

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

### A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- 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

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

**D** Employer identification number  
36-3412544

**E** Telephone number  
(320) 253-4380

**G** Gross receipts \$ 37,481,875

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

- I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527
- J** Website: ▶ WWW.COMMUNITYGIVING.ORG
- K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1985 **M** State of legal domicile MN

### Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO ENGAGE PEOPLE, CONNECT RESOURCES, AND BUILD COMMUNITY					
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets					
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15			
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14			
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	14			
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	510			
Revenue	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-65			
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-65			
	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	8,629,443	Current Year	11,532,655	
	<b>9</b> Program service revenue (Part VIII, line 2g)		0		0	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,612,860		3,692,978	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-23,109		-51,058	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,219,194		15,174,575	
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,254,079		8,387,819
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0		0
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		982,301		1,148,100
		<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0		0
		<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶653,313				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			589,103		806,187	
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			8,825,483		10,342,106	
<b>19</b> Revenue less expenses Subtract line 18 from line 12		3,393,711		4,832,469		
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	113,036,247	End of Year	127,789,035	
	<b>21</b> Total liabilities (Part X, line 26)		26,288,583		27,440,121	
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20		86,747,664		100,348,914	

### 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  
Date 2017-11-09  
STEVEN JOUL PRESIDENT  
Type or print name and title

**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 \$ 8,627,855 including grants of \$ 7,948,063 ) (Revenue \$ )  
See Additional Data

**4b** (Code ) (Expenses \$ 273,259 including grants of \$ 273,212 ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 235,114 including grants of \$ 166,544 ) (Revenue \$ )  
See Additional Data

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

**4e Total program service expenses** ▶ 9,136,228

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<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>	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>	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>	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>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<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>		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>		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>		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>		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>		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>		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>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	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>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		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>		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>	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>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>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>		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>		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 . . . . .	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 ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (MN), 18 (Own website, Another's website, Upon request, Other), 19, 20 (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) LORAN HALL ..... 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) DAVE VAGLE ..... DIRECTOR	1 00 .....	X						0	0	0
(8) BOB SWEENEY ..... DIRECTOR	1 00 .....	X						0	0	0
(9) JOHN HERGES ..... DIRECTOR	1 00 .....	X						0	0	0
(10) TERRY TONE ..... DIRECTOR	1 00 .....	X						0	0	0
(11) STEVEN JOUL ..... PRESIDENT	40 00 .....			X				165,036	0	12,946
(12) MARYANNE MAHOWALD ..... CHAIR	1 00 .....			X				0	0	0
(13) JOHN LINDSTROM ..... VICE CHAIR	1 00 .....			X				0	0	0
(14) JIM ROELOFS ..... SECRETARY	1 00 .....			X				0	0	0
(15) COLETTE CARLSON ..... TREASURER	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>	120,400			
	<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>	11,412,255			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		2,901,998			
	<b>h Total.</b> Add lines 1a-1f . . . . .		11,532,655			
<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 Total.</b> Add lines 2a-2f . . . . .					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,965,585		1,965,585	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses . . . . .	49,620	104,437		
		<b>c</b> Rental income or (loss) . . . . .	-54,817			
	<b>d</b> Net rental income or (loss) . . . . .		-54,817	-65	-54,752	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses . . . . .	23,901,098	22,173,705		
		<b>c</b> Gain or (loss) . . . . .	1,727,393			
	<b>d</b> Net gain or (loss) . . . . .		1,727,393		1,727,393	
	<b>8a</b> Gross income from fundraising events (not including \$ 120,400 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		32,917		
		<b>b</b> Less direct expenses . . . . .		29,158		
<b>c</b> Net income or (loss) from fundraising events . . . . .			3,759		3,759	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . .					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code					
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See Instructions . . . . .		15,174,575	0	-65	3,641,985	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,211,969	8,211,969		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	175,850	175,850		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	187,928	46,209	65,052	76,667
<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.	769,116	189,110	266,239	313,767
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	36,558	9,049	12,627	14,882
<b>9</b> Other employee benefits.	86,627	21,085	30,086	35,456
<b>10</b> Payroll taxes.	67,871	16,686	23,495	27,690
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	11,249	2,734	3,909	4,606
<b>c</b> Accounting.	17,061	4,295	5,860	6,906
<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.	26,695	6,651	9,201	10,843
<b>13</b> Office expenses.	110,220	28,020	37,732	44,468
<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.	19,580	18,222	623	735
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	32,447	8,096	11,178	13,173
<b>23</b> Insurance.	11,392	2,909	3,894	4,589
<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> OTHER	335,973	335,973		
<b>b</b> ADMINISTRATIVE	128,910	32,083	43,480	53,347
<b>c</b> DEVELOPMENT & MARKETING	82,396	19,727	28,767	33,902
<b>d</b> DUES & SUBSCRIPTIONS	30,264	7,560	10,422	12,282
<b>e</b> All other expenses.				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	10,342,106	9,136,228	552,565	653,313
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,582,817	<b>1</b>	2,100,903
	<b>2</b> Savings and temporary cash investments . . . . .	572,431	<b>2</b>	1,589,953
	<b>3</b> Pledges and grants receivable, net . . . . .	30,773	<b>3</b>	32,983
	<b>4</b> Accounts receivable, net . . . . .	851,179	<b>4</b>	867,745
	<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 . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	41,422	<b>9</b>	43,283
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	991,731		
	<b>b</b> Less accumulated depreciation	385,384		
		611,463	<b>10c</b>	606,347
	<b>11</b> Investments—publicly traded securities . . . . .	96,878,009	<b>11</b>	111,314,135
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	11,468,153	<b>12</b>	11,233,686
	<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 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	113,036,247	<b>16</b>	127,789,035	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	116,188	<b>17</b>	103,246
	<b>18</b> Grants payable . . . . .	175,000	<b>18</b>	164,390
	<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 . . . . .	488,051	<b>23</b>	407,443
	<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	25,509,344	<b>25</b>	26,765,042
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	26,288,583	<b>26</b>	27,440,121
<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	69,798,750	<b>27</b>	80,866,049
	<b>28</b> Temporarily restricted net assets . . . . .	3,203,869	<b>28</b>	3,619,751
	<b>29</b> Permanently restricted net assets	13,745,045	<b>29</b>	15,863,114
	<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 . . . . .	86,747,664	<b>33</b>	100,348,914	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	113,036,247	<b>34</b>	127,789,035	

**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>	15,174,575
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	10,342,106
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	4,832,469
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	86,747,664
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	6,540,297
<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>	2,228,484
<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>	100,348,914

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><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</p>			
<p><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</p>	<b>2a</b>		No
<p><b>b</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</p>	<b>2b</b>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?                      If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes	
<p><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?</p>	<b>3a</b>		No
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-3412544

**Name:** COMMUNITYGIVING

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

GRANTMAKING - THE FOUNDATION ADMINISTERS THE GRANTING OF OVER \$7.9 MILLION IN CONTRIBUTIONS TO OVER 600 NON-PROFITS FROM THE 700 FUNDS SET UP BY DONORS

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**Form 990, Part III, Line 4b:**

SCHOLARSHIPS - THE FOUNDATION ADMINISTERS 76 SCHOLARSHIP FUNDS AND AWARDS OVER \$270,000 TO 120 STUDENTS WHICH ARE PAID TO THEIR RESPECTIVE EDUCATION INSTITUTIONS ON A SEMESTER OR QUARTERLY BASIS

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**Form 990, Part III, Line 4c:**

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 12, check only one box.)

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

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



**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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	5,531,037	20,842,517	6,711,058	8,629,443	11,532,655	53,246,710
<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	5,531,037	20,842,517	6,711,058	8,629,443	11,532,655	53,246,710
<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)						22,245,615
<b>6 Public support.</b> Subtract line 5 from line 4						31,001,095

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total	
<b>7</b> Amounts from line 4	5,531,037	20,842,517	6,711,058	8,629,443	11,532,655	53,246,710	
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,421,470	1,399,850	1,999,024	1,919,283	2,015,205	8,754,832	
<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						62,001,542	
<b>12</b> Gross receipts from related activities, etc (see instructions)						<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>							

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	50.000 %
<b>15</b> Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	56.100 %

**16a 33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

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

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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**

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

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in 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 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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

**Part VI Supplemental Information.**

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

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**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
1 Total number at end of year	276	
2 Aggregate value of contributions to (during year)	7,602,849	
3 Aggregate value of grants from (during year)	4,576,346	
4 Aggregate value at end of year	47,568,697	

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under 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>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	32,330,272	34,027,806	34,566,678	27,945,893	25,343,546
<b>b</b> Contributions . . . . .	1,834,289	652,553	416,024	3,054,189	755,945
<b>c</b> Net investment earnings, gains, and losses	4,555,134	1,344,588	1,257,572	5,284,559	3,473,725
<b>d</b> Grants or scholarships . . . . .	959,431	2,636,479	1,334,686	1,223,617	658,817
<b>e</b> Other expenditures for facilities and programs . . . . .	120,832	626,067	422,390	60,061	610,699
<b>f</b> Administrative expenses . . . . .	437,120	432,129	455,392	434,285	357,807
<b>g</b> End of year balance . . . . .	37,202,312	32,330,272	34,027,806	34,566,678	27,945,893

- 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
- |  |                          |           |
|--|--------------------------|-----------|
| <b>(i)</b> unrelated organizations . . . . . | <b>Yes</b>               | <b>No</b> |
| <b>3a(i)</b>                                 | <input type="checkbox"/> | No        |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b>               | <b>No</b> |
| <b>3a(ii)</b>                                | <input type="checkbox"/> | No        |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		109,941		109,941
<b>b</b> Buildings		678,624	236,759	441,865
<b>c</b> Leasehold improvements		6,138	1,315	4,823
<b>d</b> Equipment . . . . .		197,028	147,310	49,718
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				606,347

**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 . . . . .	56,358	F
(3) Other _____ (A) CASH SURRENDER VALUE-LIFE INSURANCE	674,806	F
(B) LIFE ESTATE	232,262	F
(C) REAL ESTATE INVESTMENT	1,539,800	F
(D) CHARITABLE REMAINDER TRUST ASSETS	8,730,460	F
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	11,233,686	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LIABILITY UNDER TRUST AGREEMENT	3,749,325
ACCRUED ADMINISTRATIVE FEES	83,721
AGENCY FUNDS	22,931,996
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	26,765,042

**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>	22,369,693
<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>	6,540,297	
<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>	521,226	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 7,061,523
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 15,308,170
<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>	-133,595	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> -133,595
<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> 15,174,575

**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>	8,768,443
<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>	133,595	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 133,595
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 8,634,848
<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>	1,707,258	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 1,707,258
<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> 10,342,106

**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
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-3412544

**Name:** COMMUNITYGIVING

## Supplemental 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

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS SUBJECT TO THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS MANAGEMENT EVALUATED THE TAX POSITIONS FOR THE FOUNDATION AND EACH OF THE CONSOLIDATED ENTITIES AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN INCOME TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE THE FOUNDATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE THEY ARE FILED

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF TRUSTS 631,172 CHANGE IN VALUE OF LIFE INSURANCE -109,946

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSE ON PART VIII LINE 6B -104,437 -29,158 DIRECT EXPENSE OF FUNDRAISER OFFSETTING REVENUE



## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE ON PART VIII LINE 6B 104,437 29,158 DIRECT EXPENSE OF FUNDRAISER OFFSETTING REVENUE

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	FASB ASC 958-605 ADJUSTMENT 1,707,258

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

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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](http://www.irs.gov/form990).

OMB No 1545-0047

# 2016

**Open to Public Inspection**

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.
- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 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

(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> ▶						

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>DANCING W/ OUR STARS</b> (event type)	<b>WOMEN MAKING WAVES</b> (event type)	(total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	140,851	12,466		153,317
<b>2</b>	Less Contributions . . . . .	112,954	7,446		120,400
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	27,897	5,020		32,917
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	8,892	3,048		11,940
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .	2,340	400		2,740
	<b>9</b> Other direct expenses . . . . .	13,451	1,027		14,478
<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				29,158
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				3,759

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<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)**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITYGIVING

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 216

**3** Enter total number of other organizations listed in the line 1 table ▶ 0

**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	1,000			
(2) EDUCATIONAL	47	174,850			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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 RECEIVE 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
200 ORPHANAGES WORLDWIDE 704 2028TH AVENUE NE 236 SAMMAMISH, WA 98074	26-1642611	501(C)(3)	10,750				GENERAL SUPPORT
A PLACE FOR YOU 220 3RD AVENUE SE PINE CITY, MN 55063	45-1680589	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
ADVOCACY & INCLUSION MATTER OF WEST CENTRAL MN - AIM PO BOX 214 WILLMAR, MN 56201	41-6038594	501(C)(3)	5,000				GENERAL SUPPORT
ADVOCATES FOR REPRODUCTIVE EDUCATION 15685 PATTERSON RD BRAINERD, MN 56401	81-3828875	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
ALBANY HIGH SCHOOL PO BOX 40 ALBANY, MN 56307	41-6003949		10,000				GENERAL SUPPORT
ALEXANDRIA OPPORTUNITIES CENTER 107 DONNA AVE ALEXANDRIA, MN 56308	36-3364609	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
AMERICAN CANCER SOCIETY 3721 23RD STREET SOUTH STE 102 SAINT CLOUD, MN 563015094	41-0724036	501(C)(3)	13,340				GENERAL SUPPORT
ANDERSON CENTER 122 12TH AVENUE NORTH SUITE 102 SAINT CLOUD, MN 56303	41-1911774	501(C)(3)	35,000				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
ANTIOCH COMMUNITY CHURCH PO BOX 18039 MINNEAPOLIS, MN 55418	32-0250239	501(C)(3)	5,000				GENERAL SUPPORT
ARC MIDSTATE PO BOX 251 SAINT CLOUD, MN 56302	23-7577023	501(C)(3)	15,500				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
ASSUMPTION HOME 715 NORTH 1ST STREET COLD SPRING, MN 56320	41-0873335	501(C)(3)	6,050				GENERAL SUPPORT
ATONEMENT LUTHERAN ELCA 1144 29TH AVENUE N SAINT CLOUD, MN 56303	41-6121873	501(C)(3)	11,700				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
ATWATER AREA HISTORICAL SOCIETY 500 PLEASANT AVE WEST ATWATER, MN 56209	01-0651705	501(C)(3)	5,500				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
BEMIDJI COMMUNITY FOOD SHELF PO BOX 3118 BEMIDJI, MN 56619	41-1494430	501(C)(3)	5,000				GENERAL SUPPORT
BETHEL LUTHERAN CHURCH 411 BECKER AVENUE SW WILLMAR, MN 56201	41-0721716	501(C)(3)	6,600				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
BETHLEHEM LUTHERAN CHURCH 4310 COUNTY ROAD 137 SAINT CLOUD, MN 56301	68-0576502	501(C)(3)	9,500				GENERAL SUPPORT
BEYOND THE COURT VIOLENCE PREVENTION INITIATIVES 3705 20TH AVE SO MINNEAPOLIS, MN 55407	20-5132635	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
BIG BROTHERS BIG SISTERS OF CENTRAL MN 203 COOPER AVENUE NORTH SAINT CLOUD, MN 56303	41-0972056	501(C)(3)	37,233				GENERAL SUPPORT
BIRTHLINE 1411 WEST SAINT GERMAIN STREET SUITE 5 SAINT CLOUD, MN 56301	36-3448584	501(C)(3)	13,300				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
BLUE WATER THEATER COMPANY PO BOX 662 WAYZATA, MN 55391	26-0707663	501(C)(3)	5,000				GENERAL SUPPORT
BOY SCOUTS OF AMERICA CENTRAL MN COUNCIL 1191 SCOUT DRIVE SARTELL, MN 56377	22-1576300	501(C)(3)	92,530				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 AND GIRLS CLUBS OF CENTRAL MINNESOTA 345 30TH AVENUE NORTH SAINT CLOUD, MN 56303	41-1245177	501(C)(3)	285,019				GENERAL SUPPORT
BRainerd LAKES AREA DEVELOPMENT CORPORATION 224 WEST WASHINGTON STREET BRainerd, MN 56401	41-1543292	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
BRIDGES OF HOPE PO BOX 742 BRAINERD, MN 56401	72-1538846	501(C)(3)	10,000				GENERAL SUPPORT
CALL FOR JUSTICE 2950 RANDOLPH STREET NE MINNEAPOLIS, MN 55418	61-1598620	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
CAMP SHAMINEAU OF THE EVANGELICAL FREE CHURCH PO BOX 244 MOTLEY, MN 564660244	41-0941920	501(C)(3)	15,000				GENERAL SUPPORT
CAMPHILL VILLAGE MINNESOTA 15136 CELTIC DRIVE SAUK CENTRE, MN 56378	41-1387425	501(C)(3)	11,000				GENERAL SUPPORT

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

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CAMPUS CRUSADE FOR CHRIST INC PO BOX 628222 ORLANDO, FL 328628222	95-6006173	501(C)(3)	48,750				GENERAL SUPPORT
CARING FOR CATS INC 2141 DIVISION ST MAPLEWOOD, MN 55109	41-1944601	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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CATHEDRAL HIGH SCHOOL 312 SEVENTH AVENUE NORTH SAINT CLOUD, MN 56303	41-0705763	501(C)(3)	339,888				GENERAL SUPPORT
CATHEDRAL HIGH SCHOOL FOUNDATION 312 7TH AVENUE NORTH SAINT CLOUD, MN 56303	41-1337318	501(C)(3)	634,230				GENERAL SUPPORT

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CATHOLIC CHARITIES PO BOX 2390 SAINT CLOUD, MN 56302	41-0737799	501(C)(3)	252,590				GENERAL SUPPORT
CATHOLIC FOUNDATION OF THE DIOCESE OF ST CLOUD 305 7TH AVENUE NORTH SUITE 104 SAINT CLOUD, MN 56302	41-1980683	501(C)(3)	11,333				GENERAL SUPPORT



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CENTRACARE HEALTH FOUNDATION 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303	41-1855173	501(C)(3)	119,588				GENERAL SUPPORT
CENTRACARE HEALTH FOUNDATION - PAYNESVILLE 200 WEST 1ST STREET PAYNESVILLE, MN 56362	41-1855173	501(C)(3)	9,333				GENERAL SUPPORT

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CENTRAL LAKES COLLEGE FOUNDATION 501 WEST COLLEGE DRIVE BRAINERD, MN 56401	23-7007111	501(C)(3)	5,500				GENERAL SUPPORT
CENTRAL MINNESOTA HABITAT FOR HUMANITY 3335 WEST SAINT GERMAIN STREET STE 108 SAINT CLOUD, MN 56301	58-1285159	501(C)(3)	18,800				GENERAL SUPPORT

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CENTRAL MINNESOTA SEXUAL ASSAULT CENTER 15 RIVERSIDE DR NE SAINT CLOUD, MN 563040435	41-1490431	501(C)(3)	8,000				GENERAL SUPPORT
CENTRAL MINNESOTA TASK FORCE ON BATTERED WOMEN PO BOX 367 SAINT CLOUD, MN 56302	41-1344743	501(C)(3)	52,583				GENERAL SUPPORT

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CENTRAL MINNESOTA YOUTH FOR CHRIST 203 COOPER AVENUE NORTH 140 SAINT CLOUD, MN 56303	41-1336726	501(C)(3)	23,827				GENERAL SUPPORT
CHESTERTON ACADEMY 5300 FRANCE AVENUE SOUTH MINNEAPOLIS, MN 55410	38-3773629	501(C)(3)	7,000				GENERAL SUPPORT

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CHRIST CHURCH NEWMAN CENTER 396 FIRST AVENUE SOUTH SAINT CLOUD, MN 56301	41-0693981	501(C)(3)	5,495				GENERAL SUPPORT
CHRISTAR INTERNATIONAL INC 1500 INTERNATIONAL PKWY STE 300 RICHARDSON, TX 75081	27-4567638	501(C)(3)	5,000				GENERAL SUPPORT

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CHRISTIAN COMMUNITY FOUNDATION DBA WATERSTONE 10808 NEW ALLIANCE DR SUITE 204 COLORADO SPRINGS, CO 80922	75-1750060	501(C)(3)	15,000				GENERAL SUPPORT
CHURCH OF SAINT PAUL 1126 NORTH 11TH AVENUE SAINT CLOUD, MN 56304	41-0693983	501(C)(3)	14,300				GENERAL SUPPORT

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CHURCH OF ST AUGUSTINE 443 2ND STREET SE SAINT CLOUD, MN 563040718	41-0693982	501(C)(3)	7,245				GENERAL SUPPORT
CHURCH RESOURCE MINISTRIES 1241 N LAKEVIEW AVENUE STE 120 ANAHEIM, CA 928071848	95-3523151	501(C)(3)	5,000				GENERAL SUPPORT

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CIRCLE URBAN MINISTRIES 119 N CENTRAL AVE CHICAGO, IL 60645	36-3136998	501(C)(3)	6,000				GENERAL SUPPORT
CITIZENS COUNCIL FOR HEALTH FREEDOM 162 ST ANTHONY AVENUE SAINT PAUL, MN 55104	41-1916725	501(C)(3)	14,000				GENERAL SUPPORT



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CITY OF ALEXANDRIA - MINNESOTA 303 FILLMORE ALEXANDRIA, MN 56309	41-6004927		9,000				GENERAL SUPPORT
CITY OF AVON 141 STRATFORD STREET EAST AVON, MN 56311	41-1226589		150,000				GENERAL SUPPORT

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CITY OF RICHMOND 46 HALL AVE SW RICHMOND, MN 56369	41-6005493		7,055				GENERAL SUPPORT
CITY OF ST CLOUD 401 2ND STREET S SAINT CLOUD, MN 56302	41-6005516		207,884				GENERAL SUPPORT

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CITY OF WILLMAR PO BOX 756 WILLMAR, MN 56202	41-6005645		448,500				GENERAL SUPPORT
COLLEGE OF SAINT BENEDICT 38 SOUTH COLLEGE AVENUE SAINT JOSEPH, MN 56375	41-0969245	501(C)(3)	104,513				GENERAL SUPPORT

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COLLEGE OF SAINT SCHOLASTICA FINANCIAL AID OFFICE DULUTH, MN 55812	41-0698302	501(C)(3)	5,000				GENERAL SUPPORT
COMMON GROUND UNITED METHODIST CHURCH 405 CYPRESS ST NORTH CAMBRIDGE, MN 55009	41-1424644	501(C)(3)	40,000				GENERAL SUPPORT

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COMMUNITY ACTION COUNCIL OF CROW WING COUNTY 214 5TH STREET BRAINERD, MN 56402	51-0186079	501(C)(3)	5,000				GENERAL SUPPORT
COMMUNITY BASICS 1009 PLEASANTVIEW DRIVE SE WILLMAR, MN 56202	45-5234577	501(C)(3)	25,000				GENERAL SUPPORT

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COMMUNITY CARE N SHARE CAFE PO BOX 355 EMILY, MN 56448	46-4436800	501(C)(3)	5,000				GENERAL SUPPORT
COMMUNITY CHRISTIAN SCHOOL OF WILLMAR 1301 19TH AVE SW WILLMAR, MN 56202	41-1332509	501(C)(3)	10,000				GENERAL SUPPORT

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COMMUNITY GRASSROOTS SOLUTIONS 111 2ND ST S WAITE PARK, MN 56388	27-2397535	501(C)(3)	10,000				GENERAL SUPPORT
COMMUNITY PRESBYTERIAN CHURCH 704 NORTH POKEGAMA AVE GRAND RAPIDS, MN 55745	23-3693378	501(C)(3)	15,563				GENERAL SUPPORT

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COMPASSION INTERNATIONAL 12291 VOYAGER PKWY COLORADO SPRINGS, CO 80998	36-2423708	501(C)(3)	15,000				GENERAL SUPPORT
CONFIDENCE LEARNING CENTER 1621 MARY FAWCETT MEMORIAL DRIVE WEST EAST GULL LAKE, MN 56402	41-0985514	501(C)(3)	33,083				GENERAL SUPPORT



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CROSIER FATHERS AND BROTHERS OF ONAMIA PO BOX 501 ONAMIA, MN 563590501	41-0705827	501(C)(3)	7,325				GENERAL SUPPORT
CROW RIVER PLAYERS 25 CENTRAL AVE E NEW LONDON, MN 56274	41-1927143	501(C)(3)	6,000				GENERAL SUPPORT

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DELTA TAU DELTA EDUCATION FOUNDATION 4201 JAMES RAY DRIVE GRAND FORKS, ND 58204	45-0344200	501(C)(3)	20,000				GENERAL SUPPORT
DIOCESE OF SAINT CLOUD PO BOX 1249 SAINT CLOUD, MN 56304	41-0693982	501(C)(3)	11,399				GENERAL SUPPORT

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DIOCESE OF ST CLOUD- ANNUAL DIOCESAN APPEAL PO BOX 1539 SAINT CLOUD, MN 563021539	41-0693982	501(C)(3)	9,750				GENERAL SUPPORT
DOCTORS WITHOUT BORDERS 334 SEVENTH AVE 2ND FLOOR NEW YORK, NY 10002	13-3433453	501(C)(3)	10,000				GENERAL SUPPORT

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DOUGLAS COUNTY OUTREACH FOOD SHELF PO BOX 1325 ALEXANDRIA, MN 56309	20-2556436	501(C)(3)	5,000				GENERAL SUPPORT
EDEN BAPTIST CHURCH 1314 EAST HWY 13 BURNSVILLE, MN 55338	41-1661455	501(C)(3)	5,000				GENERAL SUPPORT

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EVANGELICAL FREE CHURCH OF AMERICA 901 EAST 78TH STREET MINNEAPOLIS, MN 554201300	41-0721672	501(C)(3)	86,500				GENERAL SUPPORT
EVANGELICAL FREE CHURCH OF GRAND ISLAND 2609 SOUTH BLAINE STREET GRAND ISLAND, NE 68801	47-0520575	501(C)(3)	30,000				GENERAL SUPPORT

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FAITH LUTHERAN CHURCH - THE LINK 206 MAIN STREET NORTH NEW LONDON, MN 56273	41-2021258	501(C)(3)	37,600				GENERAL SUPPORT
FAMILY PROMISE OF KANDIYOHI COUNTY 312 6TH STREET SW WILLMAR, MN 56201	30-0758513	501(C)(3)	20,000				GENERAL SUPPORT

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FEEDING AMERICA 35 E WACKER DRIVE CHICAGO, IL 606012200	36-3673599	501(C)(3)	5,000				GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	44-0610626	501(C)(3)	7,000				GENERAL SUPPORT

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FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 452770053	11-0303001	501(C)(3)	120,000				GENERAL SUPPORT
FIRST LUTHERAN CHURCH 822 DOUGLAS STREET ALEXANDRIA, MN 56308	41-6008707	501(C)(3)	78,200				GENERAL SUPPORT



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FIRST UNITED METHODIST CHURCH 1107 PINE CONE ROAD SOUTH SARTELL, MN 56377	41-0842882	501(C)(3)	15,474				GENERAL SUPPORT
FRANCISCAN SISTERS OF LITTLE FALLS 116 8TH AVENUE SE LITTLE FALLS, MN 563453597	41-0695518	501(C)(3)	23,505				GENERAL SUPPORT

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FREE THE KIDS 5704 W MARKET STREET 8947 GREENSBORO, NC 27403	22-3741436	501(C)(3)	5,000				GENERAL SUPPORT
FRIENDS OF ANIMAL ADOPTION 2600 INDUSTRIAL COURT HASTINGS, MN 55033	41-1311053	501(C)(3)	13,960				GENERAL SUPPORT

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GALLATIN COUNTY LOVE INC PO BOX 7117 BOZEMAN, MT 59771	81-0498031	501(C)(3)	15,000				GENERAL SUPPORT
GIRL SCOUTS OF MN & WI LAKES & PINES COUNCIL 400 2ND AVENUE SOUTH WAITE PARK, MN 56387	41-0877820	501(C)(3)	25,979				GENERAL SUPPORT

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GOOD SHEPHERD COMMUNITY 1115 NORTH 4TH AVENUE SAUK RAPIDS, MN 56379	41-0851905	501(C)(3)	12,300				GENERAL SUPPORT
GOODWILL EASTER SEALSEASTER SEALS MINNESOTA 553 FAIRVIEW AVENUE NORTH SAINT PAUL, MN 55104	41-0706171	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
GRACE UNITED METHODIST CHURCH PO BOX 276 PEQUOT LAKES, MN 56472	41-1467156	501(C)(3)	20,000				GENERAL SUPPORT
GREAT RIVER EDUCATIONAL ARTS THEATRE 710 SUNDIAL DRIVE WAITE PARK, MN 56387	41-1909918	501(C)(3)	56,150				GENERAL SUPPORT

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

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GREATER ST CLOUD DEVELOPMENT CORPORATION 501 WEST SAINT GERMAIN STREET SUITE 100 SAINT CLOUD, MN 56301	45-2050341	501(C)(3)	8,200				GENERAL SUPPORT
GREATER ST CLOUD PUBLIC SAFETY 101 11TH AVENUE NORTH SAINT CLOUD, MN 56301	47-5625865	501(C)(3)	50,000				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
GREEN CARD VOICES 2822 LYNDAL AVE SOUTH MINNEAPOLIS, MN 55408	46-3753490	501(C)(3)	5,900				GENERAL SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709	91-1914868	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
HAMLIN UNIVERSITY 1536 HEWITT AVENUE MSC1915 SAINT PAUL, MN 55104	41-0693960	501(C)(3)	6,000				GENERAL SUPPORT
HANDS ACROSS THE WORLD 1605 GOETTENS WAY 206 SAINT CLOUD, MN 56301	68-0576502	501(C)(3)	9,812				GENERAL SUPPORT



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

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HEARTLAND COMMUNITY ACTION AGENCY PO BOX 1359 WILLMAR, MN 56201	41-0904860	501(C)(3)	10,000				GENERAL SUPPORT
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	5,750				GENERAL SUPPORT

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

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HELPING HANDS OUTREACH 101 PLYMOUTH STREET HOLDINGFORD, MN 56340	01-0697213	501(C)(3)	9,126				GENERAL SUPPORT
HILL MUSEUM & MANUSCRIPT LIBRARY PO BOX 7300 COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	25,537				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
HOPE ACADEMY 2300 CHICAGE AVE S MINNEAPOLIS, MN 55404	41-1962874	501(C)(3)	95,184				GENERAL SUPPORT
HOSPITALITY HOUSE YOUTH DEVELOPMENT PO BOX 11008 MINNEAPOLIS, MN 554119946	41-0858664	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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IFTIIN SOMALI YOUTH ORGANIZATION 330 SW 4TH STREET SUITE 101 WILLMAR, MN 56201	81-2007605	501(C)(3)	15,000				GENERAL SUPPORT
IMMANUEL LUTHERAN CHURCH 300 S 3RD STREET ATWATER, MN 56209	41-6057521	501(C)(3)	29,146				GENERAL SUPPORT

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

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INDEPENDENT LIFESTYLES 215 NORTH BENTON DRIVE SAUK RAPIDS, MN 56379	41-1871141	501(C)(3)	9,217				GENERAL SUPPORT
INTERNATIONAL MESSENGERS 110 ORCHARD CT CLEAR LAKE, IA 50428	41-1652782	501(C)(3)	17,500				GENERAL SUPPORT

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

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INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET FLOOR 12 NEW YORK, NY 10168	13-5660870	501(C)(3)	5,000				GENERAL SUPPORT
JACOB WETTERLING RESOURCE CENTER 2021 EAST HENNEPIN AVENUE SUITE 360 360 MINNEAPOLIS, MN 55413	26-0659346	501(C)(3)	7,000				GENERAL SUPPORT

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JUNIOR ACHIEVEMENT OF THE UPPER MIDWEST 3515 3RD STREET NORTH SAINT CLOUD, MN 56302	41-1424988	501(C)(3)	8,100				GENERAL SUPPORT
KANDIYOHI COUNTY AREA FAMILY YMCA 1000 LAKELAND DRIVE SE WILLMAR, MN 56201	41-1908049	501(C)(3)	11,250				GENERAL SUPPORT

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KANDIYOHI COUNTY FOOD SHELF 624 PACIFIC AVENUE SW WILLMAR, MN 56201	41-1432367	501(C)(3)	7,630				GENERAL SUPPORT
KIDS FIGHTING HUNGER OF CENTRAL MINNESOTA PO BOX 7550 SAINT CLOUD, MN 56302	20-0175197	501(C)(3)	11,950				GENERAL SUPPORT



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LAESTADIAN LUTHERN CHURCH OF ELK RIVER 18627 119TH STREET SE BIG LAKE, MN 55309	71-1023194	501(C)(3)	5,000				GENERAL SUPPORT
LAKES AREA MUSIC FESTIVAL PO BOX 96 BRainerd, MN 56401	45-4807315	501(C)(3)	10,350				GENERAL SUPPORT

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

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LAKES AREA PREGNANCY SUPPORT CENTER 315 EAST RIVER ROAD BRAINERD, MN 56401	41-1795735	501(C)(3)	5,500				GENERAL SUPPORT
LAKEWOOD EVANGELICAL FREE CHURCH 6284 FAIRVIEW RD BAXTER, MN 56425	41-1504649	501(C)(3)	43,000				GENERAL SUPPORT

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

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LAND STEWARDSHIP PROJECT 821 EAST 35TH STREET SUITE 200 MINNEAPOLIS, MN 55407	41-1466054	501(C)(3)	13,474				GENERAL SUPPORT
LEGACY OF THE LAKES MUSEUM PO BOX 1216 ALEXANDRIA, MN 56308	41-1967683	501(C)(3)	7,500				GENERAL SUPPORT

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LET'S GO FISHING 174 LAKE AVENUE NORTH SPICER, MN 56288	48-1259413	501(C)(3)	5,050				GENERAL SUPPORT
LIBERTY CLASSICAL ACADEMY 3878 HIGHLAND AVE SAINT PAUL, MN 55110	41-2000702	501(C)(3)	12,000				GENERAL SUPPORT

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LINCOLN CHRISTIAN SCHOOL 5801 SOUTH 84TH STREET LINCOLN, NE 68516	47-0460903	501(C)(3)	10,000				GENERAL SUPPORT
LIVING LEGACY INTERNATIONAL PO BOX 22220 KNOXVILLE, TN 37933	20-5720006	501(C)(3)	11,000				GENERAL SUPPORT

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LOCAL EDUCATION & ACTIVITIES FOUNDATION (LEAF) PO BOX 1132 SAINT CLOUD, MN 56302	41-1770753	501(C)(3)	127,648				GENERAL SUPPORT
LOURDES HIGH SCHOOL FOUNDATION 1710 INDUSTRIAL DRIVE NORTHWEST ROCHESTER, MN 55901	23-7367336	501(C)(3)	5,000				GENERAL SUPPORT

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LUIS PALAU EVANGELISTIC ASSOCIATION 1500 NW 167TH PLACE BEAVERTON, OR 97006	93-0713827	501(C)(3)	7,500				GENERAL SUPPORT
LYDIA HOME ASSOCOCIATION AKA SAFE FAMILIES FOR CHILDREN 4300 WEST IRVING PARK ROAD CHICAGO, IL 60641	36-1412810	501(C)(3)	15,000				GENERAL SUPPORT

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MAKE-A-WISH FOUNDATION OF MN 615 FIRST AVENUE NE MINNEAPOLIS, MN 55413	41-1422893	501(C)(3)	9,467				GENERAL SUPPORT
MANKATO AREA FOUNDATION 127 SOUTH 2ND STREET SUITE 100 MANKATO, MN 56001	41-0011094	501(C)(3)	775,000				GENERAL SUPPORT



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MAYO FOUNDATION 200 FIRST STREET SW ROCHESTER, MN 55905	41-0944601	501(C)(3)	16,414				GENERAL SUPPORT
MID-MINNESOTA LEGAL AID PO BOX 886 SAINT CLOUD, MN 56302	41-1275631	501(C)(3)	7,563				GENERAL SUPPORT

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MINISTRY DEVELOPERS NETWORK PO BOX 281 BRainerd, MN 56401	02-0811643	501(C)(3)	5,500				GENERAL SUPPORT
MINNESOTA TEEN CHALLENGE 2424 BUSINESS 371 BRainerd, MN 56401	41-1517351	501(C)(3)	17,500				GENERAL SUPPORT

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MIRACLE LEAGUE OF CENTRAL MINNESOTA PO BOX 1935 SAINT CLOUD, MN 56302	26-0772936	501(C)(3)	20,000				GENERAL SUPPORT
NEW HOPE CHURCH OF CHRIST 11025 131ST STREET NORTH LARGO, FL 33774	01-0588276	501(C)(3)	8,000				GENERAL SUPPORT

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NEW RICHMOND SCHOOL DISTRICT WI 701 E 11TH STREET NEW RICHMOND, WI 54017	39-6003673		25,000				GENERAL SUPPORT
NEXT INTERNATIONAL INC PO BOX 365 MENOMONIE, WI 54751	20-8405643	501(C)(3)	15,000				GENERAL SUPPORT

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NICHOLAS P KOENIG HERO FOUNDATION INC 765 5TH ST NW RICHMOND, MN 56368	46-0897058	501(C)(3)	5,000				GENERAL SUPPORT
NORTH CENTRAL DISTRICT EFCA 711 10TH AVENUE SOUTH MINNEAPOLIS, MN 55415	41-0721674	501(C)(3)	85,000				GENERAL SUPPORT

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OPERATION GRACE MN 1769 LEXINGTON AVEN STE 204 ROSEVILLE, MN 55113	47-1051919	501(C)(3)	28,500				GENERAL SUPPORT
ORPHAN'S HOPE INTERNATIONAL 10190 B SUNCREST DRIVE LEAVENWORTH, WA 98826	20-0052012	501(C)(3)	82,000				GENERAL SUPPORT

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OUR SAVIORS LUTHERAN CHURCH PO BOX 670 ALBANY, MN 56307	41-1466293	501(C)(3)	18,000				GENERAL SUPPORT
OXFAM AMERICA 226 CAUSEWAY STREET 5TH FLOOR BOSTON, MA 02114	23-7069110	501(C)(3)	6,000				GENERAL SUPPORT

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PARAMOUNT CENTER FOR THE ARTS 913 WEST SAINT GERMAIN STREET SAINT CLOUD, MN 56301	41-1809017	501(C)(3)	22,500				GENERAL SUPPORT
PAYNESVILLE AREA SCHOOL DISTRICT #741 795 STATE HIGHWAY 23 WEST PAYNESVILLE, MN 56362	41-6004060		16,350				GENERAL SUPPORT



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POOR CLARES MONASTERY 421 4TH STREET SOUTH SAUK RAPIDS, MN 56379	41-1603755	501(C)(3)	13,155				GENERAL SUPPORT
PRAIRIE WOODS ENVIRONMENTAL LEARNING CENTER 12718 10TH STREET NE SPICER, MN 56288	41-1366265	501(C)(3)	20,000				GENERAL SUPPORT

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PREEMPTIVE LOVE 1300 DARBYTON DRIVE HEWITT, TX 76643	26-2450109	501(C)(3)	15,000				GENERAL SUPPORT
PREGNANCY CARING CENTER OF GALLATIN VALLEY INCDBA ZOE CARE 2251 W KAGY BLVD BOZEMAN, MT 59718	81-0466507	501(C)(3)	15,000				GENERAL SUPPORT

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PRISON FELLOWSHIP 44180 RIVERSIDE PARKWAY LANDSDOWNE, VA 20176	62-0988294	501(C)(3)	5,000				GENERAL SUPPORT
PROJECT TURNABOUT 660 18TH STREET GRANITE FALLS, MN 562410116	41-0969859	501(C)(3)	5,000				GENERAL SUPPORT

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PROMISE NEIGHBORHOOD OF CENTRAL MN PO BOX 6082 SAINT CLOUD, MN 56302	45-3233276	501(C)(3)	14,022				GENERAL SUPPORT
QUIET OAKS HOSPICE HOUSE PO BOX 1241 SAINT CLOUD, MN 563021241	20-3905841	501(C)(3)	58,412				GENERAL SUPPORT

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REDEEMER LUTHERAN CHURCH 1401 6TH ST SW WILLMAR, MN 56201	41-0956958	501(C)(3)	23,500				GENERAL SUPPORT
RESOURCE 3400 NORTH 1ST STREET STE 404 SAINT CLOUD, MN 56303	41-0828779	501(C)(3)	6,750				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
RESTORATION LIFE CHURCH 15 SE 3RD ST GRAND RAPIDS, MN 55744	41-1912996	501(C)(3)	15,564				GENERAL SUPPORT
RICE HEALTH FOUNDATION 301 BECKER AVE SW WILLMAR, MN 56201	41-1611555	501(C)(3)	5,566				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
RIDGEWATER COLLEGE FOUNDATION 2101 15TH AVE NW WILLMAR, MN 56201	41-1847315	501(C)(3)	111,115				GENERAL SUPPORT
SAFE AVENUES PO BOX 568 WILLMAR, MN 56201	41-1931304	501(C)(3)	57,000				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
SAINT JOHN'S UNIVERSITY 2850 ABBEY PLAZA COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	88,609				GENERAL SUPPORT
SALEM LUTHERAN CHURCH PO BOX 100 DEERWOOD, MN 56444	41-1463989	501(C)(3)	10,500				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
SALEM LUTHERAN ELCA 90 RIVERSIDE DRIVE SE SAINT CLOUD, MN 56301	41-1568278	501(C)(3)	5,800				GENERAL SUPPORT
SALVATION ARMY - BRAINERD PO BOX 385 BRAINERD, MN 56401	13-5582351	501(C)(3)	19,466				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
SALVATION ARMY - ST CLOUD 400 HIGHWAY 10 SOUTH SAINT CLOUD, MN 56304	41-0698597	501(C)(3)	82,118				GENERAL SUPPORT
SALVATION ARMY OF KANDIYOHI COUNTY 521 SW 4TH STREET WILLMAR, MN 56201	41-0698597	501(C)(3)	8,184				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
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	16,500				GENERAL SUPPORT
SEBEKA SCHOOL DISTRICT #820 200 1ST STREET NW SEBEKA, MN 56477	41-6008628		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
SERVEMINNESOTA FOUNDATION 120 S 6TH STREET SUITE 2260 MINNEAPOLIS, MN 55402	41-2010058	501(C)(3)	18,850				GENERAL SUPPORT
SISTERS OF THE ORDER OF SAINT BENEDICT 104 CHAPEL LANE SAINT JOSEPH, MN 56374	41-0693973	501(C)(3)	27,209				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
SMILE AGAIN MINISTRIES PO BOX 563 CROSSLAKE, MN 56442	26-0768257	501(C)(3)	21,077				GENERAL SUPPORT
SOCIETY FOR THE PROPAGATION OF THE FAITH 11 8TH AVENUE SOUTH SAINT CLOUD, MN 56301	41-1980683	501(C)(3)	8,155				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
SOMEPLACE SAFE 700 CEDAR STREET STE 237 ALEXANDRIA, MN 56308	41-1358654	501(C)(3)	11,500				GENERAL SUPPORT
SOURCE MN PO BOX 8212 MINNEAPOLIS, MN 55408	41-1588666	501(C)(3)	8,500				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
SPECTRUM HIGH SCHOOL 17796 INDUSTRIAL CIRCLE NORTHWEST ELK RIVER, MN 55330	37-1518372	501(C)(3)	11,750				GENERAL SUPPORT
ST BENEDICT'S SENIOR COMMUNITY CENTRACARE HEALTH SYSTEM 1810 MINNESOTA BLVD SE SAINT CLOUD, MN 56304	41-1855173	501(C)(3)	50,000				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 CLOUD AREA FAMILY YMCA 2001 STOCKINGER DRIVE SAINT CLOUD, MN 56303	41-0952420	501(C)(3)	36,575				GENERAL SUPPORT
ST CLOUD AREA SCHOOL DISTRICT 742 1000 44TH AVENUE N STE 100 SAINT CLOUD, MN 56303	41-6003926		18,138				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 CHRISTIAN SCHOOL 430 3RD AVENUE NE SAINT CLOUD, MN 56304	41-1414289	501(C)(3)	8,233				GENERAL SUPPORT
ST CLOUD STATE UNIVERSITY ADMINISTRATIVE SERVICES 123 SAINT CLOUD, MN 56301	41-1687554		8,743				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 FOUNDATION LEWIS HOUSE SAINT CLOUD, MN 563014498	41-6019040	501(C)(3)	42,788				GENERAL SUPPORT
ST CLOUD TECHNICAL & COMMUNITY COLLEGE FOUNDATION 1215 15TH STREET NORTH SAINT CLOUD, MN 56303	41-1791598	501(C)(3)	41,910				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)	13,200				GENERAL SUPPORT
ST FRANCIS XAVIER SCHOOL - SARTELL 219 - 2ND STREET NORTH SARTELL, MN 56377	41-0693981	501(C)(3)	16,432				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
ST JOHN CANTIUS 1515 3RD STREET NORTH SAINT CLOUD, MN 56303	41-0693981	501(C)(3)	17,119				GENERAL SUPPORT
ST JOSEPH COMMUNITY FOOD SHELF PO BOX 384 SAINT JOSEPH, MN 563740384	41-2021124	501(C)(3)	20,768				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 JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	9,467				GENERAL SUPPORT
ST MARY'S CATHEDRAL 25 EIGHTH AVENUE SOUTH SAINT CLOUD, MN 56301	41-0693981	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
ST MARY'S SCHOOL 421 HAWTHORNE STREET ALEXANDRIA, MN 56308	41-0724059	501(C)(3)	5,000				GENERAL SUPPORT
STEARNS CO PARKSQUARRY PARKS 1802 CO ROAD 137 WAITE PARK, MN 56387	41-6005899		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
STEARNS COUNTY HISTORICAL SOCIETY 235 33RD AVENUE SOUTH SAINT CLOUD, MN 56301	41-1315033	501(C)(3)	49,189				GENERAL SUPPORT
STEARNS COUNTY SHERIFF'S DEPARTMENT 807 COURTHOUSE SQUARE SAINT CLOUD, MN 56302	41-6005899		11,926				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



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

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THE BRAINERD BAXTER YOUTH CENTER SHOP 723 WASHINGTON STREET BRAINERD, MN 56401	27-2547560	501(C)(3)	19,500				GENERAL SUPPORT
THE CEDAR CULTURAL CENTER 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 COOKIE CART 1119 W BROADWAY MINNEAPOLIS, MN 55411	41-1866804	501(C)(3)	5,000				GENERAL SUPPORT
THE FORTRESS 500 RUSSELL STREET NW WILLMAR, MN 56201	81-1201187	501(C)(3)	5,300				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
TINY HANDS INTERNATIONAL PO BOX 67195 LINCOLN, NE 68506	71-0982808	501(C)(3)	15,000				GENERAL SUPPORT

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

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TRI-COUNTY HUMANE SOCIETY 735 8TH STREET NE SAINT CLOUD, MN 56302	23-7449686	501(C)(3)	12,475				GENERAL SUPPORT
TRINITY INTERNATIONAL UNIVERSITY 2065 HALF DAY ROAD DEERFIELD, IL 60015	36-2216176	501(C)(3)	15,000				GENERAL SUPPORT

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

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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)	27,500				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
UND CENTER FOR INNOVATION FOUNDATION 4200 JAMES RAY DRIVE GRAND FORKS, ND 582028372	45-0422671	501(C)(3)	50,000				GENERAL SUPPORT
UNITED WAY OF CENTRAL MINNESOTA 921 1ST STREET NORTH SUITE 200 SAINT CLOUD, MN 56303	41-0915124	501(C)(3)	203,812				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 WEST CENTRAL MINNESOTA 311 4TH STREET SW WILLMAR, MN 56201	41-0844871	501(C)(3)	41,150				GENERAL SUPPORT
URBAN IMPACT MINISTRIES PO BOX 50223 NEW ORLEANS, LA 70150	72-1181908	501(C)(3)	12,000				GENERAL SUPPORT

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

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VFW NATIONAL HOME FOR CHILDREN 3573 S WAVERLY ROAD EATON RAPIDS, MI 48827	38-1359597	501(C)(3)	7,212				GENERAL SUPPORT
VOICE OF THE MARTYRS PO BOX 443 BARTLESVILLE, OK 740050443	73-1395057	501(C)(3)	12,000				GENERAL SUPPORT



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

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WACOSA PO BOX 757 WAITE PARK, MN 56387	41-0871466	501(C)(3)	42,300				GENERAL SUPPORT
WEST CENTRAL INDUSTRIES 1300 SW 22ND STREET WILLMAR, MN 56201	41-0872939	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
WILLMAR AREA COMMUNITY THEATRE INC DBA THE BARN THEATRE 321 SW 4TH STREET WILLMAR, MN 56201	41-1357711	501(C)(3)	8,700				GENERAL SUPPORT
WILLMAR HIGH SCHOOL 2701 NE 30TH STREET WILLMAR, MN 56201	41-6001746		166,333				GENERAL SUPPORT

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

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WILLMAR PUBLIC SCHOOL DISTRICT 347 611 5TH STREET SW WILLMAR, MN 56201	41-6001746		58,610				GENERAL SUPPORT
WYCLIFFE ASSOCIATES INC PO BOX 620143 ORLANDO, FL 32862	95-2584324	501(C)(3)	7,500				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)									
<p><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.</p>	<b>1b</b>									
<p><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?</p>	<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 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 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 type="checkbox"/> Approval by the board or compensation committee									
<p><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:</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	No								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><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:</p>										
<p><b>a</b> The organization?</p>	<b>5a</b>	Yes								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	No								
<p><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:</p>										
<p><b>a</b> The organization?</p>	<b>6a</b>	Yes								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	No								
<p><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.</p>	<b>7</b>	No								
<p><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.</p>	<b>8</b>	No								
<p><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)?</p>	<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)	149,516 -----	13,000 -----	2,520 -----	7,372 -----	5,574 -----	177,982 -----	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)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

▶ **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)**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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	87	2,901,998	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	
----	--

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? . . . . .

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

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

	Yes	No
30a		No
31	Yes	
32a	Yes	
33		

**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**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016****Open to Public Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
COMMUNITYGIVING

Employer identification number

36-3412544

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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	<p>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.</p>

**990 Schedule O, Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF TRUSTS 631,172 CHANGE IN VALUE OF LIFE INSURANCE -109,946 FASB 958-605 ADJUSTMENT 1,707,258

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	NO CHANGE FROM PRIOR YEAR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**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	7,000	986,289	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	8,373	724,435	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 12 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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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
(1) MINNESOTA REAL ESTATE FOUNDATION	E	339,622	YEAR-END LOAN BALANCE

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

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

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

**Return Reference****Explanation**