

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.

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FARGO-MOORHEAD AREA FOUNDATION CORPORATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 409 7TH ST S City or town, state or province, country, and ZIP or foreign postal code FARGO, ND 58103	D Employer identification number 45-6010377
	F Name and address of principal officer: TIMOTHY BEATON SAME AS C ABOVE	E Telephone number 701-234-0756
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ WWW.AREAFUNDATION.ORG	G Gross receipts \$ 59,632,128.
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1960	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		H(c) Group exemption number ▶
	M State of legal domicile: ND	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO ENRICH THE QUALITY OF LIFE OF THE PEOPLE OF THIS AREA BY: ENCOURAGING PHILANTHROPY, ASSESSING AND		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	31
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,188,589.	Current Year 15,738,635.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,514,210.	4,879,855.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	247,832.	182,623.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,950,631.	20,801,113.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,331,604.	5,496,992.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	580,811.	638,923.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 110,251.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,124,858.	945,690.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,037,273.	7,081,605.	
19 Revenue less expenses. Subtract line 18 from line 12	6,913,358.	13,719,508.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 75,555,744.	End of Year 98,248,072.
	21 Total liabilities (Part X, line 26)	1,203,126.	1,691,803.
	22 Net assets or fund balances. Subtract line 21 from line 20	74,352,618.	96,556,269.

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 TIMOTHY BEATON, EXECUTIVE DIRECTOR Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name TRACEE S. BUETHNER, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01292877
	Firm's name ▶ WIDMER ROEL PC	Firm's EIN ▶ 45-0334950			
	Firm's address ▶ 4334 18TH AVE S, SUITE 101 FARGO, ND 58103-7414	Phone no. 701-237-6022			

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

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ENRICH THE QUALITY OF LIFE OF THE PEOPLE OF THIS AREA BY: ENCOURAGING PHILANTHROPY, ASSESSING AND RESPONDING TO COMMUNITY NEEDS, PROVIDING FLEXIBILITY FOR DONORS WITH VARIED INTEREST AND GIVING CAPACITIES AND SERVING AS A RESOURCE AND A CATALYST FOR OTHER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 6,438,645. including grants of \$ 5,496,992.) (Revenue \$) THE FOUNDATION IS A COMMUNITY TRUST THAT ADMINISTERS OVER 400 CHARITABLE FUNDS. THESE FUNDS ARE CREATED BY CONTRIBUTIONS FROM THE GENERAL PUBLIC. GRANTS WERE AWARDED IN PROGRAMS IN THE FOLLOWING AREAS: COMMUNITY BUILDING - 20.9%; BASIC HUMAN NEEDS - 16.7%; ART - 2.1%; EDUCATION - 60.3%. THESE GRANTS AND SCHOLARSHIPS WERE MADE POSSIBLE FROM THE FOLLOWING TYPES OF FUNDS: DONOR ADVISED - 49.6%, DESIGNATED - 25.2%, FIELD OF INTEREST - 7.7%, AGENCY 1.1%, SCHOLARSHIP - 9.8%, AND UNRESTRICTED - 6.6%.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 6,438,645.

FARGO-MOORHEAD AREA FOUNDATION
CORPORATION

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
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? If "Yes," complete Schedule J		X
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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? If "Yes," complete Schedule R, Part VI		X
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	X	

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	9b		
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?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.			
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **ND**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 **▶**
THE ORGANIZATION - 701-234-0756
409 7TH ST S, FARGO, ND 58103

FARGO-MOORHEAD AREA FOUNDATION
CORPORATION

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA BODE IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(2) MARILYN GUY CHAIR	3.00	X		X				0.	0.	0.
(3) MORRIE LANNING DIRECTOR	1.00	X						0.	0.	0.
(4) DORWIN MARQUARDT TREASURER	2.00	X		X				0.	0.	0.
(5) DON HAUGEN VICE CHAIR	2.00	X		X				0.	0.	0.
(6) APRIL WALKER DIRECTOR	1.00	X						0.	0.	0.
(7) JOHN STERN DIRECTOR	1.00	X						0.	0.	0.
(8) LOUISE DARDIS SECRETARY	2.00	X						0.	0.	0.
(9) JOEL JORGENSON DIRECTOR	1.00	X						0.	0.	0.
(10) LISA BORGEN DIRECTOR	1.00	X						0.	0.	0.
(11) MATTHEW MOHR DIRECTOR	1.00	X						0.	0.	0.
(12) SANDY KORBEL TRUSTEE REPRESENTATIVE	1.00	X						0.	0.	0.
(13) WHITNEY IRISH DIRECTOR	1.00	X						0.	0.	0.
(14) BANK OF THE WEST INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(15) WELLS FARGO INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(16) BELL STATE BANK & TRUST INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(17) BREMER INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HEARTLAND TRUST INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(19) ALERUS INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(20) US BANK INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(21) TIMOTHY BEATON EXECUTIVE DIRECTOR	40.00 0.75			X				141,308.	0.	8,047.
1b Subtotal								141,308.	0.	8,047.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								141,308.	0.	8,047.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,738,635.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,204,786.			
	h Total. Add lines 1a-1f			15,738,635.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	1,931,786.		1,931,786.	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties	182,623.		182,623.	
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			41,779,084.				
	7 b	Less: cost or other basis and sales expenses	38,831,015.				
	7 c	Gain or (loss)	2,948,069.				
d Net gain or (loss)			2,948,069.		2,948,069.		
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
8 b		Less: direct expenses	8b				
c Net income or (loss) from fundraising events							
9 a		Gross income from gaming activities. See Part IV, line 19	9a				
9 b		Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a		Gross sales of inventory, less returns and allowances	10a				
10 b		Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			20,801,113.	0.	0.	5,062,478.	

FARGO-MOORHEAD AREA FOUNDATION
CORPORATION

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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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,216,176.	5,216,176.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	280,816.	280,816.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	149,354.	33,209.	97,727.	18,418.
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	333,505.	74,155.	218,223.	41,127.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,662.	4,594.	13,520.	2,548.
9 Other employee benefits	102,216.	22,728.	66,883.	12,605.
10 Payroll taxes	33,186.	7,379.	21,715.	4,092.
11 Fees for services (nonemployees):				
a Management	2,206.		2,206.	
b Legal				
c Accounting	23,150.	10,521.	12,129.	500.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	482,505.	482,505.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	20,705.	2,271.	3,430.	15,004.
13 Office expenses	67,099.	50,752.	16,347.	
14 Information technology	39,109.	29,332.	9,777.	
15 Royalties				
16 Occupancy	4,453.	3,340.	1,113.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,207.	20,224.	8,431.	9,552.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	68,667.	51,500.	17,167.	
23 Insurance	11,467.	8,600.	2,867.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISC INVESTMENT EXPENSE	137,142.	137,142.		
b MISCELLANEOUS	41,173.		41,173.	
c DEVELOPMENT	6,405.			6,405.
d NONPROFIT ACTIVITIES	3,402.	3,402.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,081,605.	6,438,645.	532,708.	110,251.
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 if following SOP 98-2 (ASC 958-720)

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

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Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	2.	1	0.	
	2	Savings and temporary cash investments	3,634,186.	2	17,144,012.	
	3	Pledges and grants receivable, net	2,176,535.	3	1,883,692.	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	913,330.		
	b	Less: accumulated depreciation	10b	280,122.	10c	633,208.
	11	Investments - publicly traded securities	67,276,485.	11	76,258,441.	
	12	Investments - other securities. See Part IV, line 11	998,801.	12	975,804.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	7,223.	14	239.	
	15	Other assets. See Part IV, line 11	793,291.	15	1,352,676.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	75,555,744.	16	98,248,072.		
Liabilities	17	Accounts payable and accrued expenses	13,267.	17	8,418.	
	18	Grants payable	29,517.	18	106,244.	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	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	1,160,342.	25	1,577,141.	
	26	Total liabilities. Add lines 17 through 25	1,203,126.	26	1,691,803.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	71,540,758.	27	93,636,016.	
	28	Net assets with donor restrictions	2,811,860.	28	2,920,253.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	74,352,618.	32	96,556,269.	
33	Total liabilities and net assets/fund balances	75,555,744.	33	98,248,072.		

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FARGO-MOORHEAD AREA FOUNDATION CORPORATION

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	20,801,113.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,081,605.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,719,508.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	74,352,618.
5	Net unrealized gains (losses) on investments	5	8,495,693.
6	Donated services and use of facilities	6	-11,550.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	96,556,269.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
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? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization FARGO-MOORHEAD AREA FOUNDATION CORPORATION	Employer identification number 45-6010377
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

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						

FARGO-MOORHEAD AREA FOUNDATION

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2180962.	3427921.	3254277.	6188589.	15738635.	30790384.
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	2180962.	3427921.	3254277.	6188589.	15738635.	30790384.
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)						
6 Public support. Subtract line 5 from line 4.						30790384.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2180962.	3427921.	3254277.	6188589.	15738635.	30790384.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3090367.	1080569.	1591408.	1859759.	2114409.	9736512.
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.)	16,269.	-8,902.	25,949.	32,918.		66,234.
11 Total support. Add lines 7 through 10						40593130.
12 Gross receipts from related activities, etc. (see instructions)					12	20,147.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	75.85 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	59.13 %
16a 33 1/3% support test - 2019. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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? If "Yes" to a, b, or c, provide detail in Part VI .		

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

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)? 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).		

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

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

FARGO-MOORHEAD AREA FOUNDATION

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):		
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		(A) Prior Year	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).		

FARGO-MOORHEAD AREA FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

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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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

**FARGO-MOORHEAD AREA FOUNDATION
CORPORATION**

Employer identification number

45-6010377

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FARGO-MOORHEAD AREA FOUNDATION CORPORATION	Employer identification number 45-6010377
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>10,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,698,685.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FARGO-MOORHEAD AREA FOUNDATION CORPORATION	Employer identification number 45-6010377
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCKS _____ _____ _____	\$ 2,698,685.	12/31/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization FARGO-MOORHEAD AREA FOUNDATION CORPORATION	Employer identification number 45-6010377
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **FARGO-MOORHEAD AREA FOUNDATION CORPORATION** **Employer identification number** **45-6010377**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	118	
2 Aggregate value of contributions to (during year)	14,404,518.	
3 Aggregate value of grants from (during year)	4,101,588.	
4 Aggregate value at end of year	47,879,508.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

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 make 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 program
 - 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	71,540,756.	75,448,354.	65,851,711.	63,171,112.	64,348,219.
b Contributions	14,599,103.	3,675,622.	3,062,843.	3,334,981.	2,100,462.
c Net investment earnings, gains, and losses	14,068,998.	-3,779,390.	10,090,276.	2,638,780.	-639,952.
d Grants or scholarships	5,983,726.	3,238,508.	2,689,224.	2,490,279.	1,847,269.
e Other expenditures for facilities and programs	118,165.	124,565.	34,057.	37,226.	73,090.
f Administrative expenses	470,950.	440,757.	833,195.	765,657.	717,258.
g End of year balance	93,636,016.	71,540,756.	75,448,354.	65,851,711.	63,171,112.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 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		103,713.		103,713.
b Buildings		481,486.	106,748.	374,738.
c Leasehold improvements				
d Equipment		156,751.	117,133.	39,618.
e Other		171,380.	56,241.	115,139.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				633,208.

**FARGO-MOORHEAD AREA FOUNDATION
CORPORATION**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	1,084,594.
(3) CHARITABLE REMAINDER TRUSTS	491,514.
(4) OTHER CURRENT LIABILITIES	1,034.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,577,141.

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 FASB 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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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
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	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART V, LINE 4:

AS A COMMUNITY FOUNDATION THE ENDOWMENT FUNDS ARE DISTRIBUTED PER THE INTENT OF THE FUND AGREEMENT.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM PAYMENT OF FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ELM FAMILY FOUNDATION AND THE WILLIAM C. AND JANE B. MARCIL FAMILY FOUNDATION ALSO ARE EXEMPT FROM PAYMENT OF FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE FOUNDATION IS REQUIRED TO RECORD A LIABILITY FOR UNCERTAIN TAX

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **FARGO-MOORHEAD AREA FOUNDATION CORPORATION** Employer identification number **45-6010377**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4 LUV OF DOG RESCUE PO BOX 9283 FARGO, ND 58106	39-2075804	501(C)(3)	5,650.	0.			GIVING HEARTS DAY-\$3000 SNIP PROGRAM-\$1000 VET EXPENSES-\$1650
AFRICAN SOUL AMERICAN HEART 300 NP AVENUE SUITE 308 FARGO, ND 58102	26-2221116	501(C)(3)	21,680.	0.			GENERAL OPERATING SUPPORT
ANNE CARLSEN CENTER - JAMESTOWN- 301 7TH AVE NW JAMESTOWN, ND 58401-2971	87-0694180	501(C)(3)	15,893.	0.			ANNUAL DESIGNATED DISTRIBUTION-\$5087.25 GENERAL SUPPORT-\$10805.30
APACHE COUNTY FRIENDS OF CASA 470 S MOUNTAIN AVENUE STE. 101 SPRINGERVILLE, AZ 85938	81-2747876	501(C)(3)	5,000.	0.			GRANT GIVEN IN MEMORY OF PEGGY KIMBALL
APPLE TREE DENTAL 520 MAIN STREET HAWLEY, MN 56549	36-3411437	501(C)(3)	5,440.	0.			EXPANDED RURAL DENTAL CARE IN NW MN
ARIZONA GOLDEN RESCUE 5350 W BELL ROAD C122-158 GLENDALE, AZ 85308	26-4433734	501(C)(3)	5,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 127.

3 Enter total number of other organizations listed in the line 1 table ▶ 144.

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

FARGO-MOORHEAD AREA FOUNDATION
CORPORATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA HUMANE SOCIETY 1521 DOBBINS ROAD PHOENIX, AZ 85041	86-0135567	501(C)(3)	50,000.	0.			GENERAL FUNDING
ASU FOUNDATION FOE A NEW AMERICAN UNIVERSITY - PO BOX 2260 - TEMPE, AZ 85280-2260	86-6051042	501(C)(3)	10,000.	0.			ARIZONA PBS
BARNESVILLE AMBULANCE PO BOX 550 BARNESVILLE, MN 56514	41-6004957		8,993.	0.			LUCAS 3
BIG BROTHERS BIG SISTERS OF CENTRAL AZ - 4745 N 7TH ST. STE 210 - PHOENIX, AZ 85014	86-0205254	501(C)(3)	10,000.	0.			GENERAL FUNDING
BIO GIRLS 4151 38TH ST. S FARGO, ND 58104	81-0792142	501(C)(3)	5,000.	0.			GIRLS PROGRAM DIVERSIFICATION-\$4500 SERVICE PROJECTS-\$500.00
BOYS & GIRLS CLUB OF THE RED RIVER VALLEY - 2500 18TH ST. S - FARGO, ND 58103	45-0316132	501(C)(3)	9,934.	0.			POSITIVE ACTION, POSITIVE GIRLS
BOYS & GIRLS CLUBS OF METRO PHOENIX - 4309 E BELLEVIEW STREET - PHOENIX, AZ 85008	86-0107639	501(C)(3)	50,000.	0.			GENERAL FUNDING
BRIDGEPOINTE COMMUNITY CHURCH 121 17TH ST. N MOORHEAD, MN 56560			5,000.	0.			GRANT 2019
CAMELOT THERAPEUTIC HORSEMANSHIP 23623 N SCOTTSDALE RD, D3-259 SCOTTSDALE, AZ 85255	86-0444470	501(C)(3)	10,000.	0.			STARRY KNIGHTS SPONSORSHIP \$5000 AND \$5000 GENERAL FUNDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASS COUNTY HISTORICAL SOCIETY PO BOX 719 WEST FARGO, ND 58078-0719	45-0306858	501(C)(3)	268,154.	0.			CONSTRUCTION OF CARRIAGE HOUSE-\$238,000.00 MAINTENANCE-\$9402.50 RAER PRESSED GLASS
CHARISM COMMUNITY CENTER 122 1/2 N BROADWAY FARGO, ND 58102	45-0435273	501(C)(3)	15,990.	0.			CHARISM STEAM CLUBS
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	86-0324144	501(C)(3)	25,000.	0.			GENERAL FUNDING
CHIRA GLOBAL DEVELOPMENT ORGANIZATION - 814 37TH AVE. S. APT#1 - MOORHEAD, MN 56560	81-3398724	501(C)(3)	5,000.	0.			CULTURAL LITERACY THROUGH LIBRARIES, FAMILY OUTREACH AND COMMUNITY EVENTS
CHURCHES UNITED FOR THE HOMELESS 1901 1ST AVENUE NORTH MOORHEAD, MN 56560-2307	41-1594892	501(C)(3)	39,208.	0.			COMBINED TECHNOLOGY NEEDS-\$10,000 CHANGING THE PATH OUT OF POVERTY FOR KIDS AND
CITY OF DETROIT LAKES PO BOX 647 DETROIT LAKES, MN 56502-0647	41-6005098		5,000.	0.			SUCKER CREEK PRESERVE RESTORATION
CITY OF MOORHEAD 500 CENTER AVENUE MOORHEAD, MN 56561-0779			21,850.	0.			K9-\$5000 SENIOR CONNECTIONS PROGRAM-\$2000 FLORENCE KLINGSMITH MURAL-\$9400 STORM DRAIN
CITY OF PEQUOT LAKES 4638 MAIN STREET PEQUOT LAKES, MN 56472			110,395.	0.			FLAG DISPLAY
CITY OF PEQUOT LAKES FIRE DEPARTMENT - 4638 COUNTY RD 11 - PEQUOT LAKES, MN 56472			11,290.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLAY COUNTY PUBLIC HEALTH 715 N 11TH ST, #303 MOORHEAD, MN 56560	41-6005775	501(C)(3)	8,000.	0.			RETHINK MENTAL HEALTH
COLEGIO ANGLAMERICANO DE ENSENADA / DULCE MARIA TANIA PENALVER OCHOA - 482 W SAN YSIDRO BLVD, PMB 904 - SAN YSIDRO, CA 92173			10,000.	0.			GENERAL FUNDING
COMMUNITY OF CARE PO BOX 73 CASSELTON, ND 58012	26-1488596	501(C)(3)	6,260.	0.			VOLUNTEER PROGRAM-\$5260 GENERAL SUPPORT-\$1000
CONCORDIA LANGUAGE VILLAGES 901 S 8TH ST. MOORHEAD, MN 56562	41-0693977	501(C)(3)	10,020.	0.			SCHOLARSHIPS FOR GERMAN LANGUAGE VILLAGE-\$4995 ANNUAL SUPPORT-\$5025
CROSS-LINES COMMUNITY OUTREACH 736 SHAWNEE AVENUE KANSAS CITY, KS 66105	48-0697177	501(C)(3)	5,000.	0.			GIVEN IN MEMORY OF CATHY GOODGER
CYSTIC FIBROSIS FOUNDATION 3211 NE 56TH AVE. PORTLAND, OR 97213	13-1930701	501(C)(3)	30,000.	0.			GENERAL SUPPORT
DAKOTA BOYS AND GIRLS RANCH - MINOT - BOX 5007 - MINOT, ND 58702-5007	45-0333670	501(C)(3)	16,927.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT
DAKOTA MEDICAL FOUNDATION 4141 28TH AVE S FARGO, ND 58104	45-6012318	501(C)(3)	16,600.	0.			VETERANS PTSD FUND-\$12500 GHD-\$4100
DETROIT LAKES COUNTRY CLUB PO BOX 667 DETROIT LAKES, MN 56501	41-0218425	501(C)(3)	10,000.	0.			DCC100 FUND FOR CLUBHOUSE RENOVATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWN HOME 2102 12TH ST N FARGO, ND 58102	82-3635989	501(C)(3)	20,240.	0.			PROGRAM SUPPORT
DSU HERITAGE FOUNDATION 23 8TH AVE W DICKINSON, ND 58601	47-5378716	501(C)(3)	25,000.	0.			FOR SUSANNA REMIAS REINHILLER SCHOLARSHIP FUND
EMERGENCY FOOD PANTRY PO BOX 2821 FARGO, ND 58108	51-0138107	501(C)(3)	17,320.	0.			GRANT 2019-\$2500 JUST THE ESSENTIALS-\$4720 ANNUAL SUPPORT-\$10100
EXPLORER'S CLUB 46 EAST 70TH STREET NEW YORK, NY 10021	13-1866795	501(C)(3)	12,500.	0.			GENERAL SUPPORT
F5 PROJECT PO BOX 509 FARGO, ND 58108	81-4658673	501(C)(3)	5,635.	0.			HOUSING PROGRAM-\$5000 I NEED A RIDE-\$635 GENERAL OPERATING-\$1000
FAITH LUTHERAN CHURCH FOUNDATION 2700 SOUTH TOWN CENTER DRIVE LAS VEGAS, NV 89135	88-0407613	501(C)(3)	25,000.	0.			ANNUAL SUPPORT
FAITH LUTHERAN HIGH SCHOOL 2015 S. HUALAPAI WAY LAS VEGAS, NV 89117	94-2581397	501(C)(3)	180,000.	0.			ANNUAL SUPPORT
FAMILY HEALTHCARE 301 NP AVENUE FARGO, ND 58102	45-0430628	501(C)(3)	5,225.	0.			GRANT 2019-\$5000 ACCESS TO RESTORATIVE DENTAL CARE-\$225
FARGO PUBLIC LIBRARY ENDOWMENT FUND - 102 3RD STREET N - FARGO, ND 58102	45-6002069	501(C)(3)	6,380.	0.			AS REQUESTED- GRANT BACK TO FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARGO PUBLIC SCHOOLS DEVELOPMENT FOUNDATION - 1305 9TH AVE S - FARGO, ND 58103	31-1733797	501(C)(3)	11,490.	0.			LINCOLN ELEMENTARY (GIVING HEARTS DAY-\$3000 ANNUAL DISTRIBUTION-\$8490
FARGO THEATRE MANAGEMENT CORP 314 BROADWAY FARGO, ND 58102	45-0373698	501(C)(3)	8,290.	0.			GENERAL OPERATING SUPPORT-\$2550 KIDS FLICKS-\$2550 ANNUAL DISTRIBUTION-\$3190
FARGO-MOORHEAD OPERA 21 8TH STREET S FARGO, ND 58103	45-0307449	501(C)(3)	5,080.	0.			YOUNG ARTIST PROGRAM SUPPORT-\$3825 ANNUAL SUPPORT-\$1255
FARGO-MOORHEAD SYMPHONY ORCHESTRA 808 3RD AVE SOUTH, SUITE #300 FARGO, ND 58103	45-0275135	501(C)(3)	26,985.	0.			ANNUAL DISTRIBUTIONS-\$22850 KIDS IN THE [CONCERT] HALL FUND=\$1635 GENERAL SUPPORT-\$2500
FARM RESCUE PO BOX 28 HORACE, ND 58047-0028	75-3174053	501(C)(3)	13,635.	0.			ANNUAL SUPPORT
FIRST BAPTIST CHURCH- FARGO 1501 17TH AVE. S FARGO, ND 58103	45-0226417	501(C)(3)	6,665.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF FARGO 650 2ND AVE N FARGO, ND 58102	45-0226475	501(C)(3)	15,000.	0.			GENERAL OPERATIONS
FIRST UNITED METHODIST CHURCH 906 1ST AVE S FARGO, ND 58103			6,426.	0.			ANNUAL DESIGNATED DISTRIBUTION
FM COALITION TO END HOMELESSNESS PO BOX 5653 FARGO, ND 58105-5653	41-2198589	501(C)(3)	6,885.	0.			ANNUAL SUPPORT-\$6500 LANDLORD RISK MITIGATION FUND-\$385

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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
FMAF OPERATIONS 409 7TH STREET SOUTH FARGO, ND 58103	45-6010377	501(C)(3)	6,000.	0.			GRANT FROM MARCIL FUND FOR ADMIN EXPENSES 2018 AND 2019
FMHRA 4302 13TH AVENUE SOUTH -SUITE 4-312 FARGO, ND 58103	45-0410007	501(C)(3)	5,000.	0.			CY WAKEMAN EVENT
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501(C)(3)	25,000.	0.			ANNUAL SUPPORT
FRASER, LTD. 2902 S UNIVERSITY DR FARGO, ND 58103	45-0226418	501(C)(3)	18,615.	0.			GENERAL SUPPORT-\$15000 STEPPING STONES PROGRAM-\$2000 FRASER, LTD. COLD WEATHER
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH STREET TEMPE, AZ 85281	01-0579687	501(C)(3)	10,000.	0.			GENERAL FUNDING
GETHSEMANE CATHEDRAL 3600 25TH ST S FARGO, ND 58104	45-0227306	501(C)(3)	28,000.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT-\$3000 IN MEMORY OF CHARLES H CORWIN,
GRACE LUTHERAN CHURCH 821 5TH AVE S FARGO, ND 58103	45-0232567	501(C)(3)	11,045.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT
GREAT PLAINS FOOD BANK 1720 3RD AVE N FARGO, ND 58102	47-2229589	501(C)(3)	20,169.	0.			BACKPACK PROGRAM-\$3811 GENERAL SUPPORT-\$16358.40
GREAT RIDES FARGO 425 BROADWAY N FARGO, ND 58102	46-1849025	501(C)(3)	11,025.	0.			BIKESHARE PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUEST HOUSE 1601 JOSLYN RD BOX 420 LAKE ORION, MI 48361	38-1557146	501(C)(3)	7,175.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT
HAZELDEN BETTY FORD FOUNDATION PO BOX 64348 SAINT PAUL, MN 55164	41-0682405	501(C)(3)	10,000.	0.			MISSION POSSIBLE FUND
HEARTSPRINGS 2010 N. ELM ST. FARGO, ND 58102	26-1773757	501(C)(3)	7,882.	0.			HEALING THROUGH THE ARTS PROGRAM
HISTORICAL AND CULTURAL SOCIETY OF CLAY COUNTY - PO BOX 501 - MOORHEAD, MN 56560	41-6038553	501(C)(3)	6,030.	0.			GENERAL SUPPORT
HOME ON THE RANGE FOR BOYS 16351 I 94 SENTINEL BUTTE, ND 58654	45-0230083	501(C)(3)	13,519.	0.			GENERAL SUPPORT
HOMeward ANIMAL SHELTER 1201 28TH AVE N FARGO, ND 58102	45-0284164	501(C)(3)	5,422.	0.			ANNUAL SUPPORT
HONORHEALTH 8125 N. HAYDEN ROAD SCOTTSDALE, AZ 85258	74-2355411	501(C)(3)	25,000.	0.			VIRGINIA G. PIPER CANCER CENTER
HOPEFUL HEART PROJECT 2532 9TH ST. S FARGO, ND 58103	82-3765753	501(C)(3)	5,855.	0.			GRANT 2019-\$3000 HARBOR: A HAVEN FOR THE MOTHER'S HEART-\$2855
HOSPICE OF THE RED RIVER VALLEY 1701 38TH ST. S, SUITE #101 FARGO, ND 58103	45-0349152	501(C)(3)	10,859.	0.			GIVING HEARTS DAY-\$100 GENERAL SUPPORT-\$2759 HOUSE FOR HOPE CAMPAIGN-\$8000

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HUBBARD UNITED METHODIST CHURCH 12150 BROADWAY ROAD PARK RAPIDS, MN 56470			7,000.	0.			ANNUAL CONTRIBUTION TO CHURCH
HUMANE SOCIETY OF POLK COUNTY INC 720 E ROBERT CROOKSTON, MN 56716	41-1433622	501(C)(3)	5,564.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF THE LAKES 19665 US HWY 59 DETROIT LAKES, MN 56501	41-1651603	501(C)(3)	10,564.	0.			CARE OF ANIMALS-SUCH AS FOOD & MEDICAL COSTS-\$5563.80 SISTERS & WHISKERS EVENT-\$5000
IMPACT FOUNDATION 4141 28TH AVE S FARGO, ND 58104	20-0520386	501(C)(3)	33,300.	0.			RED RIVER MARKET \$30000 BADGES OF UNITY FARGO-\$2500 LONGSPUR PARIRIE FUND-\$800
INSPIRE INNOVATION LAB 423 MAIN AVE MOORHEAD, MN 56560	47-0973679	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT-\$5000 INSPIRE GIRLS PROGRAM-\$3000
JAIL CHAPLAINS PO BOX 6444 FARGO, ND 58109	20-4363997	501(C)(3)	9,025.	0.			GRANT 2019-\$5000 BACKPACKS FOR HOPE-\$4025
JASMIN CHILDCARE 4720 7TH AVE S. SUITE E FARGO, ND 58103	82-3422274	501(C)(3)	7,500.	0.			CHILDCARE ASSISTANCE FOR THOSE IN NEED PROJECT
JEREMIAH PROGRAM 3104 FIECHTNER DR FARGO, ND 58103	41-1801834	501(C)(3)	14,385.	0.			GIVING HEARTS DAY-\$100 GENERAL SUPPORT-\$5000 EMPOWERMENT PRAM-\$3500 SPREAD HOLIDAY CHEER TWO
LAKE AGASSIZ HABITAT FOR HUMANITY 210 11TH STREET N MOORHEAD, MN 56560	41-1690131	501(C)(3)	7,850.	0.			RAISE THE ROOF FOR A FAMILY IN NEED!-\$350 GENERAL SUPPORT-\$7500

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKES & PRAIRIES COMMUNITY ACTION PARTNERSHIP - 715 N 11TH ST, STE 402 - MOORHEAD, MN 56560-2088	41-0905871	501(C)(3)	14,120.	0.			ELIMINATE BARRIERS FOR WOMEN-\$7120.00 ANNUAL SUPPORT-\$7000.00
LEGACY CHILDREN'S FOUNDATION 725 28TH ST N FARGO, ND 58102	45-3621605	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LEGAL SERVICES OF NORTHWEST MINNESOTA - 1015 7TH AVE N - MOORHEAD, MN 56560	41-1291705	501(C)(3)	7,200.	0.			KIDS LEGAL AID WORK
LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA, CASS CNTY YOUTH COURT - 4720 7TH AVE. S., SUITE B - FARGO, ND 58107-0389	45-0226421	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MAINE ADAPTIVE SPORTS & RECREATION 8 SUNDANCE LANE NEWRY, ME 04261	01-0388818	501(C)(3)	5,000.	0.			FUNDRAISER FOR ANNE TARBELL
MAINE ADAPTIVE SPORTS & RECREATION 8 SUNDANCE LANE NEWRY, ME 04261	01-0388818	501(C)(3)	5,000.	0.			GENERAL FUND
MAKE A WISH FOUNDATION OF ARIZONA 2901 N 78TH STREET SCOTTSDALE, AZ 85251	86-0409636	501(C)(3)	50,000.	0.			GENERAL FUNDING
MISSOURI SLOPE AREAWIDE UNITED WAY PO BOX 2111 BISMARCK, ND 58501	45-0387741	501(C)(3)	10,000.	0.			GENERAL OPERATING
MOORHEAD PUBLIC SCHOOLS 2410 14TH STREET SOUTH MOORHEAD, MN 56560-4624			8,340.	0.			PB&J FUNDRAIER FOR MOORHEAD SCHOOLS LUNCH DEBT-\$7019.59 SPECIAL EDUCATION-\$1320.75

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MORAVIAN CHURCH PO BOX 336 LEONARD, ND 58052	23-7334419	501(C)(3)	22,300.	0.			ANNUAL DESIGNATED DISTRIBUTION
MSUM ALUMNI FOUNDATION 1104 7TH AVE S MOORHEAD, MN 56560	23-7101061	501(C)(3)	5,210.	0.			W.W.WALLWORK JR. ENDOWED SCHOLARSHIP FUND-\$2000 HELEN W. WALLWORK MEMORIAL ENDOWED
ND AUTISM CENTER 647 13TH AVE E WEST FARGO, ND 58078-3305	20-8129476	501(C)(3)	5,000.	0.			AUSOME DAY PROGRAM
ND ECONOMIC DEVELOPMENT FOUNDATION PO BOX 2057 BISMARCK, ND 58503			9,000.	0.			GENERAL SUPPORT
ND SCOTTISH RITE LANGUAGE CENTER 1409 3RD STREET NORTH FARGO, ND 58102	45-0413594	501(C)(3)	5,000.	0.			ANNUAL DESIGNATED DISTRIBUTION
NDSU DEVELOPMENT FOUNDATION PO BOX 5144 FARGO, ND 58105-5144	23-7120898	501(C)(3)	103,390.	0.			MOHR FAMILY- DACOTAH PAPER SCHOLARSHIP FUND-\$1000 DALE HAAKENSTAD FUND-\$2000
NEVADA HUMANE SOCIETY 2825 LONGLEY LANE SUITE B RENO, NV 89502	88-0072720	501(C)(3)	25,000.	0.			ANNUAL SUPPORT
NEW AMERICAN CONSORTIUM FOR WELLNESS & EMPOWERMENT - 15 SOUTH 21ST STREET , SUITE 102 - FARGO, ND 58103	81-1189422	501(C)(3)	6,570.	0.			GIRLS EMPOWERMENT MOVEMENT-\$1500 ADVANCING KNOWLEDGE AND SKILLS-\$5000
NEW LIFE CENTER PO BOX 1067 FARGO, ND 58107-1067	45-0228056	501(C)(3)	13,851.	0.			GIVE THE GIFT OF CLEAN CLOTHES TO HOMELESS MEN-\$235 GENERAL SUPPORT-1281.40 AFTERCARE

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NOKOMIS A MINISTRY OF FIRST LUTHERAN - 619 BROADWAY - FARGO, ND 58102-2441	45-0364036		5,335.	0.			GENERAL SUPPORT
PARADISE VALLEY EMERGENCY FOOD BANK - 10862 N 32ND ST - PHOENIX, AZ 85028	86-0559779	501(C)(3)	50,000.	0.			BACK PACK PROGRAM
PARK CHRISTIAN SCHOOL 300 17TH ST N MOORHEAD, MN 56560-5041	41-1402135	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PATH NORTH DAKOTA, INC. 1202 WESTTRAC SUITE 400 FARGO, ND 58103	91-2159746	501(C)(3)	6,115.	0.			INDEPENDENT LIVING PROGRAM-\$5000 HELP YOUTH IN FOSTER CARE TO MAKE THEIR FIRST APARTMENT A
PEACE LUTHERAN CHURCH 1011 12TH AVE N FARGO, ND 58102	45-0261730	501(C)(3)	19,095.	0.			GENERAL SUPPORT
PHI CHAPTER THETA CHI HOLDING COMPANY - PO BOX 5767 - FARGO, ND 58105-5767	45-0202085		30,771.	0.			IMPROVEMENTS TO THE EDUCATIONAL COMPONENTS OF THE CHAPTER HOUSE
PHIL FREEMAN EVANGELISTIC ASS'N, INC. - 853 CHOKEE ROAD - DESOTO, GA 31743-2205	95-3291447	501(C)(3)	9,650.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF MN, ND & SD 624 MAIN AVE STE 2F FARGO, ND 58103	41-0948382	501(C)(3)	11,000.	0.			ANNUAL SUPPORT-\$10000 GRANT RECOMMENDED BY NOELL REINHILLER-\$1000
PONTOPPIDAN LUTHERAN CHURCH 309 4TH STREET NORTH FARGO, ND 58102			6,426.	0.			ANNUAL DESIGNATED DISTRIBUTION

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PRAIRIE PUBLIC BROADCASTING 207 5TH ST N FARGO, ND 58102	45-0276899	501(C)(3)	6,421.	0.			ANNUAL DISTRIBUTION-GENERAL SUPPORT
PRESENTATION PARTNERS IN HOUSING 1101 32ND AVENUE SOUTH FARGO, ND 58103	45-0227756		5,000.	0.			A PLACE TO CALL HOME PROGRAM
P'S & Q'S ETIQUETTE, LLC 112 UNIVERSITY DR. N SUITE 141 FARGO, ND 58102	22-3981086	501(C)(3)	15,145.	0.			GRANT 2019 \$15000 LEADERLICIOUS ON THE MOVE-\$145
RAPE AND ABUSE CRISIS CENTER PO BOX 2984 FARGO, ND 58108-2984	41-1310289	501(C)(3)	17,858.	0.			GIVING HEARTS DAY-\$3000 GENERAL SUPPORT-\$14858
REACH RURAL ENRICHMENT & COUNSELING HEADQUARTERS, INC - BOX 237 - HAWLEY, MN 56549	41-1716149	501(C)(3)	5,575.	0.			FOOD PANTRY EXPANSION PROJECT-\$5500 FOOD SUPPORT FOR THE WEEKEND BACKPACK PROGRAM-\$75
REBUILDING TOGETHER FARGO-MOORHEAD 700 MAIN AVENUE SUITE 10 FARGO, ND 58103	27-4415410	501(C)(3)	6,085.	0.			REBUILD CLAY COUNTY-\$5000 SAFE AT HOME-\$1085
RED RIVER VALLEY DENTAL ACCESS PROJECT - 715 11TH ST. N. - MOORHEAD, MN 56560	91-2094334	501(C)(3)	5,000.	0.			RED RIVER VALLEY DENTAL ACCESS PROJECT
RED RIVER ZOOLOGICAL SOCIETY 4255 23RD AVE S FARGO, ND 58104-8786	36-3938878	501(C)(3)	13,281.	0.			CARE AND FEEDING OF EXHIBIT ANIMALS-\$9402.50 MAINTENANCE, REPAIR, & IMPROVEMENT OF CAROUSEL &
REDEMPTION ROAD MINISTRIES PO BOX 6543 FARGO, ND 58109	47-4678558	501(C)(3)	6,000.	0.			PAY SUMMER INTERNSHIP PROGRAM

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RONALD MCDONALD HOUSE CHARITIES OF PHOENIX - 501 E ROANOKE AVE - PHOENIX, AZ 85004	86-0483792	501(C)(3)	50,000.	0.			GENERAL FUNDING
RONALD MCDONALD HOUSE CHARITIES OF THE RED RIVER VALLEY - 4757 AGASSIZ CROSSING S - FARGO, ND 58104	45-0365598	501(C)(3)	6,505.	0.			GENERAL SUPPORT-\$205 SHARE A NIGHT PROGRAM-\$6300
SANFORD CHILDREN'S HOSPITAL PO BOX 2010 FARGO, ND 58122-2399	45-0226909	501(C)(3)	12,505.	0.			ANNUAL DISTRIBUTION-CHILDREN'S HOSPITAL UNIT
SENDCAA HOUSING & EMERGENCY SVCS 3233 SOUTH UNIVERSITY DRIVE FARGO, ND 58104-6221	45-6014870	501(C)(3)	5,000.	0.			ANNUAL DESIGNATED DISTRIBUTION
SENDCAA SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY - 3233 SOUTH UNIVERSITY DRIVE - FARGO, ND 58104-6221	45-6014870	501(C)(3)	6,000.	0.			SELF-SUFFICIENCY SCHOLARSHIPS FOR WOMEN LIVING IN POVERTY-\$1000 EMERGENCY HOUSING
SHAREHOUSE OF FARGO, INC. 4227 9TH AVE SW FARGO, ND 58103	26-2708205	501(C)(3)	12,610.	0.			PER CONVERSATION W TYE AND JEFF \$5000 RECOVERY LIVING PROGRAM-\$7500 A DAY IN RECOVERY
SOUTH SUDAN LUTHERAN CHURCH 6074 59TH STREET SOUTH FARGO, ND 58104	80-0581777	501(C)(3)	7,500.	0.			SOUTH SUDANESE WOMEN'S CLUB-\$5000 ONE-ON-ONE TUTORING PROGRAM-\$2500
SOUTHEAST REGION CAREER AND TECHNOLOGY CENTER-OAKS - 924 7TH ST. S - OAKS, ND 58474			5,000.	0.			CULINARY ARTS/FACS GRANT-\$2500 EMERGENCY MEDICAL TECHNICIAN PROGRAM GRANT-\$2500
ST. BENEDICTS CATHOLIC CHURCH 11743 38TH ST S HORACE, ND 58047			11,500.	0.			BUILDING FUND-\$10000 GODS GIFT APPEAL-\$500 WEEKLY OFFERING FOR 2019 YEAR-\$1000

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ST. CATHERINE'S CHURCH 524 3RD AVE N VALLEY CITY, ND 58072			5,930.	0.			ANNUAL DISTRIBUTION-GENERAL SUPPORT
ST. MARY'S FOOD BANK 2831 N 31ST AVENUE PHOENIX, AZ 85009	23-7353532	501(C)(3)	10,000.	0.			GENERAL FUNDING
TEMPLE BETH EL 809 11TH AVE S FARGO, ND 58103-3153	45-6011866	501(C)(3)	16,920.	0.			ANNUAL DISTRIBUTION - RABBINIC PRESENCE-\$14460 ANNUAL DISTRIBUTION - TO MAINTAIN & GROW THE MAX
THE LITERACY PROJECT PO BOX 608 MINTURN, CO 81645	84-1149543	501(C)(3)	10,000.	0.			COLORADO GIVES DAY MATCH
TROON COUNTRY CLUB SCHOLARSHIP FOUNDATION - 25000 N WINDY WALK DRIVE - SCOTTSDALE, AZ 85255	20-8691465	501(C)(3)	10,000.	0.			TROON COUNTRY CLUB SCHOLARSHIP
UC DAVIS FOUNDATION - SCHOOL OF VETERINARY MEDICINE - OFFICE OF THE DEAN - DEVELOPMENT - DAVIS, CA 95616	88-0072720	501(C)(3)	7,500.	0.			ANNUAL SUPPORT
UCODEGIRL 325 5TH STREET NORTH FARGO, ND 58102	81-2623993	501(C)(3)	28,508.	0.			BREMER GRANT PAYOUT-\$26008.07 3RD ANNUAL CRACK THE CODE-\$2500
UNITED WAY OF CASS CLAY PO BOX 1609 FARGO, ND 58107-1609	41-0810008	501(C)(3)	28,415.	0.			YEAR 2 OF 3 COMMITMENT FOR NEW AMERICAN WORKFORCE DEVELOPMENT-\$15000 ANNUAL
UNIVERSITY OF MARY - BISMARCK 7500 UNIVERSITY DRIVE BISMARCK, ND 58504			2,300,000.	0.			PURCHASE OF PROPERTY IN DOWNTOWN BISMARCK

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UNIVERSITY OF NEVADA RENO FOUNDATION - MORRILL HALL ALUMNI CENTER - RENO, NV 89557	94-6036494	501(C)(3)	7,500.	0.			ANNUAL SUPPORT - MUSIC DEPARTMENT
UP AQUATICS 3740 ASPYN LANE NORTH FARGO, ND 58102	27-1181382	501(C)(3)	20,000.	0.			ANNUAL SUPPORT
UROLOGY CARE FOUNDATION 1000 CORPORATE BLVD. LINTHICUM HEIGHTS, MD 21090	20-3210212	501(C)(3)	100,000.	0.			VISIONARY FUND
US FRIENDS OF THE DAVID SHELDRIK WILDLIFE TRUST - 25283 CABOT RD. STE. 101 - LAGUNA HILLS, CA 92653	30-0224549	501(C)(3)	10,000.	0.			GENERAL FUNDING
VIKING MANOR NURSING HOME 317 1ST STREET NW ULEN, MN 56585	41-6005588		5,000.	0.			ANNUAL SUPPORT
VILLAGE FAMILY SERVICE CENTER PO BOX 9859 FARGO, ND 58106-9859	45-0226423	501(C)(3)	29,679.	0.			CHILDRENS SPECIAL NEEDS-\$2615 SUPPORTIVE TOYS, BOOKS AND MATERIALS FOR CHILDREN'S PLAY
WELLSPRING FOR THE WORLD PO BOX 9993 FARGO, ND 58106	20-3570846	501(C)(3)	20,000.	0.			AFRICAN WATER WELLS
WESTERN MINNESOTA STEAM THRESHERS PO BOX 9337 FARGO, ND 58106	23-7418831	501(C)(3)	5,805.	0.			ANNUAL DISTRIBUTION-GENERAL SUPPORT
XAVIER COLLEGE PREPARATORY 4710 N 5TH STREET PHOENIX, AZ 85012	26-3832736	501(C)(3)	10,000.	0.			GENERAL FUNDING

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YMCA OF CASS AND CLAY COUNTIES 400 1ST AVE S FARGO, ND 58103	23-7474797	501(C)(3)	11,005.	0.			GIVING HEARTS DAY- PARTNER OF YOUTH-\$2500 ANNUAL DISTRIBUTION - GENERAL SUPPORT-6565.49
YWCA CASS CLAY 3100 12TH AVE N FARGO, ND 58102	45-0226435	501(C)(3)	21,897.	0.			GIVING HEARTS DAY-\$100 FILL A HOME WITH HOPE THIS HOLIDAY-\$6825 KITCHEN APPLIANCE
WHISTLER ADAPTIVE SPORTS PROGRAM 1090 LEGACY WAY WHISTLER, BC, CANADA V8E 0A6			10,000.	0.			GENERAL SUPPORT - GIVEN IN MEMORY OF CATHY GOODGER-\$5000 GENERAL SUPPORT-\$5000.00

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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR HIGHER EDUCATION	0	0.	0.	FMV	

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

PART I, LINE 2:

EACH YEAR A COMPETITIVE GRANT ROUND IS HELD THAT AWARDS GRANTS ACCORDING

TO:

1) CURRENT AND EMERGING COMMUNITY NEEDS, 2) PRIORITIES ESTABLISHED BY THE BOARD AND 3) GRANTS THAT EFFECT A BROAD SEGMENT OF OUR COMMUNITY, LEVERAGE SUPPORT FROM OTHER SOURCES, PROMOTE COLLABORATION, WITHOUT DUPLICATING SERVICES, STRENGTHENS ORGANIZATION SELF-SUFFICIENCY AND LONG TERM STABILITY, SHOW REALISTIC PLANNING AND MANAGEMENT, FOCUS ON PROBLEM SOLVING.

Part IV Supplemental Information

THE FOUNDATION HAS A COMPLETE GRANT APPLICATION FORM TO FOLLOW FOR APPLICATIONS. THERE IS ONE GRANT ROUND EACH YEAR. THE GRANTS COMMITTEE REVIEWS ALL COMPLETED GRANT APPLICATIONS AND AWARDS GRANTS IN ACCORDANCE WITH THE FOUNDATIONS POLICIES AND GUIDELINES. GRANTS ARE SUBJECT TO FUND AGREEMENT THAT REQUIRES A FINAL GRANT REPORT AFTER ONE YEAR. ANY FUNDS NOT UTILIZED FOR THE PURPOSE AWARDED ARE TO BE RETURNED TO FMAF.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CASS COUNTY HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSTRUCTION OF CARRIAGE

HOUSE-\$238,000.00 MAINTENANCE-\$9402.50 RAER PRESSED GLASS

COLLECTION-\$11380.50

NAME OF ORGANIZATION OR GOVERNMENT: CHURCHES UNITED FOR THE HOMELESS

(H) PURPOSE OF GRANT OR ASSISTANCE: COMBINED TECHNOLOGY NEEDS-\$10,000

CHANGING THE PATH OUT OF POVERTY FOR KIDS AND FAMILIES-\$5350.00 FOOD

PANTRY (DOROTHY DAY)-\$10000.00 GENERAL SUPPORT-\$13857.90

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF MOORHEAD

(H) PURPOSE OF GRANT OR ASSISTANCE: K9-\$5000 SENIOR CONNECTIONS

PROGRAM-\$2000 FLORENCE KLINGSMITH MURAL-\$9400 STORM DRAIN

PROJECT-\$5300DOG PARK-\$150

NAME OF ORGANIZATION OR GOVERNMENT: FRASER, LTD.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT-\$15000 STEPPING

STONES PROGRAM-\$2000 FRASER, LTD. COLD WEATHER EXTENDED HOURS-\$1115

NAME OF ORGANIZATION OR GOVERNMENT: GETHSEMANE CATHEDRAL

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED

DISTRIBUTION-GENERAL SUPPORT-\$3000 IN MEMORY OF CHARLES H CORWIN,
GF-\$25000

NAME OF ORGANIZATION OR GOVERNMENT: JEREMIAH PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVING HEARTS DAY-\$100 GENERAL
SUPPORT-\$5000 EMPOWERMENT PRAM-\$3500 SPREAD HOLIDAY CHEER TWO GENERATIONS
AT A TIME-\$5285

NAME OF ORGANIZATION OR GOVERNMENT: MSUM ALUMNI FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: W.W.WALLWORK JR. ENDOWED SCHOLARSHIP
FUND-\$2000 HELEN W. WALLWORK MEMORIAL ENDOWED SCHOLARSHIP-\$3210

NAME OF ORGANIZATION OR GOVERNMENT: NDSU DEVELOPMENT FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MOHR FAMILY- DACOTAH PAPER
SCHOLARSHIP FUND-\$1000 DALE HAAKENSTAD FUND-\$2000 ANNUAL
SUPPORT-100390.49

NAME OF ORGANIZATION OR GOVERNMENT:

NEW AMERICAN CONSORTIUM FOR WELLNESS & EMPOWERMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: GIRLS EMPOWERMENT MOVEMENT-\$1500
ADVANCING KNOWLEDGE AND SKILLS-\$5000 TUTORING/MENTORING PROGRAM
SUPPORTING EL LEARNERS IN K-12-\$70

NAME OF ORGANIZATION OR GOVERNMENT: NEW LIFE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE THE GIFT OF CLEAN CLOTHES TO
HOMELESS MEN-\$235 GENERAL SUPPORT-1281.40 AFTERCARE HOUSING
PROGRAM-\$10000 NEW LIFE CENTER MEALS PROGRA\$2335

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PATH NORTH DAKOTA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: INDEPENDENT LIVING PROGRAM-\$5000

HELP YOUTH IN FOSTER CARE TO MAKE THEIR FIRST APARTMENT A HOME-\$1115

NAME OF ORGANIZATION OR GOVERNMENT: RED RIVER ZOOLOGICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: CARE AND FEEDING OF EXHIBIT

ANIMALS-\$9402.50 MAINTENANCE, REPAIR, & IMPROVEMENT OF CAROUSEL &

CAROUSEL BLDG ON THE GROUNDS-\$3225.55 GENERAL SUPPORT-\$653

NAME OF ORGANIZATION OR GOVERNMENT:

SENDCAA SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: SELF-SUFFICIENCY SCHOLARSHIPS FOR

WOMEN LIVING IN POVERTY-\$1000 EMERGENCY HOUSING STABILITY

ASSISTANCE-\$5000

NAME OF ORGANIZATION OR GOVERNMENT: SHAREHOUSE OF FARGO, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PER CONVERSATION W TYE AND JEFF

\$5000 RECOVERY LIVING PROGRAM-\$7500 A DAY IN RECOVERY LIVING-\$110

NAME OF ORGANIZATION OR GOVERNMENT: TEMPLE BETH EL

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DISTRIBUTION - RABBINIC

PRESENCE-\$14460 ANNUAL DISTRIBUTION - TO MAINTAIN & GROW THE MAX AND ANNE

GOLDBERG LIBRARY-\$200 ANNUAL DISTRIBUTION - GENERAL OPERATIONS-\$1760

GENERAL SUPPORT IN MEMORY OF EDWARD R. STERN, HERMAN & ADELINE STERN, AND

MYRON BRIGHT-\$500

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF CASS CLAY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: YEAR 2 OF 3 COMMITMENT FOR NEW
AMERICAN WORKFORCE DEVELOPMENT-\$15000 ANNUAL DISTRIBUTION-GENERAL
SUPPORT-\$13415

NAME OF ORGANIZATION OR GOVERNMENT: VILLAGE FAMILY SERVICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDRENS SPECIAL NEEDS-\$2615
SUPPORTIVE TOYS, BOOKS AND MATERIALS FOR CHILDREN'S PLAY THERAPY-\$160
ANNUAL DISTRIBUTION - GENERAL SUPPORT ANNUAL SUPPORT-\$26904.19

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF CASS AND CLAY COUNTIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVING HEARTS DAY- PARTNER OF
YOUTH-\$2500 ANNUAL DISTRIBUTION - GENERAL SUPPORT-6565.49 CAMP
CORMORANT-\$500 YMCA CHILDCARE SCHOLARSHIPS-\$1439.70

NAME OF ORGANIZATION OR GOVERNMENT: YWCA CASS CLAY

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVING HEARTS DAY-\$100 FILL A HOME
WITH HOPE THIS HOLIDAY-\$6825 KITCHEN APPLIANCE NEEDS-\$3000 WOMEN'S
EDUCATION AND EMPLOYMENT FAIR-\$3000 GENERAL SUPPORT-\$8671.89

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

Name of the organization **FARGO-MOORHEAD AREA FOUNDATION CORPORATION** Employer identification number **45-6010377**

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	15	3,204,786.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2019

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.

Lined area for supplemental information input.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization	FARGO-MOORHEAD AREA FOUNDATION CORPORATION	Employer identification number	45-6010377
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESPONDING TO COMMUNITY NEEDS, PROVIDING FLEXIBILITY FOR DONORS WITH
VARIED INTEREST AND GIVING CAPACITIES AND SERVING AS A RESOURCE AND A
CATALYST FOR OTHER ORGANIZATIONS.

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

ORGANIZATIONS.

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

FORM 990 IS FIRST SENT TO THE AUDIT COMMITTEE AND EXECUTIVE COMMITTEE FOR
REVIEW ONE WEEK PRIOR TO THE EXECUTIVE MEETING. THE EXECUTIVE COMMITTEE WILL
VOTE TO RECOMMEND TO THE BOARD TO ACCEPT THE 990. THE 990 IS SENT TO ALL
BOARD MEMBERS ONE WEEK PRIOR TO THE BOARD MEETING FOR FULL BOARD REVIEW
ALONG WITH THE MINUTES OF THE EXECUTIVE COMMITTEE DOCUMENTING THE APPROVAL.
THE TREASURER PRESENTS THE EXECUTIVE COMMITTEE'S RECOMMENDATION TO APPROVE
AND THE FULL BOARD VOTES TO ACCEPT THE RECOMMENDATION BEFORE FILING.

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

CONFLICT OF INTEREST FORMS ARE COMPLETED EACH YEAR BY ALL STAFF, BOARD AND
COMMITTEE MEMBERS. THE RESULTS ARE COMPILED IN A LIST THAT IS REFERRED TO
ON A REGULAR BASIS. THOSE WITH CONFLICTS ARE ASKED TO ABSTAIN FROM VOTING
ON MATTERS REGARDING SAID ORGANIZATIONS.

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

DATA IS GATHERED PER THE COF SALARY SURVEY FOR LIKE SIZED COMMUNITY
FOUNDATIONS. THE BOARD REVIEWS, COMPARES AND APPROVES EXECUTIVE AND

Name of the organization FARGO-MOORHEAD AREA FOUNDATION CORPORATION	Employer identification number 45-6010377
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EMPLOYEE SALARIES.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE FARGO-MOORHEAD AREA FOUNDATION OFFICE.

FORM 990. PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **FARGO-MOORHEAD AREA FOUNDATION CORPORATION** Employer identification number **45-6010377**

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

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
ELM FAMILY FOUNDATION - 45-1968320 409 7TH STEET SOUTH FARGO, ND 58103	TO SUPPORT AND BENEFIT THE MISSION OF THE FARGO-MOORHEAD AREA	NORTH DAKOTA	501(C)3	501(C)3I			X
WILLIAM C AND JANE B MARCIL FAMILY FOUNDATION - 91-1751020, 409 7TH STREET SOUTH, FARGO, ND 58103	TO SUPPORT AND BENEFIT THE MISSION OF THE FARGO-MOORHEAD AREA	NORTH DAKOTA	501(C)3	501(C)3I			X

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

Schedule R (Form 990) 2019

SEE PART VII FOR CONTINUATIONS

FARGO-MOORHEAD AREA FOUNDATION
CORPORATION

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

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

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

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

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

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

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

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ELM FAMILY FOUNDATION

PRIMARY ACTIVITY: TO SUPPORT AND BENEFIT THE MISSION OF THE FARGO-MOORHEAD AREA FOUNDATION

NAME OF RELATED ORGANIZATION:

WILLIAM C AND JANE B MARCIL FAMILY FOUNDATION

PRIMARY ACTIVITY: TO SUPPORT AND BENEFIT THE MISSION OF THE FARGO-MOORHEAD AREA FOUNDATION

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. FARGO-MOORHEAD AREA FOUNDATION CORPORATION	Taxpayer identification number (TIN) 45-6010377
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 409 7TH ST S	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FARGO, ND 58103	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **409 7TH ST S - FARGO, ND 58103**
Telephone No. ▶ **701-234-0756** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.