

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- 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 7TH AVENUE S NO 100

City or town, state or province, country, and ZIP or foreign postal code
ST CLOUD, MN 56301

D Employer identification number
36-3412544

E Telephone number
(320) 253-4380

G Gross receipts \$ 57,013,825

F Name and address of principal officer
STEVEN JOUL
101 7TH AVENUE S NO 100
ST CLOUD, MN 56301

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

1 Briefly describe the organization's mission or most significant activities
TO ENGAGE PEOPLE, CONNECT RESOURCES, AND BUILD COMMUNITY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

| | |
|--|-----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 19 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 18 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 17 |
| 6 Total number of volunteers (estimate if necessary) | 510 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 148 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 11,532,655 | 20,337,376 |
| 9 Program service revenue (Part VIII, line 2g) | 0 | 0 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,692,978 | 5,345,268 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -51,058 | -56,787 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 15,174,575 | 25,625,857 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 8,387,819 | 19,137,500 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,148,100 | 1,389,070 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 818,592 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 806,187 | 799,789 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 10,342,106 | 21,326,359 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 4,832,469 | 4,299,498 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 127,789,035 | 139,771,863 |
| 21 Total liabilities (Part X, line 26) | 27,440,121 | 24,211,367 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 100,348,914 | 115,560,496 |

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 2018-11-08
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 2018-11-08 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 Phone no (320) 253-9505
ST CLOUD, MN 563020159

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 \$ 19,257,914 including grants of \$ 18,627,639) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 326,554 including grants of \$ 326,464) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 245,713 including grants of \$ 183,397) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 19,830,181

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-----|----|
| 1 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 | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | Yes | |
| 3 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 |
| 4 Section 501(c)(3) organizations. 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 |
| 5 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 |
| 6 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 | |
| 7 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 |
| 8 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 |
| 9 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 |
| 10 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 | |
| 11 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 | | |
| a 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 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 | |
| c 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 |
| d 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 |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| f 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 | |
| 12a 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 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 |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| 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 |
| 15 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 |
| 16 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 |
| 17 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 |
| 18 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 | |
| 19 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 |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 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 | |
| 22 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 | |
| 23 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 | |
| 24a 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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 |
| 26 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 |
| 27 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 |
| 28 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) | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 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 |
| c 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 |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | Yes | |
| 30 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 |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 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 |
| 33 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 | |
| 34 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 | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| 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> | | |
| 36 Section 501(c)(3) organizations. 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 |
| 37 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 |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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, and charitable contributions.

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 (19), 1b (18), 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 7TH AVENUE S SUITE 100 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) TERRI BARREIRO DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (2) FRED BURSCH DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (3) JOHN LINDSTROM DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (4) SONJA MERRILD 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) JAMES RINGWALD DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (8) BOB SWEENEY DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (9) KEN WARNER DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (10) JASON POHLEN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (11) TOM ANDERSON DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (12) STEVE LARAWAY DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (13) SARAH KLAASSEN DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (14) MARYANNE MAHOWALD DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| (15) STEVEN JOUL PRESIDENT | 40 00 | | | X | | | | 173,876 | 0 | 13,540 |
| (16) JIM ROELOFS CHAIR | 1 00 | | | X | | | | 0 | 0 | 0 |
| (17) LORAN HALL VICE CHAIR | 1 00 | | | X | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below 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 | | | | |
| (18) STEVE LINDER SECRETARY | 1 00 | | | X | | | | 0 | 0 | 0 | |
| (19) COLETTE CARLSON TREASURER | 1 00 | | | X | | | | 0 | 0 | 0 | |
| 1b Sub-Total | | | | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | | 173,876 | 0 | | 13,540 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 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 | |
|--|---|---|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | 211,944 | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 20,125,432 | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | 6,647,408 | | | |
| | h Total. Add lines 1a-1f | | 20,337,376 | | | |
| Program Service Revenue | 2a _____ | Business Code | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,158,537 | | 2,158,537 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | 53,304 | (ii) Personal | | | |
| | | b Less rental expenses | 117,107 | | | |
| | | c Rental income or (loss) | -63,803 | | | |
| | d Net rental income or (loss) | | -63,803 | 148 | -63,951 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | 34,426,649 | (ii) Other | | | |
| | | b Less cost or other basis and sales expenses | 31,239,918 | | | |
| | | c Gain or (loss) | 3,186,731 | | | |
| | d Net gain or (loss) | | 3,186,731 | | 3,186,731 | |
| | 8a Gross income from fundraising events (not including \$ 211,944 of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| | | 37,959 | b | | | |
| 30,943 | | c Net income or (loss) from fundraising events | 7,016 | | 7,016 | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See Instructions | | 25,625,857 | 0 | 148 | 5,288,333 | |

Part IX Statement of Functional Expenses

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 18,915,861 | 18,915,861 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 221,639 | 221,639 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | 193,630 | 34,654 | 71,851 | 87,125 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 958,494 | 171,537 | 355,678 | 431,279 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 42,353 | 7,604 | 15,706 | 19,043 |
| 9 Other employee benefits. | 112,888 | 20,133 | 41,922 | 50,833 |
| 10 Payroll taxes. | 81,705 | 14,616 | 30,322 | 36,767 |
| 11 Fees for services (non-employees) | | | | |
| a Management. | | | | |
| b Legal. | 9,034 | 1,654 | 3,335 | 4,045 |
| c Accounting. | 16,469 | 3,049 | 6,066 | 7,354 |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | | | | |
| 12 Advertising and promotion. | 30,949 | 5,213 | 11,632 | 14,104 |
| 13 Office expenses. | 119,526 | 22,379 | 43,907 | 53,240 |
| 14 Information technology. | | | | |
| 15 Royalties. | | | | |
| 16 Occupancy. | | | | |
| 17 Travel. | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | | | | |
| 20 Interest. | 17,746 | 15,130 | 1,182 | 1,434 |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 38,828 | 7,089 | 14,345 | 17,394 |
| 23 Insurance. | 13,052 | 2,469 | 4,783 | 5,800 |
| 24 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.) | | | | |
| a OTHER | 350,333 | 350,333 | | |
| b ADMINISTRATIVE | 121,107 | 22,123 | 46,102 | 52,882 |
| c DUES & SUBSCRIPTIONS | 41,647 | 7,609 | 15,384 | 18,654 |
| d DEVELOPMENT & MARKETING | 41,098 | 7,089 | 15,371 | 18,638 |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 21,326,359 | 19,830,181 | 677,586 | 818,592 |
| 26 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 |
|---|---|--------------------------|-------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 2,100,903 | 1 | 1,221,235 |
| | 2 Savings and temporary cash investments | 1,589,953 | 2 | 1,795,350 |
| | 3 Pledges and grants receivable, net | 32,983 | 3 | 35,351 |
| | 4 Accounts receivable, net | 867,745 | 4 | 950,613 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 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 | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 43,283 | 9 | 44,779 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 1,120,213 | | |
| | b Less accumulated depreciation | 424,213 | | |
| | | 606,347 | 10c | 696,000 |
| | 11 Investments—publicly traded securities | 111,314,135 | 11 | 123,744,161 |
| | 12 Investments—other securities See Part IV, line 11 | 11,233,686 | 12 | 11,284,374 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| 15 Other assets See Part IV, line 11 | | 15 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 127,789,035 | 16 | 139,771,863 | |
| Liabilities | 17 Accounts payable and accrued expenses | 103,246 | 17 | 134,930 |
| | 18 Grants payable | 164,390 | 18 | 190,230 |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 407,443 | 23 | 322,810 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 26,765,042 | 25 | 23,563,397 |
| | 26 Total liabilities. Add lines 17 through 25 | 27,440,121 | 26 | 24,211,367 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 80,866,049 | 27 | 89,389,708 |
| | 28 Temporarily restricted net assets | 3,619,751 | 28 | 3,386,864 |
| | 29 Permanently restricted net assets | 15,863,114 | 29 | 22,783,924 |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 100,348,914 | 33 | 115,560,496 |
| | 34 Total liabilities and net assets/fund balances | 127,789,035 | 34 | 139,771,863 |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 25,625,857 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 21,326,359 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 4,299,498 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 100,348,914 |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,919,670 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 7,992,414 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 115,560,496 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|--|-----|----|
| 1 | 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 | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b | Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b | 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 | | |

Additional Data

Software ID:

Software Version:

EIN: 36-3412544

Name: COMMUNITYGIVING

Form 990 (2017)

Form 990, Part III, Line 4a:

GRANTMAKING - THE FOUNDATION ADMINISTERED THE GRANTING OF OVER \$18 MILLION IN CONTRIBUTIONS TO OVER 725 NON-PROFITS FROM THE 780 FUNDS SET UP BY DONORS

Form 990, Part III, Line 4b:

SCHOLARSHIPS - THE FOUNDATION ADMINISTERS 76 SCHOLARSHIP FUNDS AND AWARDS OVER \$325,000 TO 130 STUDENTS WHICH ARE PAID TO THEIR RESPECTIVE EDUCATION INSTITUTIONS ON A SEMESTER OR QUARTERLY BASIS

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITYGIVING

Employer identification number

36-3412544

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 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 | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|----------|---|------------|-----------|-----------|------------|------------|------------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 20,842,517 | 6,711,058 | 8,629,443 | 11,532,655 | 20,337,376 | 68,053,049 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 20,842,517 | 6,711,058 | 8,629,443 | 11,532,655 | 20,337,376 | 68,053,049 |
| 5 | 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) | | | | | | 19,820,716 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 48,232,333 |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a)2013 | (b)2014 | (c)2015 | (d)2016 | (e)2017 | (f)Total |
|-----------|--|------------|-----------|-----------|------------|------------|------------|
| 7 | Amounts from line 4 | 20,842,517 | 6,711,058 | 8,629,443 | 11,532,655 | 20,337,376 | 68,053,049 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,399,850 | 1,999,024 | 1,919,283 | 2,015,205 | 2,211,841 | 9,545,203 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 77,598,252 |

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

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|----------|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 62.160 % |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 | 50.000 % |

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | 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 | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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 |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 2 | 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| 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 Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | 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. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | 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 Part VI . | | |
| | 6 | | |
| 7 | 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). | | |
| | 7 | | |
| 8 | 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). | | |
| | 8 | | |
| 9a | 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 Part VI . | | |
| | 9a | | |
| 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 Part VI . | | |
| | 9b | | |
| c | 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 Part VI . | | |
| | 9c | | |
| 10a | 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. | | |
| | 10a | | |
| 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.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | 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 | A family member of a person described in (a) above? | | |
| c | 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 |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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> | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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 |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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 |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

| | | | |
|----------|--|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 | 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> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| 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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <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)

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013. | | | |
| c From 2014. | | | |
| d From 2015. | | | |
| e From 2016. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2017 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2013. | | | |
| b Excess from 2014. | | | |
| c Excess from 2015. | | | |
| d Excess from 2016. | | | |
| e Excess from 2017. | | | |

Additional Data

Software ID:

Software Version:

EIN: 36-3412544

Name: COMMUNITYGIVING

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

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 | 305 | |
| 2 Aggregate value of contributions to (during year) | 13,137,296 | |
| 3 Aggregate value of grants from (during year) | 8,600,297 | |
| 4 Aggregate value at end of year | 55,193,270 | |

- 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 37,202,312 | 32,330,272 | 34,027,806 | 34,566,678 | 27,945,893 |
| b Contributions | 6,570,039 | 1,834,289 | 652,553 | 416,024 | 3,054,189 |
| c Net investment earnings, gains, and losses | 4,161,871 | 4,555,134 | 1,344,588 | 1,257,572 | 5,284,559 |
| d Grants or scholarships | 1,846,943 | 959,431 | 2,636,479 | 1,334,686 | 1,223,617 |
| e Other expenditures for facilities and programs | 124,644 | 120,832 | 626,067 | 422,390 | 60,061 |
| f Administrative expenses | 496,326 | 437,120 | 432,129 | 455,392 | 434,285 |
| g End of year balance | 45,466,309 | 37,202,312 | 32,330,272 | 34,027,806 | 34,566,678 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 42 000 %
 - b** Permanent endowment ▶ 50 000 %
 - c** Temporarily restricted endowment ▶ 8 000 %
- 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
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 109,941 | | 109,941 |
| b Buildings | | 771,932 | 252,374 | 519,558 |
| c Leasehold improvements | | 14,994 | 4,262 | 10,732 |
| d Equipment | | 223,346 | 167,577 | 55,769 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 696,000 |

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 | 15,329 | F |
| (3) Other _____ | | |
| (A) CASH SURRENDER VALUE-LIFE INSURANCE | 758,433 | F |
| (B) LIFE ESTATE | 232,262 | F |
| (C) REAL ESTATE INVESTMENT | 1,598,360 | F |
| (D) CHARITABLE REMAINDER TRUST ASSETS | 8,679,990 | F |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | 11,284,374 | |

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) | | |
| Total. (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) | |
| Total. (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.

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| LIABILITY UNDER TRUST AGREEMENT | 3,754,528 |
| ACCRUED ADMINISTRATIVE FEES | 109,131 |
| AGENCY FUNDS | 19,699,738 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 23,563,397 |

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.

| | | | |
|----------|---|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 28,847,197 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | 2,919,670 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 153,620 |
| e | Add lines 2a through 2d | 2e | 3,073,290 |
| 3 | Subtract line 2e from line 1 | 3 | 25,773,907 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | -148,050 |
| c | Add lines 4a and 4b | 4c | -148,050 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 25,625,857 |

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.

| | | | |
|----------|--|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 13,635,615 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 148,050 |
| e | Add lines 2a through 2d | 2e | 148,050 |
| 3 | Subtract line 2e from line 1 | 3 | 13,487,565 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | 7,838,794 |
| c | Add lines 4a and 4b | 4c | 7,838,794 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 21,326,359 |

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, AGE NCY OR GROUPS AND INTENDED TO BE A LONG-TERM INVESTMENT PAYOUT OPTIONS INCLUDE A YEARLY P AYOUT 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 COMMUNITYGIV ING OPERATIONS AND ONLY USED AT THE AUTHORIZATION OF THE COMMUNITYGIVING BOARD OF DIRECTOR S |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2 | <p>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</p> |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| PART XI, LINE 2D - OTHER ADJUSTMENTS | CHANGE IN VALUE OF TRUSTS 234,461 CHANGE IN VALUE OF LIFE INSURANCE -80,841 |

Supplemental Information

| Return Reference | Explanation |
|---|---|
| PART XI, LINE 4B - OTHER ADJUSTMENTS | RENTAL EXPENSE ON PART VIII LINE 6B -117,107 DIRECT EXPENSE OF FUNDRAISER OFFSETTING REVENUE -30,943 |

Supplemental Information

| Return Reference | Explanation |
|--|---|
| PART XII, LINE 2D - OTHER ADJUSTMENTS | RENTAL EXPENSE ON PART VIII LINE 6B 117,107 30,943 DIRECT EXPENSE OF FUNDRAISER OFFSETTING REVENUE |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---------------------------------------|
| PART XII, LINE 4B - OTHER ADJUSTMENTS | FASB ASC 958-605 ADJUSTMENT 7,838,794 |

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITYGIVING

Employer identification number
36-3412544

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (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 | | | | | | |
| Total | | | | | | |

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|---|--|---|---|------------------|---|
| | | DANCING W/ OUR STARS (event type) | WOMEN MAKING WAVES (event type) | (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 229,291 | 17,784 | | 247,075 |
| | 2 Less Contributions | 202,700 | 9,244 | | 211,944 |
| | 3 Gross income (line 1 minus line 2) | 26,591 | 8,540 | | 35,131 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 10,698 | 4,787 | | 15,485 |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | 2,766 | 250 | | 3,016 |
| | 9 Other direct expenses | 11,213 | 1,229 | | 12,442 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 30,943 |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 4,188 | |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|--|--|--|--|--|--|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 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 | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | |
| 8 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

| | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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 provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Schedule I
(Form 990)**

**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.

OMB No 1545-0047
2017
**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service
Name of the organization
COMMUNITYGIVING

Employer identification number
36-3412544

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data | | | | | | | |
| (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 ▶ _____ 270

3 Enter total number of other organizations listed in the line 1 table ▶ _____ 2

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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) EDUCATIONAL | 57 | 221,639 | | | |
| (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 RECEIPT THE CHECK INTO THEIR ORGANIZATION |

Additional Data

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

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ACCESS PRESS LTD 161 ST ANTHONY AVENUE SAINT PAUL, MN 55103 | 41-1845476 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| AGUA PARA LA VIDA 2311 WEBSTER STREET BERKELEY, CA 94705 | 94-3122845 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALBANY HIGH SCHOOL PO BOX 40 ALBANY, MN 56307 | 41-6003949 | | 10,000 | | | | GENERAL SUPPORT |
| ALEXANDRIA AREA ARTS ASSOCIATION INC 618 BROADWAY STREET ALEXANDRIA, MN 56308 | 51-0171992 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALEXANDRIA AREA YMCA 110 KARL DRIVE ALEXANDRIA, MN 56308 | 20-2231427 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| ALEXANDRIA COVENANT CHURCH ALEXANDRIA MN 4005 DAKOTA ST ALEXANDRIA, MN 56308 | 41-1455144 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALEXANDRIA TECHNICAL & COMMUNITY COLLEGE FOUNDATION 1601 JEFFERSON STREET ALEXANDRIA, MN 56308 | 41-1272662 | 501(C)(3) | 11,000 | | | | GENERAL SUPPORT |
| ALL SAINTS ACADEMY 1215 11TH AVENUE NORTH SAINT CLOUD, MN 56303 | 45-3736641 | 501(C)(3) | 5,490 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALL SOULS CHURCH OF AUSTIN TEXAS PO BOX 6111 AUSTIN, TX 78762 | 38-2329622 | 501(C)(3) | 11,000 | | | | GENERAL SUPPORT |
| AMERICAN CANCER SOCIETY 1139 FRANKLIN AVE SUITE 5 SAUK RAPIDS, MN 56379 | 41-0724036 | 501(C)(3) | 11,746 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN LEGION POST #350 PO BOX 272 UPSALA, MN 56384 | 41-1462434 | 501(C)(19) | 10,000 | | | | GENERAL SUPPORT |
| AMERICAN RED CROSS 1301 WEST SAINT GERMAIN STREET SAINT CLOUD, MN 56301 | 53-0196605 | 501(C)(3) | 33,726 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ANDERSON CENTER 122 12TH AVENUE NORTH SUITE 102 SAINT CLOUD, MN 56303 | 41-1911774 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |
| ASSUMPTION HOME 715 NORTH 1ST STREET COLD SPRING, MN 56320 | 41-0873335 | 501(C)(3) | 8,550 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ATONEMENT LUTHERAN ELCA 1144 29TH AVENUE NORTH SAINT CLOUD, MN 56303 | 41-6121873 | 501(C)(3) | 6,250 | | | | GENERAL SUPPORT |
| AUGSBURG UNIVERSITY 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.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BEAR CREEK CHRISTIAN CHURCH 61930TH STREET NORTHEAST ROCHESTER, MN 55905 | 27-0314680 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |
| BETHEL LUTHERAN CHURCH 411 BECKER AVENUE SOUTHWEST WILLMAR, MN 56201 | 41-0721716 | 501(C)(3) | 9,750 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BETHEL UNIVERSITY 3900 BETHEL DRIVE SAINT PAUL, MN 55112 | 23-7094836 | 501(C)(3) | 1,000,000 | | | | GENERAL SUPPORT |
| BETHEL UNIVERSITY FOUNDATION 3900 BETHEL DRIVE SAINT PAUL, MN 55112 | 23-7094836 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BETHLEHEM LUTHERAN CHURCH 4310 COUNTY ROAD 137 SAINT CLOUD, MN 56301 | 68-0576502 | 501(C)(3) | 67,000 | | | | GENERAL SUPPORT |
| BEYOND THE COURT VIOLENCE PREVENTION INITIATIVES 3705 20TH AVE SO MINNEAPOLIS, MN 55407 | 20-5132635 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BIG BROTHERS BIG SISTERS OF CENTRAL MN 203 COOPER AVENUE NORTH SUITE 162 SAINT CLOUD, MN 56303 | 41-0972056 | 501(C)(3) | 32,321 | | | | GENERAL SUPPORT |
| BIRTHLINE INC 1411 WEST SAINT GERMAIN STREET SUITE 5 SAINT CLOUD, MN 56301 | 36-3448584 | 501(C)(3) | 34,275 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| 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) | 167,480 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BOYS AND GIRLS CLUBS OF CENTRAL MINNESOTA 345 30TH AVENUE NORTH SAINT CLOUD, MN 56303 | 41-1245177 | 501(C)(3) | 261,731 | | | | GENERAL SUPPORT |
| BRAINERD LAKES AREA CHAMBERS OF COMMERCE EDUCATION ASSN 224 WEST WASHINGTON STREET BRAINERD, MN 56401 | 41-1787694 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BRAINERD ROTARY FOUNDATION PO BOX 648 BRAINERD, MN 56401 | 41-1732246 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |
| BRAINERD SCHOOL DISTRICT #181 804 OAK STREET BRAINERD, MN 56401 | 41-6000789 | | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BRIDGES OF HOPE PO BOX 742 BRainerd, MN 56401 | 72-1538846 | 501(C)(3) | 30,000 | | | | GENERAL SUPPORT |
| BRIGHTER DAYS FOUNDATION 15167 EDGEWOODDRIVE SUITE 240 BRainerd, MN 56401 | 26-3644968 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BUG-O-NAY-GE-SHIG SCHOOL 15353 SILVER EAGLE DRIVE BENA, MN 56626 | 41-1242052 | | 25,000 | | | | GENERAL SUPPORT |
| CAMP SHAMINEAU OF THE EVANGELICAL FREE CHURCH PO BOX 244 MOTLEY, MN 56466 | 41-0941920 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAMPHILL VILLAGE MINNESOTA INC 15136 CELTIC DRIVE SAUK CENTRE, MN 56378 | 41-1387425 | 501(C)(3) | 75,700 | | | | GENERAL SUPPORT |
| CAMPUS CRUSADE FOR CHRIST INC PO BOX 628222 ORLANDO, FL 32861 | 95-6006173 | 501(C)(3) | 52,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CARING FRIENDS NETWORK 8200 GRAND AVENUE SOUTH SUITE 700 BLOOMINGTON, MN 55420 | 47-4779336 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| CATHEDRAL HIGH SCHOOL 312 SEVENTH AVENUE NORTH SAINT CLOUD, MN 56303 | 41-0705763 | 501(C)(3) | 117,680 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CATHEDRAL HIGH SCHOOL EDUCATION FOUNDATION 312 7TH AVENUE NORTH SAINT CLOUD, MN 56303 | 41-1337318 | 501(C)(3) | 51,822 | | | | GENERAL SUPPORT |
| CATHOLIC CHARITIES PO BOX 2390 SAINT CLOUD, MN 56302 | 41-0737799 | 501(C)(3) | 387,551 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY SAN JUAN OFFICE SAN JUAN, TX 78589 | 68-0599307 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| CATHOLIC FOREIGN MISSION SOCIETY OF AMERICA INC PO BOX 302 MARYKNOLL, NY 10545 | 13-1740144 | 501(C)(3) | 8,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CATHOLIC FOUNDATION OF THE DIOCESE OF ST CLOUD 305 7TH AVENUE NORTH SUITE 104 SAINT CLOUD, MN 56302 | 41-1980683 | 501(C)(3) | 15,950 | | | | GENERAL SUPPORT |
| CENTER FOR DISASTER PHILANTHROPY 1201 CONNECTICUT AVENUE NORTHWEST SUITE 300 WASHINGTON, DC 20036 | 45-5257937 | 501(C)(3) | 8,000 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTRACARE HEALTH FOUNDATION 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303 | 41-1855173 | 501(C)(3) | 153,401 | | | | GENERAL SUPPORT |
| CENTRACARE HEALTH FOUNDATION - PAYNESVILLE 200 WEST 1ST STREET PAYNESVILLE, MN 56362 | 41-1855173 | 501(C)(3) | 9,192 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTRAL LAKES COLLEGE FOUNDATION 501 WEST COLLEGE DRIVE BRAINERD, MN 56401 | 23-7007111 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| CENTRAL MINNESOTA HABITAT FOR HUMANITY 3335 WEST SAINT GERMAIN STREET STE 108 SAINT CLOUD, MN 56301 | 58-1285159 | 501(C)(3) | 26,550 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTRAL MINNESOTA TASK FORCE ON BATTERED WOMEN PO BOX 367 SAINT CLOUD, MN 56302 | 41-1344743 | 501(C)(3) | 108,820 | | | | GENERAL SUPPORT |
| CENTRAL MINNESOTA YOUTH FOR CHRIST 203 COOPER AVENUE NORTH 140 SAINT CLOUD, MN 56303 | 41-1336726 | 501(C)(3) | 26,194 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHAMBER MUSIC SOCIETY OF ST CLOUD INC PO BOX 205 SAINT CLOUD, MN 56302 | 41-1366774 | 501(C)(3) | 15,500 | | | | GENERAL SUPPORT |
| CHRIST CHURCH NEWMAN CENTER 396 FIRST AVENUE SOUTH SAINT CLOUD, MN 56301 | 41-0693981 | 501(C)(3) | 16,296 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHRISTAR INTERNATIONAL INC 1500 INTERNATIONAL PARKWAY SUITE 300 RICHARDSON, TX 75081 | 27-4567638 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| CHRISTIAN COMMUNITY FOUNDATION DBA WATERSTONE 10807 NEW ALLIANCE DRIVE SUITE 204 COLORADO SPRINGS, CO 80921 | 75-1750059 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHRISTIAN MEDIA MINISTRIES 201 WEST MADISON AVENUE BELGRADE, MT 59714 | 81-0527668 | 501(C)(3) | 9,000 | | | | GENERAL SUPPORT |
| CHURCH OF SAINT PAUL 1125 NORTH 11TH AVENUE SAINT CLOUD, MN 56303 | 41-0693982 | 501(C)(3) | 22,550 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHURCH OF ST AUGUSTINE 442 2ND STREET SOUTHEAST SAINT CLOUD, MN 56304 | 41-0693981 | 501(C)(3) | 9,634 | | | | GENERAL SUPPORT |
| CHURCH RESOURCE MINISTRIES 1240 NORTH LAKEVIEW AVENUE SUITE 120 ANAHEIM, CA 928071847 | 95-3523150 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITIZENS COUNCIL FOR HEALTH FREEDOM 161 SAINT ANTHONY AVENUE SAINT PAUL, MN 55103 | 41-1916724 | 501(C)(3) | 28,500 | | | | GENERAL SUPPORT |
| CITY OF CLARA CITY PO BOX 560 215 1ST STREET NORTHWEST NORTHWEST CLARA CITY, MN 56222 | 41-6005049 | | 12,500 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF PAYNESVILLE 221 WASHBURNE AVENUE PAYNESVILLE, MN 56362 | 41-6005450 | | 14,000 | | | | GENERAL SUPPORT |
| CITY OF RICHMOND 45 HALL AVENUE SOUTHWEST RICHMOND, MN 56368 | 41-6005492 | | 114,895 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF SARTELL 125 PINE CONE ROAD NORTH SARTELL, MN 56377 | 41-6008901 | | 10,000 | | | | GENERAL SUPPORT |
| CITY OF SPICER 217 HILLCREST AVENUE SPICER, MN 56288 | 41-6005550 | | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF ST AUGUSTA 1914 - 250TH STREET SAINT CLOUD, MN 56301 | 41-1500420 | | 27,000 | | | | GENERAL SUPPORT |
| CITY OF ST CLOUD 400 2ND STREET SOUTH SAINT CLOUD, MN 56301 | 41-6005515 | | 140,730 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF SUNBURG PO BOX 84 SUNBURG, MN 56289 | 41-1458800 | | 5,000 | | | | GENERAL SUPPORT |
| CITY OF WILLMAR 333 SOUTHWEST 6TH STREET WILLMAR, MN 56201 | 41-6005645 | | 261,233 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COLLEGE OF SAINT BENEDICT 37 SOUTH COLLEGE AVENUE SAINT JOSEPH, MN 56374 | 41-0969244 | 501(C)(3) | 96,220 | | | | GENERAL SUPPORT |
| COLLEGE OF SAINT SCHOLASTICA FINANCIAL AID OFFICE DULUTH, MN 55811 | 41-0698301 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMON GROUND UNITED METHODIST CHURCH 404 CYPRESS STREET NORTH CAMBRIDGE, MN 55008 | 41-1424643 | 501(C)(3) | 40,000 | | | | GENERAL SUPPORT |
| COMMUNITY CONNECTION OF SAUK CENTRE 523 SINCLAIR LEWIS AVENUE SAUK CENTRE, MN 56378 | 41-1805316 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY COUNTRY CHURCH PO BOX 37 HOLDINGFORD, MN 56340 | 56-2544898 | 501(C)(3) | 5,350 | | | | GENERAL SUPPORT |
| COMMUNITY INTEGRATION CENTER 201 5TH STREET SOUTHWEST WILLMAR, MN 56201 | 82-2096014 | 501(C)(3) | 17,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMPASSION INTERNATIONAL INC 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80997 | 36-2423707 | 501(C)(3) | 20,750 | | | | GENERAL SUPPORT |
| CONCORDIA UNIVERSITY ST PAUL 1282 CONCORDIA AVENUE SAINT PAUL, MN 55104 | 41-0696906 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CONFIDENCE LEARNING CENTER 1620 MARY FAWCETT MEMORIAL DRIVE WEST EAST GULL LAKE, MN 56401 | 41-0985513 | 501(C)(3) | 27,083 | | | | GENERAL SUPPORT |
| CRISIS NURSERY - LUTHERAN SOCIAL SERVICES 1205 6TH AVENUE SOUTH SAINT CLOUD, MN 56301 | 41-0872993 | 501(C)(3) | 8,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CROSIER FATHERS AND BROTHERS OF ONAMIA PO BOX 500 ONAMIA, MN 56359 | 41-0705826 | 501(C)(3) | 18,435 | | | | GENERAL SUPPORT |
| CUYUNA RANGE YOUTH CENTER INC 15 3RD AVENUE SOUTHWEST CROSBY, MN 56441 | 06-1778801 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DELTA TAU DELTA EDUCATION FOUNDATION 4200 JAMES RAY DRIVE GRAND FORKS, ND 58203 | 45-0344199 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| DIOCESE OF SAINT CLOUD PO BOX 1248 SAINT CLOUD, MN 56303 | 41-0693981 | 501(C)(3) | 6,894 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DIOCESE OF ST CLOUD- ANNUAL DIOCESAN APPEAL PO BOX 1538 SAINT CLOUD, MN 563021538 | 41-0693981 | 501(C)(3) | 27,250 | | | | GENERAL SUPPORT |
| DOCTORS WITHOUT BORDERS 333 SEVENTH AVE 2ND FLOOR NEW YORK, NY 10001 | 13-3433452 | 501(C)(3) | 10,591 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DOUGLAS COUNTY CAR CARE PROGRAM 110 6TH AVENUE EAST SUITE 3 ALEXANDRIA, MN 56308 | 46-1164691 | 501(C)(3) | 6,500 | | | | GENERAL SUPPORT |
| DOUGLAS COUNTY OUTREACH FOOD SHELF 1205 LAKE STREET ALEXANDRIA, MN 56308 | 20-2556435 | 501(C)(3) | 15,845 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DOVE INTERNATIONAL PO BOX 97 GLENWOOD, MN 56334 | 41-1721350 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| EVANGELICAL FREE CHURCH OF AMERICA 901 EAST 78TH STREET MINNEAPOLIS, MN 554201300 | 41-0721672 | 501(C)(3) | 9,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH, MN 55056 | 41-1332828 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| FAMILY PROMISE OF KANDIYOHI COUNTY 312 6TH STREET SW WILLMAR, MN 56201 | 30-0758513 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| 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) | 9,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277 | 11-0303001 | 501(C)(3) | 120,000 | | | | GENERAL SUPPORT |
| FIRST LUTHERAN CHURCH 822 DOUGLAS STREET ALEXANDRIA, MN 56308 | 41-6008707 | 501(C)(3) | 35,100 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FIRST PRESBYTERIAN CHURCH - SAINT CLOUD 340 5TH AVENUE SOUTH SAINT CLOUD, MN 56301 | 23-6393377 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| FIRST UNITED METHODIST CHURCH 1107 PINE CONE ROAD SOUTH SARTELL, MN 56377 | 41-0842882 | 501(C)(3) | 41,503 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOLEY AREA CARE 251 4TH AVENUE N FOLEY, MN 56329 | 56-2328479 | 501(C)(3) | 6,500 | | | | GENERAL SUPPORT |
| FRANCISCAN SISTERS OF LITTLE FALLS 116 8TH AVENUE SE LITTLE FALLS, MN 563453597 | 41-0695518 | 501(C)(3) | 36,498 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRESH AIR INC 1808 RIVERSIDE AVE MINNEAPOLIS, MN 55454 | 23-7401827 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| FRIENDS OF ANIMAL ADOPTION INC PO BOX 600745 SAINT PAUL, MN 55106 | 41-1311053 | 501(C)(3) | 5,344 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRIENDS OF THE WILLMAR PUBLIC LIBRARY 410 5TH STREET SW WILLMAR, MN 562013261 | 41-1762640 | 501(C)(3) | 12,762 | | | | GENERAL SUPPORT |
| GABRIEL MEDIA 1926 W DIVISION ST SAINT CLOUD, MN 56302 | 27-3932860 | 501(C)(3) | 8,800 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GALLATIN COUNTY LOVE INC PO BOX 7117 BOZEMAN, MT 59771 | 81-0498031 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| GIRL SCOUTS OF MN & WI LAKES & PINES COUNCIL 400 2ND AVENUE SOUTH WAITE PARK, MN 56387 | 41-0877820 | 501(C)(3) | 45,150 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GLOBAL DEVELOPERS NETWORK DBA MINISTRY DEVELOPERS NETWORK PO BOX 281 BRAINERD, MN 56401 | 02-0811643 | 501(C)(3) | 10,400 | | | | GENERAL SUPPORT |
| GOOD SHEPHERD COMMUNITY 1115 NORTH 4TH AVENUE SAUK RAPIDS, MN 56379 | 41-0851905 | 501(C)(3) | 10,300 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GRACE UNITED METHODIST CHURCH PO BOX 276 PEQUOT LAKES, MN 56472 | 41-1467156 | 501(C)(3) | 45,000 | | | | GENERAL SUPPORT |
| GREAT RIVER EDUCATIONAL ARTS THEATRE 710 SUNDIAL DRIVE WAITE PARK, MN 56387 | 41-1909918 | 501(C)(3) | 29,265 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREAT RIVER REGIONAL LIBRARY 1300 WEST SAINT GERMAIN STREET SAINT CLOUD, MN 56301 | 41-0976030 | | 5,172 | | | | GENERAL SUPPORT |
| GREATER ST CLOUD PUBLIC SAFETY FOUNDATION 101 11TH AVE N SAINT CLOUD, MN 56303 | 47-5625865 | 501(C)(3) | 8,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREENE FOUNDATION 1141 N MONROE DRIVE XENIA, OH 45385 | 31-0886949 | 501(C)(3) | 30,000 | | | | GENERAL SUPPORT |
| GULL LAKE SAILING SCHOOL PO BOX 511 BRainerd, MN 564010511 | 41-1411508 | 501(C)(3) | 50,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GUSTAVUS ADOLPHUS COLLEGE 800 W COLLEGE AVENUE SAINT PETER, MN 56082 | 41-0695524 | 501(C)(3) | 1,000 | | | | GENERAL SUPPORT |
| HABITAT FOR HUMANITY INTERNATIONAL INC 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HABITAT FOR HUMANITY OF DOUGLAS COUNTY 1211 NORTH NOKOMIS NE ALEXANDRIA, MN 56308 | 41-1869669 | 501(C)(3) | 17,000 | | | | GENERAL SUPPORT |
| HAMLINE UNIVERSITY 1536 HEWITT AVENUE MSC1915 SAINT PAUL, MN 55104 | 41-0693960 | 501(C)(3) | 7,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HANDS ACROSS THE WORLD 1605 GOETTENS WAY 206 SAINT CLOUD, MN 56301 | 68-0576502 | 501(C)(3) | 10,100 | | | | GENERAL SUPPORT |
| HELPING HANDS OUTREACH 101 PLYMOUTH STREET HOLDINGFORD, MN 56340 | 01-0697213 | 501(C)(3) | 7,835 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HELPING PAWS INC PO BOX 634 HOPKINS, MN 55343 | 41-1628876 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| HIGHER GROUND CHURCH OF GOD IN CHRIST INC 523 2ND STREET NORTH WAITE PARK, MN 56387 | 41-2013056 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HILL MUSEUM & MANUSCRIPT LIBRARY PO BOX 7300 COLLEGEVILLE, MN 56321 | 41-0693973 | 501(C)(3) | 15,543 | | | | GENERAL SUPPORT |
| HOLDINGFORD PUBLIC SCHOOL PO BOX 250 HOLDINGFORD, MN 56340 | 41-6003974 | | 15,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOLY FAMILY SCHOOL 231 SINCLAIR LEWIS AVE SAUK CENTRE, MN 56378 | 41-0880296 | 501(C)(3) | 11,050 | | | | GENERAL SUPPORT |
| IFTIIN SOMALI YOUTH ORGANIZATION 430 30TH STREET NW APT 208 WILLMAR, MN 56201 | 81-2007605 | 501(C)(3) | 17,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| IMMANUEL LUTHERAN CHURCH 300 S 3RD STREET ATWATER, MN 56209 | 41-6057521 | 501(C)(3) | 29,587 | | | | GENERAL SUPPORT |
| INDEPENDENT LIFESTYLES INC 215 NORTH BENTON DRIVE SAUK RAPIDS, MN 56379 | 41-1871141 | 501(C)(3) | 10,100 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| INITIATIVE FOUNDATION 405 FIRST STREET SE LITTLE FALLS, MN 56345 | 36-3451562 | 501(C)(3) | 165,000 | | | | GENERAL SUPPORT |
| INTERNATIONAL MESSENGERS 110 ORCHARD CT CLEAR LAKE, IA 50428 | 41-1652782 | 501(C)(3) | 52,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET FLOOR 12 NEW YORK, NY 10168 | 13-5660870 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| JACKSON HOOP FOUNDATION 202 INDUSTRIAL PARK JACKSON, MN 56143 | 81-3488082 | 501(C)(3) | 32,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JAMES WHITCOMB RILEY MEMORIAL ASSOCIATION DBA RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN STE 200 INDIANAPOLIS, IN 46204 | 35-0868147 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |
| KANDIYOHI COUNTY AREA FAMILY YMCA 1000 LAKELAND DRIVE SE WILLMAR, MN 56201 | 41-1908049 | 501(C)(3) | 12,450 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KANDIYOHI COUNTY AUDITOR TREASURER PO BOX 896 WILLMAR, MN 562010896 | 41-6005818 | | 5,000 | | | | GENERAL SUPPORT |
| KIDS FIGHTING HUNGER OF CENTRAL MINNESOTA PO BOX 7550 SAINT CLOUD, MN 56302 | 20-0175197 | 501(C)(3) | 9,100 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KINSHIP PARTNERS OF BRAINERD 804 OAK STREET SUITE 201 BRAINERD, MN 56401 | 36-3477485 | 501(C)(3) | 23,000 | | | | GENERAL SUPPORT |
| KNUTE NELSON FOUNDATION 420 12TH AVENUE EAST ALEXANDRIA, MN 56308 | 41-1451486 | 501(C)(3) | 38,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LAESTADIAN LUTHERAN CHURCH 279 N MEDINA ST STE 150 LORETTO, MN 55357 | 41-1225152 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| LAKES AREA MUSIC FESTIVAL PO BOX 96 BRainerd, MN 56401 | 45-4807315 | 501(C)(3) | 13,200 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LAKEWOOD EVANGELICAL FREE CHURCH 6284 FAIRVIEW RD BAXTER, MN 56425 | 41-1504649 | 501(C)(3) | 15,500 | | | | GENERAL SUPPORT |
| LAND STEWARDSHIP PROJECT 821 EAST 35TH STREET SUITE 200 MINNEAPOLIS, MN 55407 | 41-1466054 | 501(C)(3) | 14,294 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LEGACY OF THE LAKES MUSEUM PO BOX 1216 ALEXANDRIA, MN 56308 | 41-1967683 | 501(C)(3) | 8,500 | | | | GENERAL SUPPORT |
| LIFE ASSEMBLY OF GOD 2409 CLEARWATER ROAD ST CLOUD, MN 56301 | 44-0577787 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LIFE HOUSE INC 102 W 1ST STREET DULUTH, MN 55802 | 41-0704840 | 501(C)(3) | 30,000 | | | | GENERAL SUPPORT |
| LIFE RIGHT OUTREACH 1906 6TH AVE EAST ALEXANDRIA, MN 56308 | 75-3250208 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| 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) | 20,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LOCAL EDUCATION & ACTIVITIES FOUNDATION (LEAF) PO BOX 1132 SAINT CLOUD, MN 56302 | 41-1770753 | 501(C)(3) | 70,003 | | | | GENERAL SUPPORT |
| LOURDES FOUNDATION 1710 INDUSTRIAL DRIVE NORTHWEST ROCHESTER, MN 55901 | 23-7367336 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LOVE INC OF DOUGLAS COUNTY LAKES AREA 44 GLENN ROAD NW ALEXANDRIA, MN 56308 | 20-8963495 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| LUIS PALAU EVANGELISTIC ASSOCIATION 1500 NW 167TH PLACE BEAVERTON, OR 97006 | 93-0713827 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LUTHER SEMINARY 2481 COMO AVE SAINT PAUL, MN 55108 | 41-1425961 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| LUTHERAN SOCIAL SERVICES OF MINNESOTA 2485 COMO AVENUE SAINT PAUL, MN 55108 | 41-0872993 | 501(C)(3) | 70,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LYDIA HOME ASSOCOCIATION AKA SAFE FAMILIES FOR CHILDREN 4300 WEST IRVING PARK ROAD CHICAGO, IL 60641 | 36-1412810 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| MACCRAY SCHOOL DISTRICT #2180 PO BOX 690 CLARA CITY, MN 56222 | 41-1783004 | | 370,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MANKATO AREA FOUNDATION 127 SOUTH 2ND STREET SUITE 100 MANKATO, MN 56001 | 41-0011094 | 501(C)(3) | 7,435,888 | | | | GENERAL SUPPORT |
| MID-MINNESOTA LEGAL AID OF ST CLOUD PO BOX 886 SAINT CLOUD, MN 56302 | 41-1412710 | 501(C)(3) | 89,500 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MILL POND LEARNING FOUNDATION INC PO BOX 791 OSEOLA, WI 54020 | 46-3775262 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |
| MINNESOTA MUSEUM OF AMERICAN ART 141 EAST 4TH STREET SAINT PAUL, MN 55101 | 41-0726138 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MINNESOTA PUBLIC RADIO 480 CEDAR STREET SAINT PAUL, MN 551012217 | 41-0953924 | 501(C)(3) | 5,138 | | | | GENERAL SUPPORT |
| MINNESOTA TEEN CHALLENGE INC 2424 BUSINESS 371 BRainerd, MN 56401 | 41-1517351 | 501(C)(3) | 13,500 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MN DISTRICT COUNCIL OF THE ASSEMBLY OF GOD 1315 PORTLAND AVENUE SOUTH MINNEAPOLIS, MN 55404 | 41-0846690 | 501(C)(3) | 6,002 | | | | GENERAL SUPPORT |
| MODEL CITIZEN INC 9742 RUSSEL AVE SOUTH MINNEAPOLIS, MN 55431 | 81-1778302 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEW HOPE CHURCH OF CHRIST 11025 131ST STREET NORTH LARGO, FL 33774 | 01-0588276 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |
| NEW LIFE CHRISTIAN CHURCH 1910 COUNTY ROAD 82 SE ALEXANDRIA, MN 56308 | 41-1522556 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEXT INTERNATIONAL INC PO BOX 365 MENOMONIE, WI 54751 | 20-8405643 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| NORTH CENTRAL DISTRICT EFCA 711 10TH AVENUE SOUTH MINNEAPOLIS, MN 55415 | 41-0721674 | 501(C)(3) | 80,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTHSTAR CHRISTIAN ACADEMY 3888 PIONEER RD SE ALEXANDRIA, MN 56308 | 47-4231309 | 501(C)(3) | 1,921,000 | | | | GENERAL SUPPORT |
| ORPHAN'S HOPE INTERNATIONAL 2570 NE NOBLE LOOP EAST WENATCHEE, WA 98802 | 20-0052012 | 501(C)(3) | 82,500 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OUR LADY OF THE ANGELS CATHOLIC CHURCH - SAUK CENTRE 304 SINCLAIR LEWIS AVE SAUK CENTRE, MN 56378 | 41-0693981 | 501(C)(3) | 47,500 | | | | GENERAL SUPPORT |
| OUR SAVIORS LUTHERAN CHURCH PO BOX 670 ALBANY, MN 56307 | 41-1466293 | 501(C)(3) | 12,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OUTREACH AFRICA INC 21615 COUNTY ROAD 3 BAXTER, MN 56425 | 82-3784569 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| OXFAM AMERICA 226 CAUSEWAY STREET 5TH FLOOR BOSTON, MA 02114 | 23-7069110 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PARAMOUNT CENTER FOR THE ARTS 913 WEST SAINT GERMAIN STREET SAINT CLOUD, MN 56301 | 41-1809017 | 501(C)(3) | 23,950 | | | | GENERAL SUPPORT |
| PARKS FOREVER INC PO BOX 417 COLD SPRING, MN 56320 | 26-3346242 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PATHWAYS 4 YOUTH LLC C/O ST CLOUD ROTARY FOUNDATION SOLE MBR SAINT CLOUD, MN 56303 | 61-1857500 | 501(C)(3) | 81,590 | | | | GENERAL SUPPORT |
| PAYNESVILLE AREA HISTORICAL SOCIETY 251 AMPE DRIVE PAYNESVILLE, MN 56362 | 23-7196159 | 501(C)(3) | 6,150 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PAYNESVILLE AREA SCHOOL DISTRICT #741 217 WEST MILL STREET PAYNESVILLE, MN 56362 | 41-6004060 | | 21,531 | | | | GENERAL SUPPORT |
| PLACE OF HOPE 511 9TH AVENUE NORTH SAINT CLOUD, MN 56303 | 41-1870347 | 501(C)(3) | 41,249 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| POOR CLARES MONASTERY 421 4TH STREET SOUTH SAUK RAPIDS, MN 56379 | 41-1603755 | 501(C)(3) | 20,379 | | | | GENERAL SUPPORT |
| PRAIRIE WOODS ENVIRONMENTAL LEARNING CENTER 12718 10TH STREET NE SPICER, MN 56288 | 41-1366265 | 501(C)(3) | 6,500 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PREEMPTIVE LOVE 1300 DARBYTON DRIVE HEWITT, TX 76643 | 26-2450109 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| PREGNANCY CARING CENTER OF GALLATIN VALLEY INCDBA ZOE CARE 2251 W KAGY BLVD BOZEMAN, MT 59718 | 81-0466507 | 501(C)(3) | 11,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PRISON FELLOWSHIP 44180 RIVERSIDE PARKWAY LANDSDOWNE, VA 20176 | 62-0988294 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| PROMISE NEIGHBORHOOD OF CENTRAL MN PO BOX 6082 SAINT CLOUD, MN 56302 | 45-3233276 | 501(C)(3) | 54,699 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| QUIET OAKS HOSPICE HOUSE PO BOX 1241 SAINT CLOUD, MN 563021241 | 20-3905841 | 501(C)(3) | 33,764 | | | | GENERAL SUPPORT |
| RAFIKI FOUNDATION INC PO BOX 1988 EUSTIS, FL 32727 | 74-2477089 | 501(C)(3) | 16,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RAVI ZACHARIAS INTERNATIONAL MINISTRIES 4725 PEACHTREE CORNERS CIRCLE STE 250 NORCROSS, GA 30092 | 13-3200719 | 501(C)(3) | 11,000 | | | | GENERAL SUPPORT |
| REDEEMER LUTHERAN CHURCH 1401 6TH ST SW WILLMAR, MN 56201 | 41-0956958 | 501(C)(3) | 17,500 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RELEVANT RADIO 1496 BELLEVUE STREET SUITE 202 GREEN BAY, WI 543070707 | 20-0049703 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| RICE HEALTH FOUNDATION 301 BECKER AVE SW WILLMAR, MN 56201 | 41-1611555 | 501(C)(3) | 6,556 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RIDGEWATER COLLEGE FOUNDATION 2101 15TH AVE NW WILLMAR, MN 56201 | 41-1847315 | 501(C)(3) | 81,476 | | | | GENERAL SUPPORT |
| RISING HOPE FOUNDATION PO BOX 841 PARK RAPIDS, MN 56470 | 45-3566370 | 501(C)(3) | 15,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RIVERVIEW CHURCH 307 NORWAY AVENUE PINE RIVER, MN 56474 | 41-1303842 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| ROCORI AREA DOLLARS FOR SCHOLARS PO BOX 304 COLD SPRING, MN 56320 | 04-2296967 | 501(C)(3) | 8,500 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SACRED HEART CATHOLIC PARISH - FREEPORT 303 2ND STREET NE FREEPORT, MN 56331 | 41-0693981 | 501(C)(3) | 100,000 | | | | GENERAL SUPPORT |
| SAFE AVENUES PO BOX 568 WILLMAR, MN 56201 | 41-1931304 | 501(C)(3) | 75,136 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAINT JOHN'S ABBEY OSB 2900 ABBEY PLAZA COLLEGEVILLE, MN 56321 | 41-0693973 | 501(C)(3) | 19,616 | | | | GENERAL SUPPORT |
| SAINT JOHN'S LUTHERAN CHURCH 42695 WASHINGTON STREET PALM DESSERT, CA 92211 | 51-0155905 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAINT JOHN'S UNIVERSITY 2850 ABBEY PLAZA COLLEGEVILLE, MN 56321 | 41-0693973 | 501(C)(3) | 268,380 | | | | GENERAL SUPPORT |
| SAINT PAUL LUTHERAN CHURCH PO BOX 697 WATERTOWN, MN 55388 | 41-6007697 | 501(C)(3) | 12,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SALEM LUTHERAN ELCA 90 RIVERSIDE DRIVE SE SAINT CLOUD, MN 56301 | 41-1568278 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| SALVATION ARMY - BRAINERD PO BOX 385 BRAINERD, MN 56401 | 13-5582351 | 501(C)(3) | 11,935 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SALVATION ARMY - HURRICANE HARVEY RELIEF PO BOX 1959 ATLANTA, GA 30301 | 41-0698597 | 501(C)(3) | 6,250 | | | | GENERAL SUPPORT |
| SALVATION ARMY - ST CLOUD 400 HIGHWAY 10 SOUTH SAINT CLOUD, MN 56304 | 41-0698597 | 501(C)(3) | 104,328 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SALVATION ARMY OF KANDIYOHI COUNTY 521 SW 4TH STREET WILLMAR, MN 56201 | 41-0698597 | 501(C)(3) | 12,474 | | | | GENERAL SUPPORT |
| SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607 | 58-1437002 | 501(C)(3) | 11,500 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SARTELL-ST STEPHEN SCHOOL DISTRICT 212 3RD AVE N SARTELL, MN 56377 | 41-6003908 | | 5,884 | | | | GENERAL SUPPORT |
| SAUK CENTRE AREA HISTORICAL SOCIETY 430 MAIN STREET SAUK CENTRE, MN 56378 | 41-1675500 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAUK CENTRE SCHOOL DISTRICT 903 STATE ROAD SAUK CENTRE, MN 56378 | 41-6004061 | | 12,600 | | | | 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.

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SHARING AND CARING HANDS INC 525 N SEVENTH STREET MINNEAPOLIS, MN 55405 | 36-3412619 | 501(C)(3) | 8,500 | | | | GENERAL SUPPORT |
| SHARING BREAD SOUP KITCHEN 923 OAK STREET BRAINERD, MN 56401 | 41-1634222 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SHERBURNE HISTORY CENTER 10775 27TH AVENUE SE BECKER, MN 55308 | 41-1362450 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| SISTERS OF THE ORDER OF SAINT BENEDICT 104 CHAPEL LANE SAINT JOSEPH, MN 56374 | 41-0693973 | 501(C)(3) | 31,798 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOCIETY FOR THE PROPAGATION OF THE FAITH 11 8TH AVENUE SOUTH SAINT CLOUD, MN 56301 | 41-0706919 | 501(C)(3) | 11,329 | | | | GENERAL SUPPORT |
| SOMEPLACE SAFE PO BOX 815 FERGUS FALLS, MN 56538 | 41-1358654 | 501(C)(3) | 7,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTH DAKOTA STATE UNIVERSITY FOUNDATION BOX 525 BROOKINGS, SD 57006 | 46-0273801 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| SPECTRUM HIGH SCHOOL 17796 INDUSTRIAL CIRCLE NORTHWEST ELK RIVER, MN 55330 | 37-1518372 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST AGNES CATHOLIC CHURCH PO BOX 874 WALKER, MN 564840874 | 41-1941181 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| ST ALEXIUS CHURCH OF WEST UNION 11 OAK STREET SE WEST UNION, MN 56389 | 41-0773797 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST CLOUD AREA FAMILY YMCA 2001 STOCKINGER DRIVE SAINT CLOUD, MN 56303 | 41-0952420 | 501(C)(3) | 42,900 | | | | GENERAL SUPPORT |
| ST CLOUD AREA SCHOOL DISTRICT 742 1000 44TH AVENUE N STE 100 SAINT CLOUD, MN 56303 | 41-6003926 | | 26,521 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST CLOUD CHRISTIAN SCHOOL 430 3RD AVENUE NE SAINT CLOUD, MN 56304 | 41-1414289 | 501(C)(3) | 43,780 | | | | GENERAL SUPPORT |
| ST CLOUD ROTARY FOUNDATION INC 1931 17TH STREET SOUTH SAINT CLOUD, MN 56301 | 36-3396376 | 501(C)(3) | 10,500 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST CLOUD STATE UNIVERSITY BUSINESS SERVICES OFFICE - AS123 ST CLOUD, MN 56301 | 41-1687554 | | 733 | | | | GENERAL SUPPORT |
| ST CLOUD STATE UNIVERSITY FOUNDATION LEWIS HOUSE SAINT CLOUD, MN 563014498 | 41-6019040 | 501(C)(3) | 49,290 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST CLOUD TECHNICAL & COMMUNITY COLLEGE FOUNDATION 1215 15TH STREET NORTH SAINT CLOUD, MN 56303 | 41-1791598 | 501(C)(3) | 47,903 | | | | GENERAL SUPPORT |
| ST FRANCIS XAVIER CHURCH 219 - 2ND STREET NORTH SARTELL, MN 56377 | 41-0789360 | 501(C)(3) | 77,273 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST JOHN CANTIUS 1515 3RD STREET NORTH SAINT CLOUD, MN 56303 | 41-0693981 | 501(C)(3) | 19,017 | | | | GENERAL SUPPORT |
| ST JOHN'S EPISCOPAL CHURCH 1111 COOPER AVENUE SOUTH SAINT CLOUD, MN 56301 | 41-1379581 | 501(C)(3) | 5,129 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST JOSEPH COMMUNITY FOOD SHELF PO BOX 384 SAINT JOSEPH, MN 563740384 | 41-2021124 | 501(C)(3) | 22,965 | | | | GENERAL SUPPORT |
| ST MICHAEL'S CHURCH 1036 COUNTY ROAD 4 ST CLOUD, MN 56303 | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST PAUL'S CATHOLIC CHURCH - SAUK CENTRE 304 SINCLAIR LEWIS AVE SAUK CENTRE, MN 56378 | 41-0693981 | 501(C)(3) | 101,000 | | | | GENERAL SUPPORT |
| ST PETER AND PAUL CATHOLIC CHURCH PO BOX 69 RICHMOND, MN 56368 | 41-0693981 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| STEARNS COUNTY HISTORICAL SOCIETY 235 33RD AVENUE SOUTH SAINT CLOUD, MN 56301 | 41-1315033 | 501(C)(3) | 44,493 | | | | GENERAL SUPPORT |
| STEARNS COUNTY SHERIFF'S DEPARTMENT 807 COURTHOUSE SQUARE SAINT CLOUD, MN 56302 | 41-6005899 | | 10,536 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TASHI CHOLING PO BOX 64 ASHLAND, OR 97520 | 93-1273454 | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TEREBINTH REFUGE 110 2ND STREET S STE 231 WAITE PARK, MN 56387 | 81-3807059 | 501(C)(3) | 12,246 | | | | GENERAL SUPPORT |
| THE CEDAR CULTURAL CENTER INC 416 CEDAR AVENUE SOUTH 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE FORTRESS 500 RUSSELL STREET NW WILLMAR, MN 56201 | 81-1201187 | 501(C)(3) | 13,000 | | | | GENERAL SUPPORT |
| THE LINK OF NORTHERN KANDIYOHI COUNTY 206 MAIN STREET NORTH NEW LONDON, MN 56273 | 82-1911575 | 501(C)(3) | 38,810 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE NAVIGATORS PO BOX 6079 ALBERT LEA, MN 56007 | 84-6007896 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| THE REGENERATION CENTER PO BOX 1196 ALEXANDRIA, MN 56308 | 41-1425984 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE WRITTEN GIFT PO BOX 605 ALEXANDRIA, MN 56308 | 81-4178991 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| THEATRE L'HOMME DIEU PO BOX 1086 ALEXANDRIA, MN 56308 | 41-0858863 | 501(C)(3) | 7,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TINY HANDS INTERNATIONAL DBA LOVE JUSTICE INTERNATIONAL PO BOX 67195 LINCOLN, NE 68506 | 71-0982808 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |
| TOGETHER FOR GOOD 845 SUMMIT AVE ST PAUL, MN 55105 | 41-1794220 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRI-COUNTY HUMANE SOCIETY 735 8TH STREET NE SAINT CLOUD, MN 56302 | 23-7449686 | 501(C)(3) | 13,523 | | | | 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.

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRINITY LUTHERAN CHURCH 54384 HIGHWAY 12 EAST GROVE CITY, MN 56243 | 41-1707569 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| TRIOPIA PUBLIC SCHOOLS FOUNDATION PO BOX 31 ARENZVILLE, IL 62611 | 27-3789567 | 501(C)(3) | 12,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRUE FRIENDS 10509 108TH ST NW ANNANDALE, MN 55302 | 41-1543013 | 501(C)(3) | 10,250 | | | | GENERAL SUPPORT |
| UND CENTER FOR INNOVATION FOUNDATION 4200 JAMES RAY DRIVE GRAND FORKS, ND 582028372 | 45-0422671 | 501(C)(3) | 50,000 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED WAY OF CENTRAL MINNESOTA 921 1ST STREET NORTH SUITE 200 SAINT CLOUD, MN 56303 | 41-0915124 | 501(C)(3) | 302,727 | | | | GENERAL SUPPORT |
| UNITED WAY OF WEST CENTRAL MINNESOTA 311 4TH STREET SW WILLMAR, MN 56201 | 41-0844871 | 501(C)(3) | 72,700 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| URBAN IMPACT MINISTRIES PO BOX 50223 NEW ORLEANS, LA 70150 | 72-1181908 | 501(C)(3) | 6,000 | | | | GENERAL SUPPORT |
| VFW NATIONAL HOME FOR CHILDREN 3573 S WAVERLY ROAD EATON RAPIDS, MI 48827 | 38-1359597 | 501(C)(3) | 7,386 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VFW POST 6992 901 NORTH BENTON DRIVE SAUK RAPIDS, MN 56379 | 41-0834895 | 501(C)(19) | 14,193 | | | | GENERAL SUPPORT |
| VILLAGE INC 1312 SE LAKELAND DRIVE SUITE B WILLMAR, MN 56201 | 82-1588804 | 501(C)(3) | 17,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VOICE OF THE MARTYRS INC PO BOX 443 BARTLESVILLE, OK 740050443 | 73-1395057 | 501(C)(3) | 12,000 | | | | GENERAL SUPPORT |
| WACOSA PO BOX 757 WAITE PARK, MN 56387 | 41-0871466 | 501(C)(3) | 67,500 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WEST CENTRAL MINNESOTA YOUTH FOR CHRIST 106 LITCHFIELD AVENUE SW WILLMAR, MN 56201 | 41-0888965 | 501(C)(3) | 5,256 | | | | GENERAL SUPPORT |
| WESTWOOD COMMUNITY CHURCH 5719 WALNUT DR SAINT CLOUD, MN 56303 | 41-1465039 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WILLMAR AREA ARTS COUNCIL 321 SW 4TH ST WILLMAR, MN 56201 | 41-1881519 | 501(C)(3) | 11,800 | | | | GENERAL SUPPORT |
| WILLMAR AREA FOOD SHELF 624 PACIFIC AVENUE SW WILLMAR, MN 56201 | 41-1432367 | 501(C)(3) | 6,120 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WILLMAR DOWNTOWN DEVELOPMENT INC 414 BECKER AVENUE SW WILLMAR, MN 56201 | 20-3171950 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |
| WILLMAR PUBLIC SCHOOL DISTRICT 347 611 5TH STREET SW WILLMAR, MN 56201 | 41-6001746 | | 62,219 | | | | GENERAL SUPPORT |

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

| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WORD OF LIFE PO BOX 600 SCHROON LAKE, NY 12870 | 13-5648615 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 328628200 | 95-1831097 | 501(C)(3) | 7,500 | | | | GENERAL SUPPORT |

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

| (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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YES NETWORK PO BOX 1042 SAINT CLOUD, MN 56302 | 32-0419607 | 501(C)(3) | 42,400 | | | | GENERAL SUPPORT |
| ZION EVANGELICAL MINISTRIES OF AFRICA (ZEMA) PO BOX 747 ZION, IL 60099 | 36-6117732 | 501(C)(3) | 5,000 | | | | GENERAL SUPPORT |

Schedule J
(Form 990)

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITYGIVING

Employer identification number
36-3412544

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|--|--|--|--|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</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 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> | 1b | | | | | | | | | |
| <p>2 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> | 2 | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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> | 4a | No | | | | | | | | |
| | 4b | No | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p> | 5a | Yes | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p> | 6a | Yes | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p> | 7 | No | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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
2017
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

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 | 117 | 6,647,408 | 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?

| | Yes | No |
|-----|-----|----|
| 30a | | No |
| 31 | Yes | |
| 32a | Yes | |
| 33 | | |

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard 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

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.

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITYGIVING

Employer identification number

36-3412544

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 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

| Return Reference | Explanation |
|---|--|
| 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

| Return Reference | Explanation |
|--|--|
| 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

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PART XI, LINE 9 | CHANGE IN VALUE OF TRUSTS 234,461 CHANGE IN VALUE OF LIFE INSURANCE -80,841 FASB 958-605 ADJUSTMENT 7,838,794 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---------------------------|
| FORM 990, PART XII, LINE 2C | NO CHANGE FROM PRIOR YEAR |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**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.

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 7TH AVENUE S STE 100 ST CLOUD, MN 56301 | INVESTING ACTIVITIES | MN | 7,000 | 988,969 | COMMUNITYGIVING |
| (2) REAL ESTATE GIVING LLC 101 7TH AVENUE S STE 100 ST CLOUD, MN 56301 | BUILD COMMUNITY BY FACILITATING THE GIFTING OF REAL ESTATE | MN | 222,959 | 776,398 | 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 AVENUE S SUITE 100 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 |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | No |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | | No |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | Yes | |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o Sharing of paid employees with related organization(s) | | No |
| p Reimbursement paid to related organization(s) for expenses | | No |
| q Reimbursement paid by related organization(s) for expenses | | No |
| r Other transfer of cash or property to related organization(s) | | No |
| s 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 | 256,603 | YEAR-END LOAN BALANCE |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part VII **Supplemental Information**

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