE EVANGELICAL FREE CHURCH PO BOX 244 MOTLEY, MN 564660244	41-0941920	501(C)(3)	15,000				GENERAL SUPPORT
CAMP VANASEK INC 213 SOUTH 5TH BRAINERD, MN 56401	41-1707575	501(C)(3)	10,000				GENERAL SUPPORT
CAMPHILL VILLAGE MINNESOTA INC 15136 CELTIC DRIVE SAUK CENTRE, MN 56378	41-1387425	501(C)(3)	14,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST INC PO BOX 628222 ORLANDO, FL 328628222	95-6006173	501(C)(3)	29,100				GENERAL SUPPORT
CATHEDRAL HIGH SCHOOL 312 SEVENTH AVENUE NORTH SAINT CLOUD, MN 56303	41-0705763	501(C)(3)	342,804				GENERAL SUPPORT
CATHEDRAL HIGH SCHOOL FOUNDATION 312 7TH AVENUE NORTH SAINT CLOUD, MN 56303	41-1337318	501(C)(3)	35,615				GENERAL SUPPORT

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

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CATHOLIC CHARITIES PO BOX 2390 SAINT CLOUD, MN 563022390	41-0737799	501(C)(3)	359,042				GENERAL SUPPORT
CENTRACARE HEALTH FOUNDATION 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303	41-1855173	501(C)(3)	135,306				GENERAL SUPPORT
CENTRACARE HEALTH FOUNDATION - PAYNESVILLE 200 WEST 1ST STREET PAYNESVILLE, MN 56362	41-1855173	501(C)(3)	9,599				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL MINNESOTA HABITAT FOR HUMANITY 3335 WEST SAINT GERMAIN STREET SUITE 108 SAINT CLOUD, MN 56301	58-1285159	501(C)(3)	21,000				GENERAL SUPPORT
CENTRAL MINNESOTA TASK FORCE ON BATTERED WOMEN PO BOX 367 SAINT CLOUD, MN 56302	41-1344743	501(C)(3)	45,904				GENERAL SUPPORT
CENTRAL MINNESOTA YOUTH FOR CHRIST PO BOX 375 SAINT CLOUD, MN 56302	41-1336726	501(C)(3)	40,056				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRIST CHURCH NEWMAN CENTER 396 FIRST AVENUE SOUTH SAINT CLOUD, MN 56301	41-0693981	501(C)(3)	6,263				GENERAL SUPPORT
CHRISTAR INTERNATIONAL INC 1500 INTERNATIONAL PKWY STE 300 RICHARDSON, TX 75081	27-4567638	501(C)(3)	5,000				GENERAL SUPPORT
CHRISTIAN COMMUNITY FOUNDATION DBA WATERSTONE 10807 NEW ALLIANCE DR SUITE 204 COLORADO SPRINGS, CO 80921	75-1750059	501(C)(3)	20,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN MEDIA MINISTRIES 201 W MADISON AVE BELGRADE, MT 59714	81-0527668	501(C)(3)	7,000				GENERAL SUPPORT
CHURCH OF SAINT PAUL 1125 11TH AVENUE NORTH SAINT CLOUD, MN 56303	41-0693982	501(C)(3)	14,300				GENERAL SUPPORT
CHURCH RESOURCE MINISTRIES 1240 N LAKEVIEW AVENUE STE 120 ANAHEIM, CA 928071847	95-3523150	501(C)(3)	5,000				GENERAL SUPPORT

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

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CITIZENS COUNCIL FOR HEALTH FREEDOM 161 ST ANTHONY AVENUE SAINT PAUL, MN 55103	41-1916724	501(C)(3)	8,000				GENERAL SUPPORT
CITY OF BRAINERD 501 LAUREL STREET BRAINERD, MN 56401	41-6005001		99,000				GENERAL SUPPORT
CITY OF NEW LONDON PO BOX 252 NEW LONDON, MN 56273	41-6005408		25,500				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY OF NISSWA PO BOX 410 NISSWA, MN 56468	41-6005419		29,427				GENERAL SUPPORT
CITY OF ST CLOUD 400 2ND STREET S SAINT CLOUD, MN 56301	41-6005515		147,299				GENERAL SUPPORT
COLLEGE OF SAINT BENEDICT 37 SOUTH COLLEGE AVENUE SAINT JOSEPH, MN 56374	41-0969244	501(C)(3)	73,680				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLEGE OF SAINT SCHOLASTICA FINANCIAL AID OFFICE DULUTH, MN 55811	41-0698301	501(C)(3)	5,000				GENERAL SUPPORT
COMMON GROUND UNITED METHODIST CHURCH 404 CYPRESS ST NORTH CAMBRIDGE, MN 55008	41-1424643	501(C)(3)	34,000				GENERAL SUPPORT
COMPASSION INTERNATIONAL INC 12290 VOYAGER PKWY COLORADO SPRINGS, CO 80997	36-2423707	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONCORDIA SEMINARY 801 DE MUN AVENUE SAINT LOUIS, MO 53105	43-0655869	501(C)(3)	20,941				GENERAL SUPPORT
CONCORDIA UNIVERSITY ST PAUL 1282 CONCORDIA AVE SAINT PAUL, MN 551045494	41-0696906	501(C)(3)	22,441				GENERAL SUPPORT
CONFIDENCE LEARNING CENTER 1620 MARY FAWCETT MEMORIAL DRIVE WEST EAST GULL LAKE, MN 56401	41-0985513	501(C)(3)	98,258				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CUYUNA RANGE YOUTH CENTER INC 15 3RD AVE SW CROSBY, MN 56441	06-1778801	501(C)(3)	5,000				GENERAL SUPPORT
CUYUNA REGIONAL MEDICAL CENTER 320 EAST MAIN STREET CROSBY, MN 56441	41-0879376	501(C)(3)	20,308				GENERAL SUPPORT
DIOCESE OF SAINT CLOUD PO BOX 1248 SAINT CLOUD, MN 56303	41-0693981	501(C)(3)	8,216				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DIOCESE OF ST CLOUD- ANNUAL DIOCESAN APPEAL PO BOX 1538 SAINT CLOUD, MN 563021538	41-0693981	501(C)(3)	10,750				GENERAL SUPPORT
DOCTORS WITHOUT BOARDERS 333 SEVENTH AVE 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	7,900				GENERAL SUPPORT
DOUGLAS COUNTY OUTREACH FOOD SHELF PO BOX 1324 ALEXANDRIA, MN 56308	20-2556435	501(C)(3)	6,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ENVIRONMENTAL INITIATIVE 211 FIRST STREET NORTH SUITE 250 MINNEAPOLIS, MN 55401	41-1718834	501(C)(3)	40,000				GENERAL SUPPORT
EVANGELICAL FREE CHURCH OF AMERICA - MINNEAPOLIS 901 EAST 78TH STREET MINNEAPOLIS, MN 554201300	41-0721672	501(C)(3)	85,000				GENERAL SUPPORT
EVANGELICAL FREE CHURCH OF GRAND ISLAND 2609 SOUTH BLAINE STREET GRAND ISLAND, NE 68801	47-0520575	501(C)(3)	20,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY PROMISE OF KANDIYOHI COUNTY 312 6TH STREET SW WILLMAR, MN 56201	30-0758513	501(C)(3)	20,000				GENERAL SUPPORT
FEEDING AMERICA 35 E WACKER DRIVE CHICAGO, IL 606012200	36-3673599	501(C)(3)	5,000				GENERAL SUPPORT
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 452770053	11-0303001	501(C)(3)	70,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST LUTHERAN CHURCH 424 S 8TH ST BRAINERD, MN 56401	41-1568278	501(C)(3)	15,000				GENERAL SUPPORT
FIRST LUTHERAN CHURCH 822 DOUGLAS STREET ALEXANDRIA, MN 56308	41-6008707	501(C)(3)	18,000				GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 1107 PINE CONE ROAD SOUTH SARTELL, MN 56377	41-0842882	501(C)(3)	29,432				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRANCISCAN SISTERS OF LITTLE FALLS 116 8TH AVENUE SE LITTLE FALLS, MN 563453597	41-0695518	501(C)(3)	11,600				GENERAL SUPPORT
FRIENDS OF KGLT INC PO BOX 721 BOZEMAN, MT 59771	52-2075409	501(C)(3)	5,000				GENERAL SUPPORT
GABRIEL MEDIA 1310 2ND ST N SAUK RAPIDS, MN 56379	27-3932860	501(C)(3)	8,200				GENERAL SUPPORT

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GALLATIN COUNTY LOVE INC PO BOX 7117 BOZEMAN, MT 59771	81-0498031	501(C)(3)	5,000				GENERAL SUPPORT
GIRL SCOUTS OF MN & WI LAKES & PINES COUNCIL 400 2ND AVENUE S WAITE PARK, MN 56387	41-0877820	501(C)(3)	24,408				GENERAL SUPPORT
GLOBAL OUTREACH INTERNATIONAL PO BOX 1 TUPELO, MS 38802	48-1256219	501(C)(3)	10,000				GENERAL SUPPORT

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GOOD SHEPHERD COMMUNITY 1115 NORTH 4TH AVENUE SAUK RAPIDS, MN 56379	41-0851905	501(C)(3)	12,500				GENERAL SUPPORT
GOODWILL EASTER SEALS 2424 FIRST STREET SOUTH WILLMAR, MN 56201	41-0706171	501(C)(3)	5,000				GENERAL SUPPORT
GOODWILL EASTER SEALS EASTER SEALS MINNESOTA 553 FAIRVIEW AVENUE NORTH SAINT PAUL, MN 55104	41-0706171	501(C)(3)	10,000				GENERAL SUPPORT

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GREAT RIVER EDUCATIONAL ARTS THEATRE 710 SUNDIAL DRIVE WAITE PARK, MN 56387	41-1909918	501(C)(3)	15,666				GENERAL SUPPORT
GREATER EUROPE MISSION PO BOX 1669 MONUMENT, CO 801321669	36-2345199	501(C)(3)	5,000				GENERAL SUPPORT
GREATER ST CLOUD DEVELOPMENT CORPORATION 501 WEST SAINT GERMAIN STREET SUITE 100 SAINT CLOUD, MN 56301	45-2050341	501(C)(3)	14,950				GENERAL SUPPORT



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HABITAT FOR HUMANITY INTERNATIONAL INC 121 HABITAT STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	5,000				GENERAL SUPPORT
HAMLINE UNIVERSITY 1536 HEWITT AVENUE MSC1915 SAINT PAUL, MN 55104	41-0693960	501(C)(3)	10,000				GENERAL SUPPORT
HANDS ACROSS THE WORLD 1605 GOETTENS WAY 206 SAINT CLOUD, MN 56301	68-0576502	501(C)(3)	11,642				GENERAL SUPPORT

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HEARTLAND COMMUNITY ACTION AGENCY INC PO BOX 1359 WILLMAR, MN 56201	41-0904860	501(C)(3)	10,000				GENERAL SUPPORT
H-ELEVEN 1INNOVATION LLC 6854 ORCUTT AVE LONG BEACH, CA 90805	20-8228183	501(C)(3)	5,000				GENERAL SUPPORT
HELPING HANDS OUTREACH 101 PLYMOUTH STREET HOLDINGFORD, MN 56340	01-0697213	501(C)(3)	7,946				GENERAL SUPPORT

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HILL MUSEUM & MANUSCRIPT LIBRARY PO BOX 7300 COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	18,526				GENERAL SUPPORT
HOPE ACADEMY INC 2300 CHICAGE AVE S MINNEAPOLIS, MN 55404	41-1962874	501(C)(3)	20,900				GENERAL SUPPORT
IMMANUEL LUTHERAN CHURCH 300 S 3RD STREET ATWATER, MN 56209	41-6057521	501(C)(3)	28,528				GENERAL SUPPORT

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INDEPENDENT LIFESTYLES INC 215 NORTH BENTON DRIVE SAUK RAPIDS, MN 56379	41-1871141	501(C)(3)	12,875				GENERAL SUPPORT
INITIATIVE FOUNDATION 405 FIRST STREET SE LITTLE FALLS, MN 56345	36-3451562	501(C)(3)	16,300				GENERAL SUPPORT
INTERNATIONAL MESSENGERS 110 ORCHARD CT CLEAR LAKE, IA 50428	41-1652782	501(C)(3)	20,000				GENERAL SUPPORT

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INTERNATIONAL RESCUE COMMITTEE 112 EAST 42ND STREET FLOOR 12 NEW YORK, NY 10168	13-5660870	501(C)(3)	5,000				GENERAL SUPPORT
JOSHUA ONE EIGHT FOUNDATION- BAND OF BROTHERS IN CHRIST PO BOX 267 RICE, MN 56367	42-1285060	501(C)(3)	7,000				GENERAL SUPPORT
KANDIYOHI COUNTY AREA FAMILY YMCA 1000 LAKELAND DRIVE SE WILLMAR, MN 56201	41-1908049	501(C)(3)	6,350				GENERAL SUPPORT

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KINSHIP PARTNERS OF BRAINERD 804 OAK STREET STE 201 BRAINERD, MN 56401	36-3477485	501(C)(3)	15,289				GENERAL SUPPORT
KNUTE NELSON FOUNDATION 420 12TH AVENUE EAST ALEXANDRIA, MN 56308	41-1451486	501(C)(3)	6,000				GENERAL SUPPORT
LAKES AREA MUSIC FESTIVAL PO BOX 96 BRAINERD, MN 56401	45-4807315	501(C)(3)	20,750				GENERAL SUPPORT

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LAKEWOOD EVANGELICAL FREE CHURCH 6284 FAIRVIEW RD BAXTER, MN 56425	41-1504649	501(C)(3)	16,000				GENERAL SUPPORT
LAND STEWARDSHIP PROJECT 821 EAST 35TH STREET SUITE 200 MINNEAPOLIS, MN 55407	41-1466054	501(C)(3)	11,896				GENERAL SUPPORT
LIFE HOUSE INC 102 W FIRST ST DULUTH, MN 55802	41-0704840	501(C)(3)	15,000				GENERAL SUPPORT

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LIFE RIGHT OUTREACH 1906 6TH AVE EAST ALEXANDRIA, MN 56308	75-3250208	501(C)(3)	10,500				GENERAL SUPPORT
LOCAL EDUCATION & ACTIVITIES FOUNDATION (LEAF) PO BOX 1132 SAINT CLOUD, MN 56302	41-1770753	501(C)(3)	59,344				GENERAL SUPPORT
LUIS PALAU EVANGELISTIC ASSOCIATION 1500 NW 167TH PLACE BEAVERTON, OR 97006	93-0713827	501(C)(3)	15,000				GENERAL SUPPORT



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LUTHERAN SOCIAL SERVICES 1601 HIGHWAY 12 E 6 WILLMAR, MN 56201	41-0872993	501(C)(3)	11,806				GENERAL SUPPORT
LYDIA HOME ASSOCIATION AKA SAFE FAMILIES FOR CHILDREN 4300 WEST IRVING PARK ROAD CHICAGO, IL 60641	36-1412810	501(C)(3)	15,000				GENERAL SUPPORT
MACCRAY HIGH SCHOOL PO BOX 690 CLARA CITY, MN 56222	41-1783004		104,760				GENERAL SUPPORT

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MANKATO AREA FOUNDATION 127 SOUTH 2ND STREET SUITE 100 MANKATO, MN 56001	41-0011094	501(C)(3)	737,805				GENERAL SUPPORT
MAYO FOUNDATION 200 FIRST STREET SW ROCHESTER, MN 55905	41-1937751	501(C)(3)	5,593				GENERAL SUPPORT
MINISTRY DEVELOPERS NETWORK PO BOX 281 BRAINERD, MN 56401	02-0811643	501(C)(3)	7,800				GENERAL SUPPORT

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MINNESOTA HISTORICAL SOCIETY 345 KELLOGG BOULEVARD WEST SAINT PAUL, MN 55102	41-0713907	501(C)(3)	25,000				GENERAL SUPPORT
MINNESOTA ORCHESTRAL ASSOCIATION 1111 NICOLLET MALL MINNEAPOLIS, MN 55403	41-0693875	501(C)(3)	6,000				GENERAL SUPPORT
MINNESOTA TEEN CHALLENGE INC 2424 BUSINESS 371 BRAINERD, MN 56401	41-1517351	501(C)(3)	11,250				GENERAL SUPPORT

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MISSION TO THE WORLD 1700 NORTH BROWN ROAD LAWRENCEVILLE, GA 30043	58-1179345	501(C)(3)	10,000				GENERAL SUPPORT
NEW HOPE PRESBYTERIAN CHURCH 3825 MCGREGOR BLVD FORT MEYERS, FL 33901	26-2481432	501(C)(3)	20,000				GENERAL SUPPORT
NEW LIFE CHRISTIAN CHURCH 1910 COUNTY ROAD 82 SE ALEXANDRIA, MN 56308	41-1522556	501(C)(3)	7,000				GENERAL SUPPORT

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NEXT INTERNATIONAL INC PO BOX 365 MENOMONIE, WI 54751	20-8405643	501(C)(3)	5,000				GENERAL SUPPORT
NORTH CENTRAL DISTRICT EFCA 711 10TH AVENUE SOUTH MINNEAPOLIS, MN 55415	41-0721674	501(C)(3)	88,897				GENERAL SUPPORT
OPERATION GRACE MN 1769 LEXINGTON AVEN STE 204 ROSEVILLE, MN 55113	47-1051919	501(C)(3)	20,000				GENERAL SUPPORT

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OUR SAVIORS LUTHERAN CHURCH PO BOX 670 ALBANY, MN 56307	41-1466293	501(C)(3)	11,000				GENERAL SUPPORT
OXFAM AMERICA 226 CAUSEWAY STREET 5TH FLOOR BOSTON, MA 02114	23-7069110	501(C)(3)	6,100				GENERAL SUPPORT
PARAMOUNT ARTS RESOURCE TRUST 913 WEST SAINT GERMAIN STREET SAINT CLOUD, MN 56301	41-1809017	501(C)(3)	20,250				GENERAL SUPPORT

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PLACE OF HOPE 511 9TH AVENUE NORTH SAINT CLOUD, MN 56303	41-1870347	501(C)(3)	25,100				GENERAL SUPPORT
POOR CLARES MONASTERY 421 4TH STREET SOUTH SAUK RAPIDS, MN 56379	41-1603755	501(C)(3)	9,000				GENERAL SUPPORT
PRAIRIE WOODS ENVIRONMENTAL LEARNING CTR 12718 10TH STREET NE SPICER, MN 56288	41-1366265	501(C)(3)	31,500				GENERAL SUPPORT

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PREGNANCY CARING CENTER OF GALLATIN VALLEY INC ZOE CARE 2251 W KAGY BLVD BOZEMAN, MT 59718	81-0466507	501(C)(3)	5,000				GENERAL SUPPORT
PREGNANCY RESOURCE CENTER 305 5TH AVENUE S SAINT CLOUD, MN 56301	41-1650725	501(C)(3)	6,500				GENERAL SUPPORT
PRESBYTERIAN FAMILY FOUNDATION INC 901 NORTH HWY 71 WILLMAR, MN 56201	41-6044382	501(C)(3)	5,000				GENERAL SUPPORT



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PRINCETON SCHOLARSHIP FOUNDATION - DOLLARS FOR SCHOLARS PO BOX 462 PRINCETON, MN 55371	41-1654047	501(C)(3)	5,000				GENERAL SUPPORT
PROJECT TURNABOUT 660 18TH STREET GRANITE FALLS, MN 562410116	41-0969859	501(C)(3)	35,000				GENERAL SUPPORT
QUIET OAKS HOSPICE HOUSE PO BOX 1241 SAINT CLOUD, MN 563021241	20-3905841	501(C)(3)	17,850				GENERAL SUPPORT

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REDEEMER LUTHERAN CHURCH 1401 6TH ST SW WILLMAR, MN 56201	41-0956958	501(C)(3)	27,500				GENERAL SUPPORT
RESURRECTION LUTHERAN CHURCH 610 NORTH COUNTY ROAD 2 SAINT JOSEPH, MN 56374	41-1497448	501(C)(3)	31,000				GENERAL SUPPORT
RIDGEWATER COLLEGE FOUNDATION 2101 15TH AVE NW WILLMAR, MN 56201	41-1847315	501(C)(3)	51,074				GENERAL SUPPORT

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RISING HOPE FOUNDATION PO BOX 841 PARK RAPIDS, MN 56470	45-3566370	501(C)(3)	101,000				GENERAL SUPPORT
ROCORI DOLLARS FOR SCHOLARS PO BOX 304 COLD SPRING, MN 56320	04-2296967	501(C)(3)	8,248				GENERAL SUPPORT
RUNESTONE MUSEUM FOUNDATION 206 BROADWAY ALEXANDRIA, MN 56308	23-7391175	501(C)(3)	10,000				GENERAL SUPPORT

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SACRED HEART CATHOLIC PARISH - FREEPORT 303 2ND STREET NE FREEPORT, MN 56331	41-0693981	501(C)(3)	10,000				GENERAL SUPPORT
SAINT JOHN'S UNIVERSITY 2850 ABBEY PLAZA COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	180,215				GENERAL SUPPORT
SAINT MARY'S CATHOLIC CHURCH OF ALEXANDRIA 420 IRVING STREET ALEXANDRIA, MN 56308	41-0724059	501(C)(3)	20,000				GENERAL SUPPORT

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SALEM LUTHERAN ELCA 90 RIVERSIDE DRIVE SE SAINT CLOUD, MN 56301	41-1568278	501(C)(3)	5,000				GENERAL SUPPORT
SALVATION ARMY 400 HIGHWAY 10 SOUTH SAINT CLOUD, MN 56304	41-0698597	501(C)(3)	71,594				GENERAL SUPPORT
SALVATION ARMY - BRAINERD PO BOX 385 BRAINERD, MN 56401	13-5582351	501(C)(3)	19,421				GENERAL SUPPORT

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SALVATION ARMY OF KANDIYOHI COUNTY 521 SW 4TH STREET WILLMAR, MN 56201	41-0698597	501(C)(3)	18,452				GENERAL SUPPORT
SEBEKA SCHOOL DISTRICT #820 200 1ST STREET NW SEBEKA, MN 56477	41-6008628		5,000				GENERAL SUPPORT
SHERBURNE COUNTY AREA UNITED WAY 231 MAIN STREET NW ELK RIVER, MN 55330	23-7057093	501(C)(3)	8,000				GENERAL SUPPORT

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SIBLEY EAST HIGH SCHOOL PO BOX 1000 ARLINGTON, MN 55307	41-1809739		29,000				GENERAL SUPPORT
SISTERS OF THE ORDER OF SAINT BENEDICT 104 CHAPEL LANE SAINT JOSEPH, MN 56374	41-0693973	501(C)(3)	20,343				GENERAL SUPPORT
SOURCE MN PO BOX 8212 MINNEAPOLIS, MN 55408	41-1588666	501(C)(3)	46,000				GENERAL SUPPORT

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST CLOUD AREA FAMILY YMCA 1530 NORTHWAY DRIVE SAINT CLOUD, MN 56303	41-0952420	501(C)(3)	129,175				GENERAL SUPPORT
ST CLOUD CHRISTIAN SCHOOL 430 3RD AVENUE NE SAINT CLOUD, MN 56304	25-8431360	501(C)(3)	24,679				GENERAL SUPPORT
ST CLOUD STATE UNIVERSITY ADMINISTRATIVE SERVICES 123 SAINT CLOUD, MN 563014498	41-1687554		27,883				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST CLOUD STATE UNIVERSITY FINANCIAL AID OFFICE- AS123 SAINT CLOUD, MN 56301	41-1687554		10,650				GENERAL SUPPORT
ST CLOUD STATE UNIVERSITY FOUNDATION LEWIS HOUSE SAINT CLOUD, MN 563014498	41-6019040	501(C)(3)	37,933				GENERAL SUPPORT
ST CLOUD TECHNICAL & COMMUNITY COLLEGE FDN 1540 NORTHWAY DRIVE SAINT CLOUD, MN 56303	41-1791598	501(C)(3)	42,598				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST FRANCIS XAVIER CHURCH 219 - 2ND STREET NORTH SARTELL, MN 56377	41-0789360	501(C)(3)	12,093				GENERAL SUPPORT
ST JAMES CATHOLIC CHURCH - RANDALL 405 EAST MINNESOTA AVE RANDALL, MN 56475	41-0693981	501(C)(3)	5,000				GENERAL SUPPORT
ST JOHN'S AREA CATHOLIC SCHOOL 215 7TH AVENUE FOLEY, MN 56329	41-1750969	501(C)(3)	7,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST JOSEPH COMMUNITY FOOD SHELF PO BOX 384 SAINT JOSEPH, MN 563740384	41-2021124	501(C)(3)	22,244				GENERAL SUPPORT
ST MARTIN PARISH 119 MAINE STREET SAINT MARTIN, MN 56376	41-0693981	501(C)(3)	25,000				GENERAL SUPPORT
ST MARY'S SCHOOL 421 HAWTHORNE STREET ALEXANDRIA, MN 56308	41-0724059	501(C)(3)	5,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STEARNS CO PARKSQUARRY PARKS 1802 CO ROAD 137 WAITE PARK, MN 56387	41-6005899		9,000				GENERAL SUPPORT
STEARNS COUNTY HISTORICAL SOCIETY 235 33RD AVENUE SOUTH SAINT CLOUD, MN 56301	41-1315033	501(C)(3)	40,338				GENERAL SUPPORT
STEARNS COUNTY SHERIFF'S DEPARTMENT 807 COURTHOUSE SQUARE SAINT CLOUD, MN 56302	41-6005899		9,673				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STEVE RUMMLER HOPE FOUNDATION 5025 PARK TERRACE EDINA, MN 55436	45-2903444	501(C)(3)	5,000				GENERAL SUPPORT
TENTMAKERS YOUTH MINISTRY PO BOX 84 CHANHASSEN, MN 55317	41-1315524	501(C)(3)	15,000				GENERAL SUPPORT
THE CEDAR CULTURAL CENTER INC 416 CEDAR AVE S MINNEAPOLIS, MN 55454	41-1669156	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE NAVIGATORS PO BOX 6000 COLORADO SPRINGS, CO 809346000	84-6007896	501(C)(3)	5,000				GENERAL SUPPORT
THE WATERS CHURCH 1227 PINE CONE RD SARTELL, MN 56377	20-2838385	501(C)(3)	7,500				GENERAL SUPPORT
THEATRE L'HOMME DIEU 1875 COUNTY ROAD 120 NE ALEXANDRIA, MN 56308	41-0858863	501(C)(3)	11,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TINY HANDS INTERNATIONAL PO BOX 67195 LINCOLN, NE 68506	71-0982808	501(C)(3)	10,000				GENERAL SUPPORT
TRI-COUNTY HUMANE SOCIETY 735 8TH STREET NE SAINT CLOUD, MN 563020701	23-7449686	501(C)(3)	12,574				GENERAL SUPPORT
TRINITY INTERNATIONAL UNIVERSITY 2065 HALF DAY ROAD DEERFIELD, IL 60015	36-2216176	501(C)(3)	10,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRIOPIA PUBLIC SCHOOLS FOUNDATION PO BOX 31 ARENZVILLE, IL 62611	27-3789567	501(C)(3)	12,000				GENERAL SUPPORT
TRUE FRIENDS 10509 108TH ST NW ANNANDALE, MN 55302	41-1543013	501(C)(3)	8,500				GENERAL SUPPORT
UNITED ARTS OF CENTRAL MN PO BOX 1212 SAINT CLOUD, MN 56302	36-3377185	501(C)(3)	110,756				GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF CENTRAL MINNESOTA 921 1ST STREET NORTH SUITE 200 SAINT CLOUD, MN 56303	41-0915124	501(C)(3)	122,407				GENERAL SUPPORT
UNITED WAY OF WEST CENTRAL MINNESOTA 311 4TH STREET SW WILLMAR, MN 56201	41-0844871	501(C)(3)	42,299				GENERAL SUPPORT
UPFRONT ORGANIZATION DEVELOPMENT CONSULTING 9752 380TH STREET SAINT JOSEPH, MN 56374	41-2001892		6,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
URBAN IMPACT MINISTRIES PO BOX 50223 NEW ORLEANS, LA 70150	72-1181908	501(C)(3)	6,000				GENERAL SUPPORT
VFW NATIONAL HOME FOR CHILDREN 3573 S WAVERLY ROAD EATON RAPIDS, MI 48827	38-1359597	501(C)(3)	7,003				GENERAL SUPPORT
VIKING SPORTSMEN INC PO BOX 301 ALEXANDRIA, MN 56308	23-7057051	501(C)(3)	5,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WACOSA PO BOX 757 WAITE PARK, MN 56387	41-0871466	501(C)(3)	29,186				GENERAL SUPPORT
WEST CENTRAL INDUSTRIES INC 1300 SW 22ND STREET WILLMAR, MN 56201	41-0872939	501(C)(3)	24,676				GENERAL SUPPORT
WEST CENTRAL MINNESOTA YOUTH FOR CHRIST 106 LITCHFIELD AVENUE SW WILLMAR, MN 56201	41-0888965	501(C)(3)	5,184				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WESTWOOD COMMUNITY CHURCH 5719 WALNUT DR SAINT CLOUD, MN 56303	41-1465039	501(C)(3)	5,000				GENERAL SUPPORT
WILLMAR AREA ARTS COUNCIL 321 SW 4TH ST WILLMAR, MN 56201	41-1881519	501(C)(3)	8,350				GENERAL SUPPORT
WILLMAR AREA FOOD SHELF 624 PACIFIC AVENUE SW WILLMAR, MN 56201	41-1432367	501(C)(3)	279,092				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WILLMAR HIGH SCHOOL 2701 NE 30TH STREET WILLMAR, MN 56201	41-6001746		15,000				GENERAL SUPPORT
WILLMAR PUBLIC SCHOOL DISTRICT 347 611 5TH STREET SW WILLMAR, MN 56201	41-6001746		117,603				GENERAL SUPPORT
WILLMAR PUBLIC SCHOOLS FOUNDATION 611 5TH ST SW WILLMAR, MN 56201	41-1465834	501(C)(3)	9,000				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WYCLIFFE ASSOCIATES INC PO BOX 620143 ORLANDO, FL 32862	95-2584324	501(C)(3)	6,000				GENERAL SUPPORT
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 328628200	95-1831097	501(C)(3)	6,200				GENERAL SUPPORT

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

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

Name of the organization COMMUNITYGIVING	Employer identification number 36-3412544
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)		
<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 (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in 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.	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input 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				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input 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									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No								
<b>c</b> 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.	<b>4c</b>	No								
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?	<b>5a</b>	Yes								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No								
<b>6</b> 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:										
<b>a</b> The organization?	<b>6a</b>	Yes								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No								
<b>8</b> 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.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

**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 are not 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 STEVEN JOULPRESIDENT	(i)	150,781 -----	11,600 -----	2,520 -----	6,366 -----	4,453 -----	175,720 -----	0 -----
	(ii)	0	0	0	0	0	0	0



**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 5	PRESIDENT RECEIVES A BONUS BASED ON BENCHMARKS CREATED BY THE BOARD OF DIRECTORS
PART I, LINE 6	PRESIDENT RECEIVES A BONUS BASED ON BENCHMARKS CREATED BY THE BOARD OF DIRECTORS

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047

# 2015

**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

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

Name of the organization  
COMMUNITYGIVING

Employer identification number  
36-3412544

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	55	1,696,329	STOCK MKT HISTORICAL PRI
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	ALL CONTRIBUTIONS OF SECURITIES ARE MAINTAINED AND SOLD BY VARIOUS INVESTMENT COMPANIES

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

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

**2015**

**Open to Public  
Inspection**

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).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITYGIVING

Employer identification number

36-3412544

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTANT WITH THE ASSISTANCE OF THE ORGANIZATION'S PERSONNEL. UPON COMPLETION OF THE 990, IT IS PROVIDED TO THE ORGANIZATION'S BOARD AT THE NEXT AVAILABLE MEETING, OR TO EACH MEMBER THROUGH E-MAIL IF THE NEXT AVAILABLE MEETING IS AFTER THE DUE DATE OF THE 990, IN ORDER TO REVIEW AND SIGN PRIOR TO MAILING.
FORM 990, PART VI, SECTION B, LINE 12C	THE STAFF OF THE ORGANIZATION REVIEW ALL RETURNED, SIGNED CONFLICT OF INTEREST POLICY STATEMENTS PREPARED BY THE VOLUNTEERS AND KEY EMPLOYEES FOR CONFLICTS IDENTIFIED WITHIN THE STATEMENT. SHOULD A TRANSACTION WITH THE VOLUNTEER OR KEY EMPLOYEE IDENTIFIED WITHIN THE STATEMENT BE RECOMMENDED, THE POTENTIAL TRANSACTION IS BROUGHT TO THE BOARD OF DIRECTORS FOR APPROVAL AND THE RELATED VOLUNTEER OR KEY EMPLOYEE IS REMOVED FROM THE DISCUSSION AND/OR VOTE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS FOR THE ANNUAL REVIEW OF THE PRESIDENT IS THE RESPONSIBILITY OF THE GOVERNANCE COMMITTEE OF THE ORGANIZATION EACH SPRING THE GOVERNANCE COMMITTEE SHALL CREATE A WRITTEN SURVEY INSTRUMENT FOR ALL BOARD MEMBERS OF THE ORGANIZATION TO COMPLETE THE SURVEY INSTRUMENT WILL CONTAIN QUESTIONS THAT DIRECTLY RELATE TO THE JOB DESCRIPTION OF THE PRESIDENT THE SURVEY ALONG WITH THE PRESIDENT'S WRITTEN SELF-ASSESSMENT AND THE PRESIDENT'S ASSESSMENT OF ANNUAL GOAL ATTAINMENT WILL BE SENT TO ALL MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS THE SURVEY RESULTS WILL BE COMPILED BY THE BOARD CHAIR AND GOVERNANCE CHAIR OF THE ORGANIZATION THE GOVERNANCE COMMITTEE WILL REVIEW THE RESULTS OF THE SURVEY AND PREPARE A RECOMMENDATION TO THE BOARD OF DIRECTORS THE GOVERNANCE COMMITTEE WILL ALSO REVIEW THE CURRENT SALARY LEVEL OF THE PRESIDENT AND COMPARE THE SURVEY TO SIMILAR POSITIONS AND SIMILAR ORGANIZATIONS BASED ON THE COMPARATIVE SURVEY REVIEW AND THE RESULTS OF THE ANNUAL SURVEY AND THE PRESIDENT'S ATTAINMENT OF ANNUAL GOALS, THE GOVERNANCE COMMITTEE WILL FORMULATE A RECOMMENDATION FOR ANY COMPENSATION ADJUSTMENT FOR THE PRESIDENT THE CHAIR OF THE GOVERNANCE COMMITTEE WILL REPORT THE RESULTS OF THE SURVEY AND THE RECOMMENDATIONS TO THE BOARD OF THE ORGANIZATION THE BOARD WILL ACT ON THE RECOMMENDATIONS OF THE GOVERNANCE COMMITTEE THE CHAIR OF THE GOVERNANCE COMMITTEE WILL SHARE THE RESULTS WITH THE PRESIDENT
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF TRUSTS 253,653 CHANGE IN VALUE OF LIFE INSURANCE -133,536 FASB 958-605 ADJUSTMENT 1,870,480
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITYGIVING

Employer identification number

36-3412544

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CMCF PROPERTIES 101 S 7TH AVE STE 100 ST CLOUD, MN 56301	INVESTING ACTIVITIES	MN	5,600	983,614	COMMUNITYGIVING
(2) MINNESOTA REAL ESTATE FOUNDATION LLC 101 S 7TH AVE STE 100 ST CLOUD, MN 56301	BUILD COMMUNITY BY FACILITATING THE GIFTING OF REAL ESTATE	MN	10,527	1,148,859	COMMUNITYGIVING

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)MINNESOTA REAL ESTATE FOUNDATION 101 7TH AVE SOUTH  ST CLOUD, MN 56301 02-0702439	BUILD COMMUNITY BY SIMPLIFYING & FACILITATING THE GIFTING OF REAL ESTATE	MN	501(C)(3)	SCH A LINE 11 TYPE I	N/A		No

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

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

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

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



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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> MINNESOTA REAL ESTATE FOUNDATION	E	418,687	YEAR-END LOAN BALANCE



**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

<b>Return Reference</b>	<b>Explanation</b>
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