

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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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 \$ 41,303,838

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?
H(b) Are all subordinates included?
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

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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 2019-11-04
STEVEN JOUL PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name
Preparer's signature
Date 2019-11-04
Check if self-employed
PTIN P00653287
Firm's name MILLER WELLE HEISER & CO LTD
Firm's EIN 41-1334380
Firm's address 4170 THIELMAN LANE PO BOX 159
ST CLOUD, MN 563020159
Phone no (320) 253-9505

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 \$ 13,677,425 including grants of \$ 13,117,477) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 319,753 including grants of \$ 319,710) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 410,479 including grants of \$ 308,353) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 14,407,657

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	23	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>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	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>	28b	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	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	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	47
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	18		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			No
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			No
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			No
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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) BRENDA FELLING JENNISSEN DIRECTOR	1 00	X						0	0	0
(3) MARYANNE MAHOWALD DIRECTOR	1 00	X						0	0	0
(4) SONJA MERRILD DIRECTOR	1 00	X						0	0	0
(5) STEVE PETERSON DIRECTOR	1 00	X						0	0	0
(6) BOB SWEENEY DIRECTOR	1 00	X						0	0	0
(7) TERRY TONE DIRECTOR	1 00	X						0	0	0
(8) KEN WARNER DIRECTOR	1 00	X						0	0	0
(9) JASON POHLEN DIRECTOR	1 00	X						0	0	0
(10) TOM ANDERSON DIRECTOR	1 00	X						0	0	0
(11) STEVE LARAWAY DIRECTOR	1 00	X						0	0	0
(12) SARAH KLAASSEN DIRECTOR	1 00	X						0	0	0
(13) STEVEN JOUL PRESIDENT	40 00			X				185,241	0	17,621
(14) JIM ROELOFS CHAIR	1 00			X				0	0	0
(15) BRUCE POHLIG VICE CHAIR	1 00			X				0	0	0
(16) JOHN HERGES SECRETARY	1 00			X				0	0	0
(17) JAMES RINGWALD TREASURER	1 00			X				0	0	0

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants, and Other Similar Amounts) and 1g-1h (Total).

Table for Program Service Revenue with columns for Business Code and rows 2a-2f.

Main revenue table with 5 main columns (A-D) and rows 3-12. Includes sections for Investment Income, Rental Income, Gain or Loss, Fundraising Events, Gaming Activities, and Miscellaneous Revenue.

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.	13,525,065	13,525,065		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	220,475	220,475		
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.	205,864	42,173	84,817	78,874
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.	1,091,156	223,534	449,564	418,058
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	52,256	10,680	21,543	20,033
9 Other employee benefits.	126,234	25,800	52,040	48,394
10 Payroll taxes.	91,518	18,746	37,707	35,065
11 Fees for services (non-employees)				
a Management.				
b Legal.	10,001	2,085	4,102	3,814
c Accounting.	17,414	3,676	7,118	6,620
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.	45,866	8,982	19,112	17,772
13 Office expenses.	124,015	26,456	50,551	47,008
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.	11,754	10,588	604	562
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	41,078	8,574	16,842	15,662
23 Insurance.	12,973	2,803	5,270	4,900
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	232,653	232,653		
b ADMINISTRATIVE	125,132	26,835	53,998	44,299
c DEVELOPMENT & MARKETING	61,794	12,261	25,666	23,867
d DUES & SUBSCRIPTIONS	29,094	6,271	11,826	10,997
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	16,024,342	14,407,657	840,760	775,925
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	1,221,235	1	2,051,249
	2 Savings and temporary cash investments	1,795,350	2	946,605
	3 Pledges and grants receivable, net	35,351	3	37,889
	4 Accounts receivable, net	950,613	4	840,177
	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	44,779	9	50,114
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,164,577		
	b Less accumulated depreciation	10b 465,291	696,000	10c 699,286
	11 Investments—publicly traded securities	123,744,161	11	132,538,680
	12 Investments—other securities See Part IV, line 11	11,284,374	12	11,206,529
	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)	139,771,863	16	148,370,529	
Liabilities	17 Accounts payable and accrued expenses	134,930	17	111,663
	18 Grants payable	190,230	18	131,390
	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	322,810	23	169,433
	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	23,563,397	25	26,005,082
	26 Total liabilities. Add lines 17 through 25	24,211,367	26	26,417,568
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	89,389,708	27	94,697,452
	28 Temporarily restricted net assets	3,386,864	28	3,656,316
	29 Permanently restricted net assets	22,783,924	29	23,599,193
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	115,560,496	33	121,952,961	
34 Total liabilities and net assets/fund balances	139,771,863	34	148,370,529	

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	20,937,156
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,024,342
3	Revenue less expenses Subtract line 2 from line 1	3	4,912,814
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,560,496
5	Net unrealized gains (losses) on investments	5	-37,287
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	1,516,938
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	121,952,961

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 36-3412544

Name: COMMUNITYGIVING

Form 990 (2018)

Form 990, Part III, Line 4a:

GRANTMAKING - THE FOUNDATION ADMINISTERED THE GRANTING OF OVER \$13 MILLION IN CONTRIBUTIONS TO OVER 820 NON-PROFITS FROM THE 837 FUNDS SET UP BY DONORS

Form 990, Part III, Line 4b:

SCHOLARSHIPS - THE FOUNDATION ADMINISTERS 82 SCHOLARSHIP FUNDS AND AWARDS OF \$319,000 TO 107 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.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	6,711,058	8,629,443	11,532,655	20,337,376	15,498,688	62,709,220
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	6,711,058	8,629,443	11,532,655	20,337,376	15,498,688	62,709,220
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)						14,953,804
6	Public support. Subtract line 5 from line 4						47,755,416

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total	
7	Amounts from line 4	6,711,058	8,629,443	11,532,655	20,337,376	15,498,688	62,709,220	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,999,024	1,919,283	2,015,205	2,211,841	2,701,811	10,847,164	
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						73,556,384	
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 2018 (line 6, column (f) divided by line 11, column (f))	14	64.920 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	62.160 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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.	Yes	No
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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)

Supplemental Financial Statements

OMB No 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITYGIVING

Employer identification number 36-3412544

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 showing values for total number, aggregate value of contributions, grants, and end of year.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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)
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
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?
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)?
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
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

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	45,466,309	37,202,312	32,330,272	34,027,806	34,566,678
b Contributions	2,385,114	6,570,039	1,834,289	652,553	416,024
c Net investment earnings, gains, and losses	3,183,251	4,161,871	4,555,134	1,344,588	1,257,572
d Grants or scholarships	1,476,284	1,846,943	959,431	2,636,479	1,334,686
e Other expenditures for facilities and programs	119,069	124,644	120,832	626,067	422,390
f Administrative expenses	578,948	496,326	437,120	432,129	455,392
g End of year balance	48,860,373	45,466,309	37,202,312	32,330,272	34,027,806

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 44 000 %
 - b** Permanent endowment ▶ 48 000 %
 - 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		810,399	269,879	540,520
c Leasehold improvements		14,994	7,261	7,733
d Equipment		229,243	188,151	41,092
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				699,286

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	305,047	F
(3) Other _____ (A) CASH SURRENDER VALUE-LIFE INSURANCE	810,362	F
(B) REAL ESTATE INVESTMENT	1,389,800	F
(C) CHARITABLE REMAINDER TRUST ASSETS	8,701,320	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	11,206,529	

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	3,647,738
ACCRUED ADMINISTRATIVE FEES	105,815
AGENCY FUNDS	22,111,529
DUE ON INVESTMENT	140,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	26,005,082

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	21,339,602
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		-37,287
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		278,136
e	Add lines 2a through 2d		2e	240,849
3	Subtract line 2e from line 1		3	21,098,753
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		-161,597
c	Add lines 4a and 4b		4c	-161,597
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	20,937,156

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	14,947,137
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		161,597
e	Add lines 2a through 2d		2e	161,597
3	Subtract line 2e from line 1		3	14,785,540
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		1,238,802
c	Add lines 4a and 4b		4c	1,238,802
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	16,024,342

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-3412544

Name: COMMUNITYGIVING

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<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 378,596 CHANGE IN VALUE OF LIFE INSURANCE -100,460

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSE ON PART VIII LINE 6B -129,285 DIRECT EXPENSE OF FUNDRAISER OFFSETTING REVENUE -32,312

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSE ON PART VIII LINE 6B 129,285 DIRECT EXPENSE OF FUNDRAISER OFFSETTING REVENUE 32,312

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	FASB ASC 958-605 ADJUSTMENT 1,238,802

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

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.

Go to www.irs.gov/Form990 for instructions and the latest information

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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

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

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

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		DANCING W/ OUR STARS (event type)	WOMEN MAKING WAVES (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	266,795	22,410		289,205
2	Less Contributions	233,265	12,960		246,225
3	Gross income (line 1 minus line 2)	33,530	9,450		42,980
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	12,333	4,514		16,847
	7 Food and beverages				
	8 Entertainment	2,176	250		2,426
	9 Other direct expenses	12,037	1,002		13,039
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				32,312
11	Net income summary Subtract line 10 from line 3, column (d) ▶				10,668

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		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
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

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 ▶ 318

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATIONAL	55	220,475			
(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
#UNITECLOUD 232 2ND AVENUE NORTH WAITE PARK, MN 56387	47-5178839	501(C)(3)	20,500				GENERAL SUPPORT
200 ORPHANAGES WORLDWIDE 704 2028TH AVENUE NE 236 SAMMAMISH, WA 98074	26-1642611	501(C)(3)	11,625				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
ABBAY OF THE HILLS INN AND RETREAT CENTER PO BOX 38 MARVIN, SD 57251	46-4176934	501(C)(3)	10,000				GENERAL SUPPORT
ADVOCATES AGAINST DOMESTIC ABUSE DBA HOPE 111 NW 2ND STREET AITKIN, MN 56431	41-1543099	501(C)(3)	27,853				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
AGUA PARA LA VIDA 2311 WEBSTER STREET BERKELEY, CA 94705	94-3122845	501(C)(3)	5,000				GENERAL SUPPORT
ALBANY FOOD SHELF PO BOX 521 ALBANY, MN 56307	20-3715398	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
ALBANY HIGH SCHOOL PO BOX 40 ALBANY, MN 56307	41-6003949		15,994				GENERAL SUPPORT
ALEXANDRIA AREA ARTS ASSOCIATION INC 618 BROADWAY STREET ALEXANDRIA, MN 56308	51-0171992	501(C)(3)	30,500				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
ALEXANDRIA AREA YMCA 110 KARL DRIVE ALEXANDRIA, MN 56308	20-2231427	501(C)(3)	50,000				GENERAL SUPPORT
ALEXANDRIA COVENANT CHURCH ALEXANDRIA MN 4005 DAKOTA ST ALEXANDRIA, MN 56308	41-1455144	501(C)(3)	110,500				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
ALEXANDRIA PUBLIC SCHOOLS EDUCATION FOUNDATION PO BOX 308 ALEXANDRIA, MN 56308	36-3453471	501(C)(3)	15,000				GENERAL SUPPORT
ALL FAITHS FOOD BANK 8171 BLAIKIE COURT SARASOTA, FL 34230	65-0115814	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
ALZHEIMERS DISEASE & RELATED DISORDERS ASSOCIATION 600 25TH AVENUE SOUTH SUITE 201 SAINT CLOUD, MN 56301	41-1361624	501(C)(3)	22,060				GENERAL SUPPORT
AMERICAN CANCER SOCIETY 1139 FRANKLIN AVE SUITE 5 SAUK RAPIDS, MN 56379	41-0724036	501(C)(3)	7,819				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
AMERY REGIONAL MEDICAL CENTER INC PO BOX 1309 MINNEAPOLIS, MN 554401309	39-0908320	501(C)(3)	10,000				GENERAL SUPPORT
AMIKIDS INC 6500 102ND AVE N PINELLAS PARK, FL 337823028	23-7228523	501(C)(3)	25,000				GENERAL SUPPORT

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

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ANNA MARIE'S ALLIANCE PO BOX 367 SAINT CLOUD, MN 56302	41-1344743	501(C)(3)	292,243				GENERAL SUPPORT
ARISE 800 7TH STREET S WAITE PARK, MN 56387	41-6003926	501(C)(3)	5,129				GENERAL SUPPORT

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

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BETHEL LUTHERAN CHURCH 411 BECKER AVENUE SOUTHWEST WILLMAR, MN 56201	41-0721716	501(C)(3)	15,700				GENERAL SUPPORT
BETHEL UNIVERSITY FOUNDATION 3900 BETHEL DRIVE SAINT PAUL, MN 55112	23-7094836	501(C)(3)	6,000				GENERAL SUPPORT

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

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BETHLEHEM LUTHERAN CHURCH 4310 COUNTY ROAD 137 SAINT CLOUD, MN 56301	68-0576502	501(C)(3)	12,500				GENERAL SUPPORT
BICYCLE ALLIANCE OF MINNESOTA 3745 MINNEHAHA AVE MINNEAPOLIS, MN 55406	41-1719332	501(C)(3)	5,000				GENERAL SUPPORT

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

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BIG BROTHERS BIG SISTERS OF CENTRAL MN 203 COOPER AVENUE NORTH SUITE 162 SAINT CLOUD, MN 56303	41-0972056	501(C)(3)	54,439				GENERAL SUPPORT
BILLY GRAHAM EVANGELISTIC ASSOCIATION 1 BILLY GRAHAM PARKWAY CHARLOTTE, NC 28201	41-0692230	501(C)(3)	5,000				GENERAL SUPPORT

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

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BIRTHLINE INC 1411 WEST SAINT GERMAIN STREET SUITE 5 SAINT CLOUD, MN 56301	36-3448584	501(C)(3)	17,600				GENERAL SUPPORT
BLUE WATER THEATER COMPANY PO BOX 662 WAYZATA, MN 55391	26-0707663	501(C)(3)	5,000				GENERAL SUPPORT

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

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BOY SCOUTS OF AMERICA CENTRAL MN COUNCIL 1191 SCOUT DRIVE SARTELL, MN 56377	22-1576300	501(C)(3)	200,280				GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE LEECH LAKE AREA INC 119 SECOND STREET CASS LAKE, MN 56633	41-1929446	501(C)(3)	7,000				GENERAL SUPPORT

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

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BOYS AND GIRLS CLUB OF DETROIT LAKES P O BOX 83 DETROIT LAKES, MN 56502	41-0871442	501(C)(3)	5,450				GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF CENTRAL MINNESOTA 345 30TH AVENUE NORTH SAINT CLOUD, MN 56303	41-1245177	501(C)(3)	1,642,972				GENERAL SUPPORT

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

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BRainerd Family YMCA 602 Oak Street Brainerd, MN 56401	41-0693938	501(C)(3)	74,427				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.

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BRIDGES OF HOPE PO BOX 742 BRainerd, MN 56401	72-1538846	501(C)(3)	20,000				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.

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CAMP SHAMINEAU OF THE EVANGELICAL FREE CHURCH PO BOX 244 MOTLEY, MN 56466	41-0941920	501(C)(3)	20,000				GENERAL SUPPORT
CAMPHILL VILLAGE MINNESOTA INC 15136 CELTIC DRIVE SAUK CENTRE, MN 56378	41-1387425	501(C)(3)	43,000				GENERAL SUPPORT

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

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CAMPUS CRUSADE FOR CHRIST INC PO BOX 628222 ORLANDO, FL 32868	95-6006173	501(C)(3)	22,500				GENERAL SUPPORT
CARING FRIENDS NETWORK 8200 GRAND AVENUE SOUTH SUITE 700 BLOOMINGTON, MN 55420	47-4779336	501(C)(3)	10,000				GENERAL SUPPORT

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

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CARRIS HEALTH FOUNDATION 301 BECKER AVE SW WILLMAR, MN 56201	41-1611555	501(C)(3)	21,771				GENERAL SUPPORT
CATHEDRAL HIGH SCHOOL 312 SEVENTH AVENUE NORTH SAINT CLOUD, MN 56303	41-0705763	501(C)(3)	525,868				GENERAL SUPPORT

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CATHEDRAL HIGH SCHOOL EDUCATION FOUNDATION 312 7TH AVENUE NORTH SAINT CLOUD, MN 56303	41-1337318	501(C)(3)	12,093				GENERAL SUPPORT
CATHOLIC CHARITIES PO BOX 2390 SAINT CLOUD, MN 56302	41-0737799	501(C)(3)	423,333				GENERAL SUPPORT

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

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CATHOLIC CHARITIES DIOCESE OF VENICE PO BOX 2390 SAINT CLOUD, MN 56302	41-0737799	501(C)(3)	15,000				GENERAL SUPPORT
CATHOLIC COMMUNITY FOUNDATION OF EASTERN SOUTH DAKOTA 523 N DULUTH AVE SIOUX FALLS, SD 57104	46-6068924	501(C)(3)	5,000				GENERAL SUPPORT

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

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CATHOLIC FOUNDATION OF THE DIOCESE OF ST CLOUD 305 7TH AVENUE NORTH SUITE 104 SAINT CLOUD, MN 56302	41-1980683	501(C)(3)	16,410				GENERAL SUPPORT
CENTER FOR COMMUNICATION AND DEVELOPMENT (KMOJRADIO) 2123 W BROADWAY AVE SUITE 200 MINNEAPOLIS, MN 55405	51-0206940	501(C)(3)	6,000				GENERAL SUPPORT

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

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CENTER FOR VICTIMS OF TORTURE 2356 UNIVERSITY AVE W SUITE 430 SAINT PAUL, MN 55114	36-3383933	501(C)(3)	5,100				GENERAL SUPPORT
CENTRACARE HEALTH FOUNDATION 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303	41-1855173	501(C)(3)	325,051				GENERAL SUPPORT

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

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CENTRACARE HEALTH FOUNDATION - PAYNESVILLE 1406 6TH AVENUE NORTH SAINT CLOUD, MN 56303	41-1855173	501(C)(3)	9,569				GENERAL SUPPORT
CENTRAL LAKES COLLEGE FOUNDATION 501 WEST COLLEGE DRIVE BRAINERD, MN 56401	23-7007111	501(C)(3)	9,000				GENERAL SUPPORT

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CENTRAL MINNESOTA ELDER NETWORK PO BOX 232 ALEXANDRIA, MN 56308	41-1852680	501(C)(3)	5,000				GENERAL SUPPORT
CENTRAL MINNESOTA HABITAT FOR HUMANITY 3335 WEST SAINT GERMAIN STREET STE 108 SAINT CLOUD, MN 56301	58-1285159	501(C)(3)	49,200				GENERAL SUPPORT

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CENTRAL MINNESOTA HOUSING PARTNERSHIP INC 37 28TH AVENUE NORTH 102 SAINT CLOUD, MN 56303	41-1752558	501(C)(3)	10,000				GENERAL SUPPORT
CENTRAL MINNESOTA SCORE CHAPTER 468 355 5TH AVENUE SOUTH SAINT CLOUD, MN 56301	52-1962712	501(C)(3)	5,000				GENERAL SUPPORT

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CENTRAL MINNESOTA SEXUAL ASSAULT CENTER 15 RIVERSIDE DRIVE NORTHEAST SAINT CLOUD, MN 56304	41-1490431	501(C)(3)	12,825				GENERAL SUPPORT
CENTRAL MINNESOTA SUSTAINABILITY PROJECT PO BOX 7154 SAINT CLOUD, MN 56302	27-0698641	501(C)(3)	8,000				GENERAL SUPPORT

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CENTRAL MINNESOTA YOUTH FOR CHRIST 203 COOPER AVENUE NORTH 140 SAINT CLOUD, MN 56303	41-1336726	501(C)(3)	19,119				GENERAL SUPPORT
CHESTERTON ACADEMY 5300 FRANCE AVENUE SOUTH MINNEAPOLIS, MN 55410	38-3773629	501(C)(3)	10,600				GENERAL SUPPORT

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CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DR MESA, AZ 852014105	86-0324144	501(C)(3)	25,000				GENERAL SUPPORT
CHRIST OUR LIGHT CATHOLIC CHURCH 804 7TH AVENUE SOUTH PRINCETON, MN 55371	27-2606585	501(C)(3)	16,000				GENERAL SUPPORT

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

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CHRISTAR INTERNATIONAL INC 1500 INTERNATIONAL PARKWAY SUITE 300 RICHARDSON, TX 75081	27-4567638	501(C)(3)	5,000				GENERAL SUPPORT
CHURCH OF SAINT PAUL 1125 NORTH 11TH AVENUE SAINT CLOUD, MN 56303	41-0693982	501(C)(3)	28,400				GENERAL SUPPORT

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CHURCH OF ST ANTHONY - ST CLOUD 2405 NORTH 1ST STREET SAINT CLOUD, MN 56303	41-0693981	501(C)(3)	7,191				GENERAL SUPPORT
CHURCH OF ST AUGUSTINE 442 2ND STREET SOUTHEAST SAINT CLOUD, MN 56304	41-0693981	501(C)(3)	7,210				GENERAL SUPPORT

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CHURCH OF ST JOSEPH - ST JOSEPH MN 12 WEST MINNESOTA STREET SAINT JOSEPH, MN 56374	41-0693981	501(C)(3)	11,296				GENERAL SUPPORT
CHURCH OF ST MARY FOUNDATION 713 12TH ST SW WILLMAR, MN 56201	41-0711999	501(C)(3)	5,000				GENERAL SUPPORT

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CHURCH OF ST MICHAEL - ST CLOUD 1036 COUNTY ROAD 4 ST CLOUD, MN 56303	41-0693981	501(C)(3)	27,000				GENERAL SUPPORT
CHURCH RESOURCE MINISTRIES 1240 NORTH LAKEVIEW AVENUE SUITE 120 ANAHEIM, CA 92807	95-3523150	501(C)(3)	5,000				GENERAL SUPPORT

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CITIZENS COUNCIL FOR HEALTH FREEDOM 161 SAINT ANTHONY AVENUE SAINT PAUL, MN 55103	41-1916724	501(C)(3)	100,000				GENERAL SUPPORT
CITY OF ALEXANDRIA - MINNESOTA 704 BROADWAY ALEXANDRIA, MN 56308	41-6004926	501(C)(3)	11,833				GENERAL SUPPORT

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CITY OF COLD SPRING 27 RED RIVER AVENUE SOUTH COLD SPRING, MN 56320	41-6005064		5,738				GENERAL SUPPORT
CITY OF LAKE LILLIAN 531 LAKEVIEW STREET SOUTH LAKE LILLIAN, MN 56253	41-0919541		5,000				GENERAL SUPPORT

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CITY OF NISSWA PO BOX 410 NISSWA, MN 56468	41-6005419		19,196				GENERAL SUPPORT
CITY OF SPICER 217 HILLCREST AVENUE SPICER, MN 56288	41-6005550	501(C)(3)	20,000				GENERAL SUPPORT

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CITY OF ST CLOUD 400 2ND STREET SOUTH SAINT CLOUD, MN 56301	41-6005515		183,053				GENERAL SUPPORT
CITY OF SUNBURG PO BOX 84 SUNBURG, MN 56289	41-1458800		8,000				GENERAL SUPPORT

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CITY OF WILLMAR 333 SOUTHWEST 6TH STREET WILLMAR, MN 56201	41-6005645	501(C)(3)	10,000				GENERAL SUPPORT
COLD SPRING AREA SOCCER CLUB 21791 FIREFLY RD COLD SPRING, MN 56320	82-4907601	501(C)(3)	10,000				GENERAL SUPPORT

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COLLEGE OF SAINT BENEDICT 37 SOUTH COLLEGE AVENUE SAINT JOSEPH, MN 56374	41-0969244	501(C)(3)	176,854				GENERAL SUPPORT
COLLEGE OF SAINT SCHOLASTICA 1200 KENWOOD AVENUE DULUTH, MN 55811	41-0698301	501(C)(3)	45,000				GENERAL SUPPORT

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COMMON GROUND UNITED METHODIST CHURCH 404 CYPRESS STREET NORTH CAMBRIDGE, MN 55008	41-1424643	501(C)(3)	37,000				GENERAL SUPPORT
COMMUNITY CHRISTIAN SCHOOL OF WILLMAR 1300 19TH AVENUE SOUTHWEST WILLMAR, MN 56201	41-1332508	501(C)(3)	15,000				GENERAL SUPPORT

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COMMUNITY COVENANT CHURCH UPSALA MN PO BOX 278 UPSALA, MN 563840278	23-7221943	501(C)(3)	20,000				GENERAL SUPPORT
COMMUNITY LEGACIES FOUNDATION INC 600 MAIN STREET SOUTH SAUK CENTRE, MN 56378	27-4791696	501(C)(3)	45,478				GENERAL SUPPORT

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COMPASSION INTERNATIONAL INC 12290 VOYAGER PARKWAY COLORADO SPRINGS, CO 80997	36-2423707	501(C)(3)	5,500				GENERAL SUPPORT
CONCORDIA COLLEGE - MOORHEAD 901 8TH STREET SOUTH MOORHEAD, MN 56562	41-0693977	501(C)(3)	5,000				GENERAL SUPPORT

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CONCORDIA UNIVERSITY - ST PAUL 1282 CONCORDIA AVENUE SAINT PAUL, MN 55104	41-0696906	501(C)(3)	10,000				GENERAL SUPPORT
CONFIDENCE LEARNING CENTER 1620 MARY FAWCETT MEMORIAL DRIVE WEST EAST GULL LAKE, MN 56401	41-0985513	501(C)(3)	8,206				GENERAL SUPPORT

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CONFLICT RESOLUTION CENTER 2101 HENNEPIN AVE SUITE 100 MINNEAPOLIS, MN 55405	36-3421329	501(C)(3)	7,500				GENERAL SUPPORT
CREATED INSTITUTE 84 BLUE RIDGE ASSEMBLY CIRCLE BLACK MOUNTAIN, NC 28711	81-3014851	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
CRISIS NURSERY - LUTHERAN SOCIAL SERVICES 1205 6TH AVENUE SOUTH SAINT CLOUD, MN 56301	41-0872993	501(C)(3)	8,000				GENERAL SUPPORT
CROSIER FATHERS AND BROTHERS OF ONAMIA PO BOX 500 ONAMIA, MN 56359	41-0705826	501(C)(3)	22,960				GENERAL SUPPORT

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

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CROSSING ARTS ALLIANCE 711 LAUREL STREET BRainerd, MN 56401	41-1976625	501(C)(3)	8,000				GENERAL SUPPORT
CUYUNA RANGE ELEMENTARY SCHOOL-isd #182 509 6TH AVENUE NORTHEAST CROSBY, MN 56441	41-6000760		7,500				GENERAL SUPPORT

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

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DANUBE AREA ATHLETIC CLUB PO BOX 192 RENVILLE, MN 56284	47-1936959	501(C)(3)	20,000				GENERAL SUPPORT
DAYSTAR LIFE CENTER INC 226 6TH ST S ST PETERSBURG, FL 337014116	65-0523539	501(C)(3)	10,000				GENERAL SUPPORT

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

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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)	8,819				GENERAL SUPPORT

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

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DIOCESE OF ST CLOUD- ANNUAL DIOCESAN APPEAL PO BOX 1538 SAINT CLOUD, MN 56302	41-0693981	501(C)(3)	29,750				GENERAL SUPPORT
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	9,451				GENERAL SUPPORT

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

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DOUGLAS COUNTY CAR CARE PROGRAM 209 6TH AVE E ALEXANDRIA, MN 56308	46-1164691	501(C)(3)	8,000				GENERAL SUPPORT
DOVE INTERNATIONAL PO BOX 97 GLENWOOD, MN 56334	41-1721350	501(C)(3)	6,000				GENERAL SUPPORT

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

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DULUTH AREA FAMILY YMCA 302 W FIRST ST DULUTH, MN 55802	41-0693931	501(C)(3)	40,000				GENERAL SUPPORT
EAST CENTRAL MN HABITAT FOR HUMANITY 129 2ND AVENUE SE CAMBRIDGE, MN 55008	41-1781942	501(C)(3)	20,000				GENERAL SUPPORT

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

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EVANGELICAL FREE CHURCH OF AMERICA 901 EAST 78TH STREET MINNEAPOLIS, MN 554201300	41-0721672	501(C)(3)	73,000				GENERAL SUPPORT
EVERY CHILD INC 1700 NORTH DRIVE SARASOTA, FL 34239	65-1035374	501(C)(3)	15,000				GENERAL SUPPORT

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

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FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH, MN 55056	41-1332828	501(C)(3)	20,000				GENERAL SUPPORT
FAMILY PATHWAYS - PINE COMMUNITY FOOD SHELF 6413 OAK STREET NORTH BRANCH, MN 55056	41-1332828	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
FAMILY PROMISE OF KANDIYOHI COUNTY 312 6TH STREET SW WILLMAR, MN 56201	30-0758513	501(C)(3)	12,000				GENERAL SUPPORT
FAMILY PROMISE OF SOUTH SARASOTA COUNTY 720 SHAMROCK BLVD VENICE, FL 34293	46-4906213	501(C)(3)	15,000				GENERAL SUPPORT

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

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FEEDING AREA CHILDREN TOGETHER PO BOX 7832 SAINT CLOUD, MN 56302	82-2748058	501(C)(3)	7,000				GENERAL SUPPORT
FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	220,000				GENERAL SUPPORT

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

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FIRST LUTHERAN CHURCH 1655 18TH AVENUE EAST ALEXANDRIA, MN 56308	41-6008707	501(C)(3)	15,350				GENERAL SUPPORT
FIRST LUTHERAN CHURCH OF SAUK CENTRE 1655 18TH AVENUE EAST ALEXANDRIA, MN 56308	41-6008707	501(C)(3)	9,445				GENERAL SUPPORT

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FIRST UNITED METHODIST CHURCH 1107 PINE CONE ROAD SOUTH SARTELL, MN 56377	41-0842882	501(C)(3)	16,550				GENERAL SUPPORT
FOCUS ON THE FAMILY 8605 EXPLORER DRIVE COLORADO SPRINGS, CO 80995	95-3188150	501(C)(3)	13,000				GENERAL SUPPORT

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FRANCISCAN SISTERS OF LITTLE FALLS 116 8TH AVENUE SE LITTLE FALLS, MN 56345	41-0695518	501(C)(3)	24,044				GENERAL SUPPORT
FRIENDS OF PINE GROVE ZOO 1200 W BROADWAY LITTLE FALLS, MN 56345	41-1949216	501(C)(3)	5,250				GENERAL SUPPORT

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FRIENDS OF THE WILLMAR PUBLIC LIBRARY 410 5TH STREET SW WILLMAR, MN 562013261	41-1762640	501(C)(3)	5,500				GENERAL SUPPORT
FRIENDS VINHSON MONTAGNARD CATHOLIC ORPHANAGE & MISSION-VIETNAM PO BOX 9322 AUBURN, CA 956049322	16-1724012	501(C)(3)	5,630				GENERAL SUPPORT

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GABRIEL MEDIA 1926 W DIVISION ST SAINT CLOUD, MN 56302	27-3932860	501(C)(3)	5,400				GENERAL SUPPORT
GIRL SCOUTS OF MN & WI LAKES & PINES COUNCIL 400 2ND AVENUE SOUTH WAITE PARK, MN 56387	41-0877820	501(C)(3)	31,980				GENERAL SUPPORT

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GLOBAL VOLUNTEERS 375 E LITTLE CANADA RD LITTLE CANADA, MN 55117	36-3352680	501(C)(3)	5,000				GENERAL SUPPORT
GOODWILL EASTER SEALS 2424 FIRST STREET SOUTH WILLMAR, MN 56201	41-0706171	501(C)(3)	10,000				GENERAL SUPPORT

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GRACE UNITED METHODIST CHURCH PO BOX 276 PEQUOT LAKES, MN 56472	41-1467156	501(C)(3)	25,000				GENERAL SUPPORT
GRAND RAPIDS AREA COMMUNITY FOUNDATION 350 NW 1ST AVENUE SUITE E GRAND RAPIDS, MN 55744	41-1761590	501(C)(3)	25,739				GENERAL SUPPORT

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GREAT NORTHERN THEATRE COMPANY PO BOX 504 COLD SPRING, MN 56320	41-1764466	501(C)(3)	8,500				GENERAL SUPPORT
GREAT RIVER CHILDRENS EXPLORATORIUM 1126 7TH AVENUE NORTH SAINT CLOUD, MN 56303	30-0716191	501(C)(3)	135,000				GENERAL SUPPORT

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GREAT RIVER EDUCATIONAL ARTS THEATRE 710 SUNDIAL DRIVE WAITE PARK, MN 56387	41-1909918	501(C)(3)	42,050				GENERAL SUPPORT
GREAT RIVER FAITH IN ACTION 13074 EDGEWOOD STREET BECKER, MN 55308	20-2223330	501(C)(3)	5,000				GENERAL SUPPORT

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GREAT RIVER REGIONAL LIBRARY 1300 WEST SAINT GERMAIN STREET SAINT CLOUD, MN 56301	41-0976030		5,460				GENERAL SUPPORT
GREATER MINNESOTA HOUSING FUND 332 MINNESOTA STREET SUITE 1201 EAST SAINT PAUL, MN 55101	41-1836919	501(C)(3)	10,000				GENERAL SUPPORT

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GREATER ST CLOUD DEVELOPMENT CORPORATION 501 WEST SAINT GERMAIN STREET SUITE 100 SAINT CLOUD, MN 56301	45-2050341	501(C)(3)	8,100				GENERAL SUPPORT
GREATER ST CLOUD PUBLIC SAFETY 101 11TH AVENUE NORTH SAINT CLOUD, MN 56301	47-5625865	501(C)(3)	5,000				GENERAL SUPPORT

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GREATER ST CLOUD PUBLIC SAFETY FOUNDATION 101 11TH AVENUE NORTH SAINT CLOUD, MN 56301	47-5625865	501(C)(3)	5,000				GENERAL SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL INC 9133 NW GRAND AVE PEORIA, AZ 853458189	74-2401708	501(C)(3)	50,000				GENERAL SUPPORT

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HABITAT FOR HUMANITY OF PINELLAS 13355 49TH STREET NORTH CLEARWATER, FL 337624002	59-2509116	501(C)(3)	15,000				GENERAL SUPPORT
HABITAT FOR HUMANITY SARASOTA 1757 NORTH EAST AVE SARASOTA, FL 34234	59-2495597	501(C)(3)	25,000				GENERAL SUPPORT

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HABITAT FOR HUMANITY SOUTH SARASOTA COUNTY 280 ALLIGATOR DRIVE VENICE, FL 34293	65-0326534	501(C)(3)	30,000				GENERAL SUPPORT
HAMLINE UNIVERSITY 1536 HEWITT AVENUE MSC1915 SAINT PAUL, MN 55104	41-0693960	501(C)(3)	5,000				GENERAL SUPPORT

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HEART OF THE BEAST THEATRE 1500 E LAKE STREET MINNEAPOLIS, MN 55407	41-1251313	501(C)(3)	10,000				GENERAL SUPPORT
HELPING HANDS OUTREACH 101 PLYMOUTH STREET HOLDINGFORD, MN 56340	01-0697213	501(C)(3)	20,000				GENERAL SUPPORT

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HILL MUSEUM & MANUSCRIPT LIBRARY PO BOX 7300 COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	15,557				GENERAL SUPPORT
HOLDINGFORD PUBLIC SCHOOL PO BOX 250 HOLDINGFORD, MN 56340	41-6003974	501(C)(3)	5,000				GENERAL SUPPORT

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HOLY CROSS EVANGELICAL LUTHERAN CHURCH 2555 CLEARWATER ROAD SAINT CLOUD, MN 56301	41-0958310	501(C)(3)	20,000				GENERAL SUPPORT
HOLY FAMILY ACADEMY 5925 WEST LAKE STREET SAINT LOUIS PARK, MN 55416	41-0804986	501(C)(3)	5,000				GENERAL SUPPORT

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HOLY FAMILY SCHOOL 231 SINCLAIR LEWIS AVE SAUK CENTRE, MN 56378	41-0880296	501(C)(3)	141,796				GENERAL SUPPORT
HOPE WOMENS CENTER INC 1640 E MCDOWELL RD PHOENIX, AZ 850063032	86-0668354	501(C)(3)	25,000				GENERAL SUPPORT

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HUNGER SOLUTIONS MINNESOTA 555 PARK STREET SUITE 400 SAINT PAUL, MN 55103	36-3567366	501(C)(3)	5,450				GENERAL SUPPORT
HUNTINGTON'S DISEASE SOCIETY OF AMERICA 505 EIGHTH AVENUE SUITE 902 NEW YORK, NY 10018	13-3349872	501(C)(3)	5,395				GENERAL SUPPORT

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ICM FOOD & CLOTHING BANK PO BOX 2225 PHOENIX, AZ 850022225	86-0401223	501(C)(3)	25,000				GENERAL SUPPORT
IMMANUEL LUTHERAN CHURCH 300 S 3RD STREET ATWATER, MN 56209	41-6057521	501(C)(3)	30,298				GENERAL SUPPORT

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INDEPENDENT LIFESTYLES INC 215 NORTH BENTON DRIVE SAUK RAPIDS, MN 56379	41-1871141	501(C)(3)	10,250				GENERAL SUPPORT
INITIATIVE FOUNDATION 405 FIRST STREET SE LITTLE FALLS, MN 56345	36-3451562	501(C)(3)	18,500				GENERAL SUPPORT

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INTERNATIONAL MESSENGERS 110 ORCHARD CT CLEAR LAKE, IA 50428	41-1652782	501(C)(3)	55,000				GENERAL SUPPORT
JACOB WETTERLING RESOURCE CENTER 2021 EAST HENNEPIN AVENUE SUITE 360 360 MINNEAPOLIS, MN 55413	82-4614993	501(C)(3)	7,000				GENERAL SUPPORT

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JUNIOR ACHIEVEMENT OF THE UPPER MIDWEST INC - BRAINERD PO BOX 265 BRAINERD, MN 56401	41-1424988	501(C)(3)	5,000				GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF WILLMAR 302 SW 5TH ST WILLMAR, MN 56201	84-1267604	501(C)(3)	5,000				GENERAL SUPPORT

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KANDI WORKS DEVELOPMENTAL ACHIEVEMENT CENTER 517 PACIFIC AVENUE KANDIYOHI, MN 56251	41-0851047	501(C)(3)	30,000				GENERAL SUPPORT
KANDIYOHI COUNTY AREA FAMILY YMCA 1000 LAKELAND DRIVE SE WILLMAR, MN 56201	41-1908049	501(C)(3)	29,500				GENERAL SUPPORT

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KANDIYOHI COUNTY FOOD SHELF 624 PACIFIC AVENUE SW WILLMAR, MN 56201	41-1432367	501(C)(3)	114,100				GENERAL SUPPORT
KANDIYOHI COUNTY SHERIFF'S OFFICE 2201 NE 23RD ST SUITE 101 WILLMAR, MN 56201	41-6005818	501(C)(3)	5,800				GENERAL SUPPORT

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KIMBALL AREA FRIENDS OF THE LIBRARY PO BOX 540 KIMBALL, MN 55353	41-1903859	501(C)(3)	5,000				GENERAL SUPPORT
KINSHIP PARTNERS OF BRAINERD 804 OAK STREET SUITE 201 BRAINERD, MN 56401	36-3477485	501(C)(3)	46,000				GENERAL SUPPORT

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KNUTE NELSON FOUNDATION 420 12TH AVENUE EAST ALEXANDRIA, MN 56308	41-1451486	501(C)(3)	12,000				GENERAL SUPPORT
LADD MEMORIAL HOSPITAL - DBA OSCEOLA MEDICAL CENTER PO BOX 218 OSCEOLA, WI 540200218	39-0773970	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
LAKES AREA MUSIC FESTIVAL PO BOX 96 BRainerd, MN 56401	45-4807315	501(C)(3)	22,304				GENERAL SUPPORT
LAKES AREA PREGNANCY SUPPORT CENTER 315 EAST RIVER ROAD BRainerd, MN 56401	41-1795735	501(C)(3)	6,500				GENERAL SUPPORT

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

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LAKES AREA RESTORATIVE JUSTICE 424 NW 3RD STREET BRAINERD, MN 56401	55-0903543	501(C)(3)	10,000				GENERAL SUPPORT
LAKEWOOD EVANGELICAL FREE CHURCH 6284 FAIRVIEW RD BAXTER, MN 56425	41-1504649	501(C)(3)	53,750				GENERAL SUPPORT

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

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LAND INSTITUTE 2440 E WATER WELL RD SALINA, KS 674019051	48-0842156	501(C)(3)	5,000				GENERAL SUPPORT
LAND STEWARDSHIP PROJECT 821 EAST 35TH STREET SUITE 200 MINNEAPOLIS, MN 55407	41-1466054	501(C)(3)	20,378				GENERAL SUPPORT

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

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LEGACY OF THE LAKES MUSEUM PO BOX 1216 ALEXANDRIA, MN 56308	41-1967683	501(C)(3)	59,500				GENERAL SUPPORT
LIBERTY CLASSICAL ACADEMY 3878 HIGHLAND AVE SAINT PAUL, MN 55110	41-2000702	501(C)(3)	10,000				GENERAL SUPPORT

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

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LINCOLN CHRISTIAN SCHOOL 5801 SOUTH 84TH STREET LINCOLN, NE 68516	47-0460903	501(C)(3)	10,000				GENERAL SUPPORT
LION COMMUNITY ENRICHMENT PROGRAMS INC 600 25TH AVENUE SOUTH STE 209 SAINT CLOUD, MN 56301	46-3226322	501(C)(3)	21,600				GENERAL SUPPORT

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

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LIVING LEGACY INTERNATIONAL PO BOX 22220 KNOXVILLE, TN 37933	20-5720006	501(C)(3)	15,000				GENERAL SUPPORT
LOCAL EDUCATION & ACTIVITIES FOUNDATION (LEAF) PO BOX 1132 SAINT CLOUD, MN 56302	41-1770753	501(C)(3)	125,774				GENERAL SUPPORT

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LOCAL INITIATIVES SUPPORT CORPORATION 501 7TH AVENUE NEW YORK, NY 100185903	13-3030229	501(C)(3)	25,000				GENERAL SUPPORT
LOVE INC OF DOUGLAS COUNTY LAKES AREA 44 GLENN ROAD NW ALEXANDRIA, MN 56308	20-8963495	501(C)(3)	12,250				GENERAL SUPPORT

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

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MAYO FOUNDATION 200 FIRST STREET SW ROCHESTER, MN 55905	41-0944601	501(C)(3)	9,269				GENERAL SUPPORT
MILES4MENTORS 711 PARK AVE NW WILLMAR, MN 56201	82-2773755	501(C)(3)	7,500				GENERAL SUPPORT

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MINNESOTA LAND TRUST 2356 UNIVERSITY AVE W SUITE 240 ST PAUL, MN 55114	41-1713652	501(C)(3)	5,000				GENERAL SUPPORT
MINNESOTA TEEN CHALLENGE INC 2424 BUSINESS 371 BRAINERD, MN 56401	41-1517351	501(C)(3)	10,500				GENERAL SUPPORT

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

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MNYOU 1105 DANA DRIVE SE WILLMAR, MN 56201	82-3672281	501(C)(3)	5,000				GENERAL SUPPORT
MOTHER OF MERCY FOUNDATION PO BOX 676 ALBANY, MN 56307	41-1992053	501(C)(3)	195,000				GENERAL SUPPORT

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MOTHERS HELPING MOTHERS INC PO BOX 342 SARASOTA, FL 34320	65-0416462	501(C)(3)	20,000				GENERAL SUPPORT
MOUNT CARMEL MINISTRIES PO BOX 579 ALEXANDRIA, MN 56308	41-1577937	501(C)(3)	112,250				GENERAL SUPPORT

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NATIONAL LOON CENTER FOUNDATION INC PO BOX 642 CROSSLAKE, MN 564420642	82-1717690	501(C)(3)	10,000				GENERAL SUPPORT
NEW LONDON-SPICER EDUCATIONAL FOUNDATION 30 SOUTH MAIN STREET NEW LONDON, MN 56273	20-2369692	501(C)(3)	7,500				GENERAL SUPPORT

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

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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)	87,000				GENERAL SUPPORT

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NORTH CENTRAL UNIVERSITY 910 SOUTH ELLIOT AVENUE MINNEAPOLIS, MN 55404	41-0706151	501(C)(3)	295				GENERAL SUPPORT
NORTH DAKOTA STATE ATHLETICS -TEAM MAKERS PO BOX 6050 FARGO, ND 58108	45-6014085	501(C)(3)	8,250				GENERAL SUPPORT

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NORTHSTAR CHRISTIAN ACADEMY 3888 PIONEER RD SE ALEXANDRIA, MN 56308	47-4231309	501(C)(3)	254,500				GENERAL SUPPORT
OASIS CENTRAL MINNESOTA PO BOX 542 LITTLE FALLS, MN 56345	41-1620395	501(C)(3)	5,000				GENERAL SUPPORT

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OASIS WORLD MINISTRIES PO BOX 2244 MAPLE GROVE, MN 55311	41-1954218	501(C)(3)	44,000				GENERAL SUPPORT
ONE WORLD SURGERY 510 LAKE COOK RD STE 400 DEERFIELD, IL 600154971	47-5128573	501(C)(3)	100,000				GENERAL SUPPORT

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OPPORTUNITIES IN SCIENCE INC DBA HEADWATERS SCIENCE CENTER 413 BELTRAMI AVE NW BEMIDJI, MN 56601	41-1625917	501(C)(3)	6,000				GENERAL SUPPORT
ORPHAN'S HOPE INTERNATIONAL 2570 NE NOBLE LOOP EAST WENATCHEE, WA 98802	20-0052012	501(C)(3)	67,500				GENERAL SUPPORT

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OUR LADY OF THE ANGELS CATHOLIC CHURCH - SAUK CENTRE 304 SINCLAIR LEWIS AVE SAUK CENTRE, MN 56378	41-0693981	501(C)(3)	155,000				GENERAL SUPPORT
OUR LADY OF THE LAKES - PEQUOT LAKES PO BOX 759 PEQUOT LAKES, MN 56472	41-1605365	501(C)(3)	50,000				GENERAL SUPPORT

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OUR REDEEMER LUTHERAN CHURCH 825 GOLF AVE SW PINE CITY, MN 550635016	41-1350968	501(C)(3)	5,000				GENERAL SUPPORT
OUR SAVIORS LUTHERAN CHURCH PO BOX 670 ALBANY, MN 56307	41-1466293	501(C)(3)	23,000				GENERAL SUPPORT

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OUTDOOR EXPERIENCE INC 12826 S 38TH PLACE PHOENIX, AZ 85044	26-3729565	501(C)(3)	5,000				GENERAL SUPPORT
OUTREACH AFRICA INC 21615 COUNTY ROAD 3 MERRIFIELD, MN 56465	82-3784569	501(C)(3)	43,000				GENERAL SUPPORT

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PACT 4 FAMILIES COLLABORATIVE 2200 23RD ST WILLMAR, MN 56201	41-1857830	501(C)(3)	6,000				GENERAL SUPPORT
PARAMOUNT CENTER FOR THE ARTS 913 WEST SAINT GERMAIN STREET SAINT CLOUD, MN 56301	41-1809017	501(C)(3)	58,250				GENERAL SUPPORT

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PARKS FOREVER INC PO BOX 417 COLD SPRING, MN 56320	26-3346242	501(C)(3)	5,000				GENERAL SUPPORT
PARTNERS FOR STUDENT SUCCESS UNITED WAY OF CENTRAL MN SAINT CLOUD, MN 56303	41-0915124	501(C)(3)	11,500				GENERAL SUPPORT

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PATHWAYS 4 YOUTH LLC 203 COOPER AVE N - SUITE 260 SAINT CLOUD, MN 56303	61-1857500	501(C)(3)	21,200				GENERAL SUPPORT
PAYNESVILLE AREA SCHOOL DISTRICT #741 217 WEST MILL STREET PAYNESVILLE, MN 56362	41-6004060		119,133				GENERAL SUPPORT

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PAYNESVILLE AREA SENIOR CENTER INC 1105 MAIN STREET WEST PAYNESVILLE, MN 56362	41-1668700	501(C)(3)	10,000				GENERAL SUPPORT
PEACE LUTHERAN CHURCH 100 4TH AVE SW NEW LONDON, MN 56273	41-1315825	501(C)(3)	6,000				GENERAL SUPPORT

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PIERZ AREA FOOD SHELF PO BOX 383 PIERZ, MN 56364	20-2048638	501(C)(3)	5,100				GENERAL SUPPORT
PINE TECHNICAL COLLEGE 900 FOURTH STREET SE PINE CITY, MN 55063	31-1666015	501(C)(3)	10,000				GENERAL SUPPORT

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PLACE OF HOPE 511 9TH AVENUE NORTH SAINT CLOUD, MN 56303	41-1870347	501(C)(3)	5,500				GENERAL SUPPORT
PLANNED PARENTHOOD OF MINNESOTA-SOUTH DAKOTA 671 VANDALIA ST SAINT PAUL, MN 55114	41-0948382	501(C)(3)	9,125				GENERAL SUPPORT

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POOR CLARES MONASTERY 421 4TH STREET SOUTH SAUK RAPIDS, MN 56379	41-1603788	501(C)(3)	14,716				GENERAL SUPPORT
PRAIRIE WOODS ENVIRONMENTAL LEARNING CENTER 12718 10TH STREET NE SPICER, MN 56288	41-1366265	501(C)(3)	6,250				GENERAL SUPPORT

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PRIESTS FOR LIFE PO BOX 23669 COCOA, FL 32923	94-3123315	501(C)(3)	7,500				GENERAL SUPPORT
PRISON FELLOWSHIP 44180 RIVERSIDE PARKWAY LANDSDOWNE, VA 20176	62-0988294	501(C)(3)	5,000				GENERAL SUPPORT

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PROJECT TURNABOUT 660 18TH STREET GRANITE FALLS, MN 562410116	41-0969859	501(C)(3)	6,000				GENERAL SUPPORT
PROMISE NEIGHBORHOOD OF CENTRAL MN PO BOX 6082 SAINT CLOUD, MN 56302	45-3233276	501(C)(3)	19,900				GENERAL SUPPORT

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PROOF ALLIANCE 2233 UNIVERSITY AVE W STE 395 SAINT PAUL, MN 551141640	41-1904618	501(C)(3)	10,000				GENERAL SUPPORT
QUIET OAKS HOSPICE HOUSE PO BOX 1241 SAINT CLOUD, MN 563021241	20-3905841	501(C)(3)	155,282				GENERAL SUPPORT

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RAFIKI FOUNDATION INC PO BOX 1988 EUSTIS, FL 32727	74-2477089	501(C)(3)	15,000				GENERAL SUPPORT
RAVI ZACHARIAS INTERNATIONAL MINISTRIES 3755 MANSELL ROAD ALPHARETTA, GA 30022	13-3200719	501(C)(3)	10,500				GENERAL SUPPORT

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REDEEMER LUTHERAN CHURCH 1401 6TH ST SW WILLMAR, MN 56201	41-0956958	501(C)(3)	22,500				GENERAL SUPPORT
RIDGEWATER COLLEGE FOUNDATION 2101 15TH AVE NW WILLMAR, MN 56201	41-1847315	501(C)(3)	12,340				GENERAL SUPPORT

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RIPPLESIDE ELEMENTARY SCHOOL 225 2ND STREET SW AITKIN, MN 56431	41-6000001		7,500				GENERAL SUPPORT
ROCORI AREA SCHOOLS 534 5TH AVENUE NORTH COLD SPRING, MN 56320	41-0917354	501(C)(3)	31,201				GENERAL SUPPORT

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RUNESTONE MUSEUM FOUNDATION 206 BROADWAY STREET ALEXANDRIA, MN 56308	23-7391175	501(C)(3)	12,500				GENERAL SUPPORT
SAFE AVENUES PO BOX 568 WILLMAR, MN 56201	41-1931304	501(C)(3)	97,300				GENERAL SUPPORT

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SAINT CLOUD STATE UNIVERSITY FOUNDATION 720 FOURTH AVENUE SOUTH SAINT CLOUD, MN 56301	41-6019040	501(C)(3)	50,000				GENERAL SUPPORT
SAINT JOHN'S ABBEY OSB 2900 ABBEY PLAZA COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	22,615				GENERAL SUPPORT

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SAINT JOHN'S LUTHERAN CHURCH 42695 WASHINGTON STREET PALM DESERT, CA 92211	51-0155905	501(C)(3)	6,000				GENERAL SUPPORT
SAINT JOHN'S UNIVERSITY 2850 ABBEY PLAZA COLLEGEVILLE, MN 56321	41-0693973	501(C)(3)	312,758				GENERAL SUPPORT

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SAINT PAUL LUTHERAN CHURCH PO BOX 697 WATERTOWN, MN 55388	41-6007697	501(C)(3)	17,000				GENERAL SUPPORT
SALEM LUTHERAN CHURCH PO BOX 100 DEERWOOD, MN 56444	41-1463989	501(C)(3)	42,000				GENERAL SUPPORT

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SALEM LUTHERAN ELCA 90 RIVERSIDE DRIVE SE SAINT CLOUD, MN 56301	41-1568278	501(C)(3)	5,000				GENERAL SUPPORT
SALVATION ARMY - BRAINERD PO BOX 385 BRAINERD, MN 56401	36-2167910	501(C)(3)	17,215				GENERAL SUPPORT

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(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 - NORTHERN DIVISION 2445 PRIOR AVE N ROSEVILLE, MN 55113	41-0698597	501(C)(3)	7,000				GENERAL SUPPORT
SALVATION ARMY - ST CLOUD 400 HIGHWAY 10 SOUTH SAINT CLOUD, MN 56304	41-0698597	501(C)(3)	118,022				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)	98,079				GENERAL SUPPORT
SALVATION ARMY VENICE PO BOX 69 VENICE, FL 342840069	77-0395654	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
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	12,750				GENERAL SUPPORT
SARTELL YOUTH RECREATION CENTER 1109 FIRST STREET SOUTH SARTELL, MN 56377	02-0679589	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
SARTELL-ST STEPHEN SCHOOL DISTRICT 212 3RD AVE N SARTELL, MN 56377	41-6003908		5,787				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	501(C)(3)	75,240				GENERAL SUPPORT
SAVE THE CHILDREN FEDERATION INC 501 KINGS HWY E STE 400 FAIRFIELD, CT 06825	06-0726487	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
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE ST PAUL, MN 55109	23-7417654	501(C)(3)	105,350				GENERAL SUPPORT
SHERBURNE HISTORY CENTER 10775 27TH AVENUE SE BECKER, MN 55308	41-1362450	501(C)(3)	40,000				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
SHRINERS HOSPITALS FOR CHILDREN 2025 EAST RIVER PKWY MINNEAPOLIS, MN 55414	36-2193608	501(C)(3)	50,000				GENERAL SUPPORT
SINCLAIR LEWIS FOUNDATION INC PO BOX 25 SAUK CENTRE, MN 56378	41-6040034	501(C)(3)	22,110				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
SISTERS OF THE ORDER OF SAINT BENEDICT 104 CHAPEL LANE SAINT JOSEPH, MN 56374	41-0693973	501(C)(3)	56,369				GENERAL SUPPORT
SOCIETY FOR THE PROPAGATION OF THE FAITH 11 8TH AVENUE SOUTH SAINT CLOUD, MN 56301	41-0706919	501(C)(3)	8,916				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 COUNTY FOOD PANTRY 247 CENTER CT VENICE, FL 34285	65-0007133	501(C)(3)	20,000				GENERAL SUPPORT
SOUTH DAKOTA STATE UNIVERSITY FOUNDATION BOX 525 BROOKINGS, SD 57006	46-0273801	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
SOUTHWEST INITIATIVE FOUNDATION 15 3RD AVENUE NW HUTCHINSON, MN 55350	41-1555592	501(C)(3)	91,941				GENERAL SUPPORT
ST AGNES CATHOLIC CHURCH PO BOX 874 WALKER, MN 564840874	41-1941181	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
ST CLOUD AREA FAMILY YMCA 2001 STOCKINGER DRIVE SAINT CLOUD, MN 56303	41-0952420	501(C)(3)	46,693				GENERAL SUPPORT
ST CLOUD AREA SCHOOL DISTRICT 742 1201 SOUTH 2ND STREET WAITE PARK, MN 56387	41-6003926		6,487				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)	34,091				GENERAL SUPPORT
ST CLOUD STATE UNIVERSITY 720 FOURTH AVENUE S SAINT CLOUD, MN 56301	41-1687554		7,102				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 FOUNDATION 720 FOURTH AVENUE S SAINT CLOUD, MN 563014498	41-6019040	501(C)(3)	35,180				GENERAL SUPPORT
ST CLOUD SYMPHONY ORCHESTRA PO BOX 234 SAINT CLOUD, MN 56302	51-0191872	501(C)(3)	16,750				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
ST CLOUD TECHNICAL & COMMUNITY COLLEGE 1540 NORTHWAY DRIVE SAINT CLOUD, MN 56303	41-1687554		51,000				GENERAL SUPPORT
ST CLOUD TECHNICAL & COMMUNITY COLLEGE FOUNDATION 1215 15TH STREET NORTH SAINT CLOUD, MN 56303	41-1791598	501(C)(3)	45,784				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 FRANCIS XAVIER CHURCH 219 - 2ND STREET NORTH SARTELL, MN 56377	53-0196617	501(C)(3)	47,111				GENERAL SUPPORT
ST ISABEL CATHOLIC CHURCH 3559 SANIBEL-CAPTIVA ROAD SANIBEL, FL 339573036	27-1988145	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
ST JOHN CANTIUS 1515 3RD STREET NORTH SAINT CLOUD, MN 56303	41-0693981	501(C)(3)	15,662				GENERAL SUPPORT
ST JOSEPH COMMUNITY FOOD SHELF PO BOX 384 SAINT JOSEPH, MN 563740384	41-2021124	501(C)(3)	41,450				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
ST JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	5,300				GENERAL SUPPORT
ST MARY'S CATHEDRAL 25 EIGHTH AVENUE SOUTH SAINT CLOUD, MN 56301	41-0693981	501(C)(3)	5,500				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 MARY'S CATHOLIC CHURCH 713 12TH ST SW WILLMAR, MN 56201	53-0196617	501(C)(3)	12,100				GENERAL SUPPORT
ST PAUL'S CATHOLIC CHURCH - SAUK CENTRE 304 SINCLAIR LEWIS AVE SAUK CENTRE, MN 56378	41-0693981	501(C)(3)	377,000				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)	25,518				GENERAL SUPPORT
TANNERS TEAM FOUNDATION 1706 SUMMIT PLACE SAUK RAPIDS, MN 56379	45-2688626	501(C)(3)	15,840				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
TENTMAKERS YOUTH MINISTRY PO BOX 84 CHANHASSEN, MN 55317	41-1315524	501(C)(3)	17,500				GENERAL SUPPORT
TEREBINTH REFUGE 110 2ND STREET S STE 231 WAITE PARK, MN 56387	81-3807059	501(C)(3)	27,380				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 BRAINERD BAXTER YOUTH CENTER SHOP 723 WASHINGTON STREET BRAINERD, MN 56401	27-2547560	501(C)(3)	19,000				GENERAL SUPPORT
THE FORTRESS 500 RUSSELL STREET NW WILLMAR, MN 56201	81-1201187	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 GUTHRIE THEATRE FOUNDATION 818 SOUTH 2ND STREET MINNEAPOLIS, MN 55415	41-0854160	501(C)(3)	5,500				GENERAL SUPPORT
THE LINK OF NORTHERN KANDIYOHI COUNTY 206 MAIN STREET NORTH NEW LONDON, MN 56273	82-1911575	501(C)(3)	20,900				GENERAL SUPPORT

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

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THE REGENERATION CENTER PO BOX 1196 ALEXANDRIA, MN 56308	41-1425984	501(C)(3)	5,000				GENERAL SUPPORT
THE WRITTEN GIFT PO BOX 605 ALEXANDRIA, MN 56308	81-4178991	501(C)(3)	5,000				GENERAL SUPPORT

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

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THEATRE L'HOMME DIEU PO BOX 1086 ALEXANDRIA, MN 56308	41-0858863	501(C)(3)	16,800				GENERAL SUPPORT
TINY HANDS FOUNDATION 180 TRIPLE DIAMOND BLVD SUITE B-4 VENICE, FL 34275	20-3530145	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
TINY HANDS INTERNATIONAL DBA LOVE JUSTICE INTERNATIONAL PO BOX 67195 LINCOLN, NE 68506	71-0982808	501(C)(3)	5,000				GENERAL SUPPORT
TRI-COUNTY ACTION PROGRAM INC 1210 23RD AVENUE SOUTH WAITE PARK, MN 56387	41-6049739	501(C)(3)	25,250				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)	18,139				GENERAL SUPPORT
TRINITY INTERNATIONAL UNIVERSITY 2065 HALF DAY ROAD DEERFIELD, IL 60015	36-2216176	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
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 STREET NW ANNANDALE, MN 55302	41-1543013	501(C)(3)	115,000				GENERAL SUPPORT
TYNDALE THEOLOGICAL SEMINARY INC PO BOX 242 WHEATON, IL 60187	65-0154723	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
UND CENTER FOR INNOVATION FOUNDATION 4200 JAMES RAY DRIVE GRAND FORKS, ND 582028372	45-0422671	501(C)(3)	50,000				GENERAL SUPPORT
UNITED WAY OF CENTRAL MINNESOTA 921 1ST STREET NORTH SUITE 200 SAINT CLOUD, MN 56303	41-0915124	501(C)(3)	439,674				GENERAL SUPPORT

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

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UNITED WAY OF CROW WING AND SOUTHERN CASS COUNTIES PO BOX 381 BRainerd, MN 56401	41-0950452	501(C)(3)	50,000				GENERAL SUPPORT
UNITED WAY OF WEST CENTRAL MINNESOTA 311 4TH STREET SW WILLMAR, MN 56201	41-0844871	501(C)(3)	88,400				GENERAL SUPPORT

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

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UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 554860266	41-6042488	501(C)(3)	16,865				GENERAL SUPPORT
UNIVERSITY OF ST THOMAS 2115 SUMMIT AVENUE SAINT PAUL, MN 55105	41-0693970	501(C)(3)	250				GENERAL SUPPORT

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

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UPSALA AREA SCHOOLS 415 SOUTH MAIN UPSALA, MN 56384	41-6002426		5,000				GENERAL SUPPORT
URBAN IMPACT MINISTRIES PO BOX 50223 NEW ORLEANS, LA 70150	72-1181908	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
VETERAN MEMORIAL PARK - ALEXANDRIA 1102 3RD AVENUE EAST ALEXANDRIA, MN 56308	82-2788537	501(C)(3)	16,640				GENERAL SUPPORT
VFW NATIONAL HOME FOR CHILDREN 3573 S WAVERLY ROAD EATON RAPIDS, MI 48827	38-1359597	501(C)(3)	7,679				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)	13,000				GENERAL SUPPORT
WACOSA PO BOX 757 WAITE PARK, MN 56387	41-0871466	501(C)(3)	87,750				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
WALKER AREA COMMUNITY CENTER PO BOX 327 WALKER, MN 56484	41-2007348	501(C)(3)	10,000				GENERAL SUPPORT
WE GOT YOUR BACK 1217 VAN DYKE RD NW ALEXANDRIA, MN 56308	81-3904510	501(C)(3)	14,000				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 COMMUNITY THEATRE INC DBA THE BARN THEATRE 321 SW 4TH STREET WILLMAR, MN 56201	41-1357711	501(C)(3)	10,000				GENERAL SUPPORT
WILLMAR PUBLIC SCHOOL DISTRICT 347 611 5TH STREET SW WILLMAR, MN 56201	41-6001746		110,070				GENERAL SUPPORT

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

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WOMEN'S CENTER OF MID-MINNESOTA 1414 MAPLE STREET BRainerd, MN 56401	41-1324087	501(C)(3)	7,355				GENERAL SUPPORT
WORD OF LIFE PO BOX 600 SCHROON LAKE, NY 12870	13-5648615	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
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 328628200	95-1831097	501(C)(3)	7,500				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)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
COMMUNITYGIVING

Employer identification number
36-3412544

Part I Questions Regarding Compensation

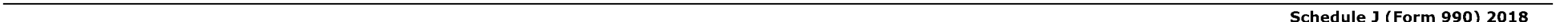
		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
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<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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
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<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>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	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>	5a	Yes			
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	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>	6a	Yes			
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	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

Return Reference	Explanation
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

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITYGIVING

Employer identification number
36-3412544

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	72	4,820,302	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	
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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

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?

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

32a	Yes	
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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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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 378,596 CHANGE IN VALUE OF LIFE INSURANCE -100,460 FASB 958-605 ADJUSTMENT 1,238,802

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

2018

**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	0	984,565	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	-48,451	577,041	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	Yes	
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	169,433	YEAR-END LOAN BALANCE
(2)MINNESOTA REAL ESTATE FOUNDATION	Q	69,064	PRIOR YEARS' OUTSTANDING BALANCE

Part VII **Supplemental Information**

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

Return Reference	Explanation