

Form **990**

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

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2020 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		D Employer identification number 45-6010377
	Doing business as		E Telephone number 701-234-0756
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	409 7TH ST S		G Gross receipts \$ 33,963,010.
	City or town, state or province, country, and ZIP or foreign postal code FARGO, ND 58103		
F Name and address of principal officer: ERIC WILKIE SAME AS C ABOVE		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	
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		H(c) Group exemption number ▶	
J Website: ▶ WWW.AREAFUNDATION.ORG		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	M State of legal domicile: ND

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE HELP DONORS MAXIMIZE THEIR PHILANTHROPY TO CREATE A VIBRANT COMMUNITY FULL OF OPPORTUNITIES FOR		
	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 2020 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	15,738,635.	4,261,206.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,879,855.	2,391,916.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	182,623.	126,535.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,801,113.	6,779,657.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,496,992.	6,383,359.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	638,923.	716,879.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,861.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	945,690.	1,110,562.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,081,605.	8,210,800.
19 Revenue less expenses. Subtract line 18 from line 12	13,719,508.	-1,431,143.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	98,248,072.	106,685,360.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,691,803.	2,032,687.
		96,556,269.	104,652,673.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ERIC WILKIE, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	TRACEE S. BUETHNER, CPA				P01292877
	Firm's name ▶ WIDMER ROEL PC	Firm's EIN ▶ 45-0334950			
	Firm's address ▶ 4220 31ST AVE S FARGO, ND 58104	Phone no. 701-237-6022			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE HELP DONORS MAXIMIZE THEIR PHILANTHROPY TO CREATE A VIBRANT COMMUNITY FULL OF OPPORTUNITIES FOR EVERYONE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,612,573. including grants of \$ 6,383,359.) (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 - 45%; BASIC HUMAN NEEDS - 31.7%; ART - 2.8%; EDUCATION - 18%; OTHER - 2.5%. THESE GRANTS AND SCHOLARSHIPS WERE MADE POSSIBLE FROM THE FOLLOWING TYPES OF FUNDS: DONOR ADVISED - 48.9%, DESIGNATED - 25.8%, FIELD OF INTEREST - 7.4%, AGENCY 1.3%, SCHOLARSHIP - 9.6%, AND UNRESTRICTED - 7%.

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 7,612,573.

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 8		
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?		
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?		
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?		X
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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) TIMOTHY BEATON EXECUTIVE DIRECTOR	40.00 0.75			X				146,212.	0.	8,502.
(2) DON HAUGEN CHAIR	2.00	X		X				0.	0.	0.
(3) LOUISE DARDIS VICE CHAIR	3.00	X		X				0.	0.	0.
(4) JOEL JORGENSON SECRETARY	1.00	X		X				0.	0.	0.
(5) GARY NOLTE TREASURER	2.00	X		X				0.	0.	0.
(6) MARILYN GUY IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(7) LISA BODE DIRECTOR	1.00	X						0.	0.	0.
(8) LISA BORGEN DIRECTOR	1.00	X						0.	0.	0.
(9) WHITNEY IRISH DIRECTOR	2.00	X						0.	0.	0.
(10) SANDY KORBEL TRUSTEE REPRESENTATIVE	1.00	X						0.	0.	0.
(11) MORRIE LANNING DIRECTOR	1.00	X						0.	0.	0.
(12) MATHEW MOHR DIRECTOR	1.00	X						0.	0.	0.
(13) JOHN STERN 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) TONI SANDIN DIRECTOR	1.00	X						0.	0.	0.
(22) KATRINA TURMAN-LANG DIRECTOR	1.00	X						0.	0.	0.
(23) APRIL WALKER DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								146,212.	0.	8,502.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								146,212.	0.	8,502.

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**

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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	4,261,206.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,083,319.			
	h Total. Add lines 1a-1f			4,261,206.			
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)		1,790,759.		1,790,759.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		126,535.		126,535.	
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
					27,784,510.		
	b	Less: cost or other basis and sales expenses	7b	27,183,353.			
	c	Gain or (loss)	7c	601,157.			
	d	Net gain or (loss)		601,157.		601,157.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
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					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
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				6,779,657.	0.	0.	
						2,518,451.	

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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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,057,983.	6,057,983.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	325,376.	325,376.		
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	154,714.	55,307.	81,452.	17,955.
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	379,182.	135,550.	199,626.	44,006.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,264.	8,674.	12,774.	2,816.
9 Other employee benefits	122,226.	43,693.	64,348.	14,185.
10 Payroll taxes	36,493.	13,046.	19,212.	4,235.
11 Fees for services (nonemployees):				
a Management	1,978.		1,978.	
b Legal				
c Accounting	64,400.	30,989.	32,611.	800.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	522,281.	522,281.		
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	49,642.	2,219.	21,648.	25,775.
13 Office expenses	76,891.	59,045.	17,846.	
14 Information technology	41,933.	31,450.	10,483.	
15 Royalties				
16 Occupancy	4,537.	3,403.	1,134.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,104.	7,052.	3,526.	3,526.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,360.	39,270.	13,090.	
23 Insurance	6,552.	4,914.	1,638.	
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	272,321.	272,321.		
b DEVEOPMENT	3,563.			3,563.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,210,800.	7,612,573.	481,366.	116,861.
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)

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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		1		
	2	Savings and temporary cash investments	17,144,012.	2	4,553,724.	
	3	Pledges and grants receivable, net	1,883,692.	3	1,813,275.	
	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	921,738.		
	b	Less: accumulated depreciation	10b	329,253.	10c	592,485.
	11	Investments - publicly traded securities	76,258,441.	11	96,830,267.	
	12	Investments - other securities. See Part IV, line 11	975,804.	12	963,774.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	239.	14	0.	
	15	Other assets. See Part IV, line 11	1,352,676.	15	1,931,835.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	98,248,072.	16	106,685,360.		
Liabilities	17	Accounts payable and accrued expenses	8,418.	17	10,516.	
	18	Grants payable	106,244.	18	21,966.	
	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	1,577,141.	25	2,000,205.	
	26	Total liabilities. Add lines 17 through 25	1,691,803.	26	2,032,687.	
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	93,636,016.	27	101,959,021.	
	28	Net assets with donor restrictions	2,920,253.	28	2,693,652.	
	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	96,556,269.	32	104,652,673.	
33	Total liabilities and net assets/fund balances	98,248,072.	33	106,685,360.		

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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	6,779,657.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,210,800.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,431,143.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96,556,269.
5	Net unrealized gains (losses) on investments	5	9,537,867.
6	Donated services and use of facilities	6	-10,320.
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	104,652,673.

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 _____		

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3427921.	3254277.	6188589.	15738635.	4261207.	32870629.
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	3427921.	3254277.	6188589.	15738635.	4261207.	32870629.
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)						11271782.
6 Public support. Subtract line 5 from line 4.						21598847.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3427921.	3254277.	6188589.	15738635.	4261207.	32870629.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1080569.	1591408.	1859759.	2114409.	1917294.	8563439.
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.)	-8,902.	25,949.	32,918.			49,965.
11 Total support. Add lines 7 through 10						41484033.
12 Gross receipts from related activities, etc. (see instructions)					12	25,446.
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)).....	14	52.07 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	48.32 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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.		
1		
2		

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).		
1		

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 line 2, above, 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.		
1		
2		
3		

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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.		Yes	No
b Did the activities described in line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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.			
2a			
2b			
3a			
3b			

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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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) 2020 CORPORATION

45-6010377 Page 7

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), 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		\$ 111,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 321,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 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
7	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>132,459.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>253,863.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>134,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>173,957.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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
6	FARM LAND _____ _____ _____	\$ 321,000.	12/24/20
9	STOCKS _____ _____ _____	\$ 203,090.	12/31/20
12	STOCKS _____ _____ _____	\$ 73,857.	08/24/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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	
(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	
(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	
(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	

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

2020

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	142	
2 Aggregate value of contributions to (during year)	2,885,100.	
3 Aggregate value of grants from (during year)	4,433,598.	
4 Aggregate value at end of year	51,651,113.	
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	93,636,016.	71,540,756.	75,448,354.	65,851,711.	63,171,112.
b Contributions	3,678,625.	14,599,103.	3,675,622.	3,062,843.	3,334,981.
c Net investment earnings, gains, and losses	12,117,257.	14,068,998.	-3,779,390.	10,090,276.	2,638,780.
d Grants or scholarships	6,837,767.	5,983,726.	3,238,508.	2,689,224.	2,490,279.
e Other expenditures for facilities and programs	95,494.	118,165.	124,565.	34,057.	37,226.
f Administrative expenses	539,616.	470,950.	440,757.	833,195.	765,657.
g End of year balance	101,959,021.	93,636,016.	71,540,756.	75,448,354.	65,851,711.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		108,241.		108,241.
b Buildings		481,486.	128,407.	353,079.
c Leasehold improvements				
d Equipment		160,631.	131,276.	29,355.
e Other		171,380.	69,570.	101,810.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				592,485.

**FARGO-MOORHEAD AREA FOUNDATION
CORPORATION**

Schedule D (Form 990) 2020

45-6010377 Page **3**

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	1,416,965.
(3) CHARITABLE REMAINDER TRUSTS	583,080.
(4) OTHER CURRENT LIABILITIES	160.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,000,205.

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...

Schedule D (Form 990) 2020

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

2020

**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	501C3	5,610.	0.			\$1000 SNIP PROGRAM \$2500 GIVING HEARTS DAY \$2110.00 CARING CATALOG
ACCESS OF THE RRV., INC. 403 CENTER AVENUE, SUITE 512 MOORHEAD, MN 56560	41-1599920	501C3	7,500.	0.			COMMUNITY RESPONSE FUND-GENERAL OPERATING
ADOPT-A-PET BOX 865 MOORHEAD, MN 56561	45-0404057	501C3	7,029.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
AFRICAN SOUL AMERICAN HEART 300 NP AVENUE SUITE 205 FARGO, ND 58102	26-2221116	501C3	20,400.	0.			\$1475 CARING CATALOG \$18925 GENERAL OPERATING
AFRO AMERICAN DEVELOPMENT ASSOCIATION - P.O BOX 1226 - MOORHEAD, MN 56561	47-2210302	501C3	10,500.	0.			\$500 CARING CATALOG \$10000 COMMUNITY REPOSE FUND-GENERAL OPERATING
ALTRU HEALTH FOUNDATION 2501 DEMERS AVENUE GRAND FORKS, ND 58201		501C3	7,500.	0.			THOMSEN HOMES-COVID RESPONSE GRANT-GENERAL OPERATING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **126.**

3 Enter total number of other organizations listed in the line 1 table ▶ **22.**

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

Schedule I (Form 990) 2020

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 Domestic Organizations and Domestic Governments (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
AMERICAN LEGION BASEBALL PO BOX 2664 FARGO, ND 58108	45-0103470	501C3	15,080.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
ANNE CARLSEN CENTER - JAMESTOWN 301 7TH AVE NW JAMESTOWN, ND 58401-2971	87-0694180	501C3	20,973.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
A PLACE FOR HOPE 2419 12TH AVENUE SOUTH MOORHEAD, MN 56560	41-1922618	501C3	8,285.	0.			\$7500 COMMUNITY RESPONSE FUND-GENERAL OPERATING \$785 CARING CATALOG
ARISE! COMMUNITIES 119 5TH ST S. MOORHEAD, MN 56561-1222	83-3303424	501C3	22,722.	0.			GENERAL OPERATING-CLOSING FISCAL SPONSORSHIP
BARNESVILLE AREA HELPERS LIVING AT HOME/BLOCK NURSE PROGRAM - PO BOX 668 - BARNESVILLE, MN 56514	41-1979323	501C3	7,500.	0.			GENERAL OPERATING-COVID 19 RESPONSE FUND
BECKER COUNTY HISTORICAL SOCIETY PO BOX 622 DETROIT LAKES, MN 56502	41-0873609	501C3	6,380.	0.			\$3880.10-GENERAL OPERATING \$2500 ICE HARVEST SPONSORSHIP
BETHANY RETIREMENT LIVING 201 S UNIVERSITY DR. FARGO, ND 58103-8299	45-0274012	501C3	9,680.	0.			\$3000 COMMUNITY RESPONSE FUND-GENERAL OPERATING \$1900 CARING CATALOG \$4780 ANNUAL
BEYOND SHELTER, INC. PO BOX 310 FARGO, ND 58107	45-0453966	501C3	8,150.	0.			CARING CATALOG
BIO GIRLS 4225 38TH STREET SOUTH SUITE #101 FARGO, ND 58104	81-0792142	501C3	8,750.	0.			\$3750 CARING CATALOG \$5000 COMMUNITY RESPONSE FUND-GENERAL OPERATING

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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
BOYS AND GIRLS CLUB OF DL PO BOX 83 DETROIT LAKES, MN 56502	41-0871442	501C3	50,000.	0.			BUILDING A GREAT FUTURE CAMPAIGN
BOYS AND GIRLS CLUB OF NAMPA 316 STAMPEDE DRIVE NAMPA, ID 83687	82-0504332	501C3	10,000.	0.			CHILDREN AND HOLIDAY RELIEF
BOYS AND GIRLS CLUB OF THE TRUCKEE MEADOWS - 2680 E. NINTH STREET - RENO, NV 89512	88-0142068	501C3	10,000.	0.			HOLIDAY HELP PROGRAM
CARE TO LEARN- SPRINGFIELD CHAPTER 1740 S GLENSTONE AVE. STE. R SPRINGFIELD, MO 65804	47-1494384	501C3	10,000.	0.			EMERGENT HEALTH-HUNGER & HYGIENE NEEDS
CASS CLAY COMMUNITY LAND TRUST	83-4077611	501C3	68,329.	0.			\$64238.15 FISCAL SPONSORSHIP PAYOUT \$4010 CARING CATALOG
CASS COUNTY HISTORICAL SOCIETY PO BOX 719 WEST FARGO, ND 58078-0719	45-0306858	501C3	45,715.	0.			\$1835 CARING CATALOG \$43879.69 ANNUAL DISTRIBUTIONS-GENERAL OPERATING
CCRI - CREATIVE CARE FOR REACHING INDEPENDENCE - 2903 15TH ST S - MOORHEAD, MN 56560-1972	41-1294489	501C3	21,140.	0.			\$10425 COMMUNITY RESPONSE FUND-GENERAL OPERATING \$715 CARING CATALOG \$10000 CHAMBERS OF HOPE
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	86-0324144	501C3	10,000.	0.			CHILDREN AND HOLIDAY RELIEF
CHURCHES UNITED FOR THE HOMELESS 1901 1ST AVENUE NORTH MOORHEAD, MN 56560-2307	41-1594892	501C3	52,422.	0.			\$15000 COMMUNITY RESPONSE FUND-GENERAL OPERATING \$6960 CARING CATALOG \$30461.64 ANNUAL

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CITY OF DETROIT LAKES PO BOX 647 DETROIT LAKES, MN 56502-0647	41-6005098		24,500.	0.			\$9000 SUCKER CREEK PRESERVE PAVILLION \$3000 SAILS UP SPONSORSHIPS \$2500 DOWNTOWN ALIVE
CITY OF PEQUOT LAKES 4638 MAIN STREET PEQUOT LAKES, MN 56472			43,110.	0.			FLAG DISPLAY
CITY OF PEQUOT LAKES FIRE DEPARTMENT - 4638 MAIN STREET - PEQUOT LAKES, MN 56472			11,485.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
COMMUNITY OF CARE BOX 73 CASSELTON, ND 58012	26-1488596	501C3	7,080.	0.			\$5000 COMMUNITY RESPONSE FUND-GENERAL OPERATING \$1080 CARING CATALOG \$1000 GENERAL OPERATING
CONCORDIA COLLEGE 901 8TH STREET SOUTH MOORHEAD, MN 56562			14,000.	0.			PURCHASE OF A STEINWAY PIANO
CONCORDIA LANGUAGE VILLAGES 901 S 8TH ST. MOORHEAD, MN 56562	41-0693977		5,695.	0.			ANNUAL DISTRIBUTIONS-GERMAN LANGUAGE VILLAGE
CUES FUND 2207 WIRT STREET OMAHA, NE 68110	47-0818922	501C3	12,500.	0.			GATHERING SCHOLARSHIP
CULTURAL DIVERSITY RESOURCES 112 N UNIVERSITY DR. #306 FARGO, ND 58102	41-1896836	501C3	9,035.	0.			\$805 ANNUAL DISTRIBUTION \$7500 COMMUNITY RESPONSE FUND-GENERAL OPERATING \$730 CARING CATALOG
CYSTIC FIBROSIS FOUNDATION 3215 NE 11TH WAY HILLSBORO, OR 97124	13-1930701	501C3	25,000.	0.			GREAT STRIDES PROGRAM

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DAKOTA BOYS AND GIRLS RANCH - MINOT - BOX 5007 - MINOT, ND 58702-5007	45-0333670	501C3	23,938.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
DAKOTA MEDICAL FOUNDATION 4141 28TH AVE S FARGO, ND 58104	45-6012318	501C3	11,080.	0.			ANNUAL DISTRIBUTIONS
DETROIT LAKES COMMUNITY AND CULTURAL CENTER - 826 SUMMIT AVENUE - DETROIT LAKES, MN 56501	41-1970351	501C3	50,000.	0.			\$15000 DL YOUTH BASEBALL ASSOCIATION \$35000 COVID-19 SUPPORT
DETROIT LAKES PUBLIC SCHOOL PO BOX 766 DETROIT LAKES, MN 56501			65,000.	0.			2019 BUILDING REFERENDUM PROJECT
DETROIT MOUNTAIN RECREATION AREA 29409 170TH STREET DETROIT LAKES, MN 56501	27-2089583	501C3	42,050.	0.			GENERAL OPERATING SUPPORT
DL SCHOLARSHIP FOUNDATION PO BOX 989 DETROIT LAKES, MN 56502	46-5534495	501C3	8,000.	0.			SCHOLARSHIPS
DOWN HOME 2102 12TH ST N FARGO, ND 58102	82-3635989	501C3	14,110.	0.			\$9110 CARING CATALOG \$5000 COMMUNITY RESPONSE FUND-GENERAL OPERATING
DOWNTOWN FARGO BUSINESS IMPROVEMENT DISTRICT - 207 4TH STREET NORTH, STE. B - FARGO, ND 58102	46-4482667		14,000.	0.			DOWNTOWN FARGO BUSINESSES IMPROVEMENT DISTRICT GRANTS
DUKE UNIVERSITY SCHOOL OF MEDICINE 300 W MORGAN STREET SUITE 1200 DURHAM, NC 27701	56-0532129		600,000.	0.			COVID-19 VACCINE RESEARCH

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EMERGENCY FOOD PANTRY PO BOX 2821 FARGO, ND 58108	51-0138107	501C3	25,425.	0.			\$15000 COMMUNITY RESPONSE FUND \$6925 CARING CATALOG \$3500 ANNUAL DISTRIBUTIONS
ESSENTIA HEALTH FARGO FOUNDATION 3000 32ND AVE S. FARGO, ND 58103	27-1984704	501C3	34,870.	0.			\$12000 COFFEE FOR HEALTHCARE HEROS \$1620 CARING CATALOG \$21250 ANNUAL DISTRIBUTIONS
EVENTIDE FOUNDATION 801 MAIN AVENUE MOORHEAD, MN 56560		501C3	8,000.	0.			COVID-19 RESPONSE
EVERGREEN MEMORIAL CEMETERY PO BOX 7 MOORHEAD, MN 56561			5,040.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
FAMILY HEALTHCARE 301 NP AVENUE N FARGO, ND 58102-4835	45-0430628	501C3	12,635.	0.			\$10000 COMMUNITY RESPONSE FUND \$1385 CARING CATALOG \$1250 ANNUAL DISTRIBUTIONS
FAMILY RESOURCE CENTER OF THE TRI-CITIES - PO BOX 3872 - PASCO, WA 99302	27-1557349	501C3	10,000.	0.			CHRISTMAS ASSISTANCE
FARGO MOORHEAD AREA YOUTH SYMPHONIES - 808 3RD AVE SOUTH, SUITE #302 - FARGO, ND 58103	45-0355021	501C3	5,595.	0.			ANNUAL DISTRIBUTIONS
FARGO MOORHEAD COMMUNITY THEATRE 6 BROADWAY N SUITE 100 FARGO, ND 58103	45-0233312	501C3	11,000.	0.			\$4000 CARING CATALOG \$7000 ANNUAL DISTRIBUTIONS
FARGO-MOORHEAD OPERA 21 8TH STREET SOUTH FARGO, ND 58103	45-0307449	501C3	6,675.	0.			ANNUAL DISTRIBUTIONS

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FARGO-MOORHEAD SCIENCE MUSEUM 1230 2ND ST N FARGO, ND 58102	83-1068911	501C3	16,793.	0.			FISCAL SPONSORSHIP PAYOUT
FARGO-MOORHEAD SYMPHONY ORCHESTRA 808 3RD AVE SOUTH, SUITE #300 FARGO, ND 58103	45-0275135	501C3	38,501.	0.			\$3870.62 CARING CATALOG \$34630 ANNUAL DISTRIBUTIONS
FARGO MOORHEAD YOUTH CHOIR PO BOX 773 FARGO, ND 58107-0773		501C3	5,375.	0.			\$375 CARING CATALOG \$5000 GENERAL OPERATING
FARGO PARK DISTRICT 701 MAIN AVE FARGO, ND 58103		501C3	5,710.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
FARGO PUBLIC LIBRARY 102 3RD STREET NORTH FARGO, ND 58102-4808	45-6002069	501C3	18,980.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
FARGO PUBLIC SCHOOLS DEVELOPMENT FOUNDATION - 1305 9TH AVENUE S. - FARGO, ND 58103	31-1733797	501C3	15,945.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
FARGO THEATRE MANAGEMENT CORP. PO BOX 2190 FARGO, ND 58108	45-0373698	501C3	14,010.	0.			\$10010.00 ANNUAL DISTRIBUTIONS-GENERAL OPERATING \$4000 THOMSEN HOMES COVID 19 RESPONSE
FARM RESCUE PO BOX 28 HORACE, ND 58047-0028	75-3174053	501C3	14,315.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
FIRST BAPTIST CHURCH- FARGO 1501 17TH AVE. S FARGO, ND 58103	45-0226417	501C3	6,805.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING

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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
FIRSTLINK PO BOX 447 FARGO, ND 58107-0447	45-0419491	501C3	10,600.	0.			\$10000 COMMUNITY RESPONSE FUND \$450 CARING CATALOG \$150 GENERAL OPERATING
FIRST PRESBYTERIAN CHURCH OF FARGO 650 2ND AVE N FARGO, ND 58102	45-0226475		10,200.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
FIRST UNITED METHODIST CHURCH 906 1ST AVE S FARGO, ND 58103			6,564.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE MCCARRAN, NV 89434	94-2924979	501C3	25,000.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
FRANCISCAN FRIARS OF ST. JOHN THE BAPTIST PROVINCE - 1615 VINE STREET - CINCINNATI, OH 54202	31-6064103		6,400.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
FRASER, LTD. 2902 S UNIVERSITY DR FARGO, ND 58103	45-0226418	501C3	24,810.	0.			\$2310 CARING CATALOG \$20000 COMMUNITY RESPONSE FUND \$2500 GENERAL OPERATING-ANNUAL
FRIENDS OF THE CHILDREN-FM 200 45TH STREET S SUITE 200 FARGO, ND 58103	83-4476757	501C3	40,800.	0.			\$800 CARING CATALOG \$10000 COMMUNITY RESPONSE FUND \$30000 ANNUAL DISTRIBUTIONS-GENERAL
FURNITURE MISSION OF THE RED RIVER VALLEY - PO BOX 7337 - FARGO, ND 58106	84-2865001	501C3	5,020.	0.			CARING CATALOG
GRACE LUTHERAN CHURCH 821 5TH AVE S FARGO, ND 58103	45-0232567		13,145.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING

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GREAT PLAINS FOOD BANK 1720 3RD AVENUE N FARGO, ND 58102-4626	47-2229589	501C3	47,212.	0.			\$14485 CARING CATALOG \$5000 THOMSEN HOMES COVID RESPONSE FUND \$27726.94 ANNUAL
GUEST HOUSE 1601 JOSLYN RD BOX 420 LAKE ORION, MI 48361	38-1557146	501C3	9,175.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
HAZELDEN BETTY FORD FOUNDATION PO BOX 64348 SAINT PAUL, MN 55164	41-0682405	501C3	10,000.	0.			COVID RESPONSE
HEART-N-SOUL COMMUNITY CAFE INC. 1610 12TH AVE S FARGO, ND 58103		501C3	17,474.	0.			\$5250 CARING CATALOG \$12200 COMMUNITY RESPONSE FUND
HERO 5012 53RD STREET S SUITE C FARGO, ND 58104	45-0457109	501C3	8,985.	0.			\$150 GIVING HEARTS DAY \$7500 COMMUNITY RESPONSE FUND \$835 GIVING HEARTS DAY \$500 ANNUAL
HISTORICAL AND CULTURAL SOCIETY OF CLAY COUNTY - PO BOX 501 - MOORHEAD, MN 56560-1985	41-6038553	501C3	13,885.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
HOME ON THE RANGE FOR BOYS 16351 I-94 SENTINEL BUTTE, ND 58654-9500	45-0230083	501C3	20,474.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
HOMEWARD ANIMAL SHELTER 1201 28TH AVE N FARGO, ND 58102	45-0284164	501C3	17,992.	0.			\$5866.50 ANNUAL DISTRIBUTIONS-GENERAL OPERATING \$9000 THOMSEN HOMES COVID RESPONSE
HONORHEALTH 8125 N. HAYDEN ROAD SCOTTSDALE, AZ 85258	74-2355411	501C3	25,000.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING

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HOPEFUL HEART PROJECT 2532 9TH ST S FARGO, ND 58103	82-3765753	501C3	6,920.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
HOPE LUTHERAN CHURCH OF FARGO, ND 3636 25TH STREET SOUTH FARGO, ND 58103	45-0276446	501C3	7,300.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
HOSPICE OF THE RED RIVER VALLEY 1701 38TH ST. S, SUITE #101 FARGO, ND 58103-4499	45-0349152	501C3	9,752.	0.			\$1055 CARING CATALOG \$8697.14 GENERAL OPERATING-ANNUAL DISTRIBUTIONS
HUMANE SOCIETY OF POLK COUNTY INC 720 E ROBERT CROOKSTON, MN 56716	41-1433622	501C3	6,360.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
HUMANE SOCIETY OF THE LAKES 19665 US HWY 59 DETROIT LAKES, MN 56501	41-1651603	501C3	16,360.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
IMMIGRANT DEVELOPMENT CENTER 810 4TH AVE S, STE 100 MOORHEAD, MN 56560	20-3368647	501C3	10,000.	0.			COMMUNITY RESPONSE FUND-GENERAL OPERATING
IMPACT FOUNDATION 4141 28TH AVE S FARGO, ND 58104	20-0520386	501C3	9,800.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
JAIL CHAPLAINS PO BOX 6444 FARGO, ND 58109	20-4363997	501C3	6,575.	0.			\$575 CARING CATALOG \$5000 COMMUNITY RESPONSE FUND-GENERAL OPERATING \$1000 ANNUAL
JASMIN CHILDCARE AND PRESCHOOL 4720 7TH AVE S. SUITE E FARGO, ND 58103	82-3422274	501C3	15,580.	0.			\$580 CARING CATALOG \$15000 COMMUNITY RESPONSE FUND-GENERAL OPERATING

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FARGO-MOORHEAD AREA FOUNDATION
CORPORATION

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45-6010377

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
JEREMIAH PROGRAM PO BOX 7430 FARGO, ND 58106	41-1801834	501C3	22,310.	0.			\$7475 ANNUAL DISTRIBUTIONS-GENERAL OPERATING \$2335 CARING CATALOG \$12500 COVID
KIDS CAN COMMUNITY CENTER 4860 Q STREET OMAHA, NE 68117	47-0376597	501C3	10,000.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
LAKES MELISSA & SALLIE IMPROVEMENT ASSOCIATION - PO BOX 1003 - DETROIT LAKES, MN 56502	41-1353962	501C3	6,000.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
LEGACY CHILDREN'S FOUNDATION 725 28TH ST N FARGO, ND 58102	45-3621605	501C3	17,260.	0.			\$8510 ANNUAL DISTRIBUTIONS-GENERAL OPERATING \$3750 CARING CATALOG \$5000 THOMSEN
LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA - 3911 20TH AVE. S - FARGO, ND 58103	45-0226421	501C3	16,085.	0.			\$7800 COMMUNITY RESPONSE FUND \$600 CARING CATALOG \$7685 ANNUAL DISTRIBUTIONS-GENERAL
MEMORY CAFE OF THE RED RIVER VALLEY - 1337 8TH STREET SOUTH - FARGO, ND 58103	82-2788530	501C3	10,200.	0.			CARING CATALOG
MISSOURI SLOPE AREA WIDE UNITED WAY PO BOX 2111 BISMARCK, ND 58501	45-0387741	501C3	10,000.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
MORAVIAN CHURCH PO BOX 336 LEONARD, ND 58052	23-7334419	501C3	22,965.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
ND ECONOMIC DEVELOPMENT FOUNDATION PO BOX 2057 BISMARCK, ND 58503		501C3	9,375.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING

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NDSU COLLEGE OF BUSINESS 811 2ND AVENUE NORTH FARGO, ND 58102	45-6002439		5,625.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
NDSU DEVELOPMENT FOUNDATION PO BOX 5144 FARGO, ND 58105-5144	237120898	501C3	102,484.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
NEVADA HUMANE SOCIETY 2825 LONGLEY LANE SUITE B RENO, NV 89502	88-0072720	501C3	25,000.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
NEW AMERICAN CONSORTIUM FOR WELLNESS & EMPOWERMENT - 15 SOUTH 21ST STREET , SUITE 102 - FARGO, ND 58103	81-1189422	501C3	11,070.	0.			\$10000 COMMUNITY RESPONSE FUND-GENERAL OPERATING \$1070 CARING CATALOG
NEW LIFE CENTER PO BOX 1067 FARGO, ND 58107-1067	45-0228056	501C3	27,587.	0.			\$7436.64 ANNUAL DISTRIBUTIONS-GENERAL OPERATING \$3150 CARING CATALOG \$15000 COMMUNITY
NEXUS PATH FAMILY HEALING 1202 WESTTRAC SUITE 400 FARGO, ND 58103	91-2159746	501C3	17,210.	0.			\$210 CARING CATALOG \$17000 COVID RESPONSE
NORTH DAKOTA CONGRESS OF PARENTS & TEACHERS - PO BOX 943 - FARGO, ND 58107		501C3	6,115.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
NORTHERN STATE UNIVERSITY FOUNDATION - 620 15TH AVENUE SE - ABERDEEN, SD 57401	23-7002314		10,000.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
PEACE LUTHERAN CHURCH 1011 12TH AVE N FARGO, ND 58102	45-0261730		14,365.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING

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PHI CHAPTER THETA CHI HOLDING COMPANY - PO BOX 5767 - FARGO, ND 58105-5767	45-0202085		10,769.	0.			ANNUAL DISTRIBUTIONS-HOUSE MAINTENANCE
PLAINS ART MUSEUM PO BOX 2338 FARGO, ND 58108-2338	41-1260780	501C3	11,592.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
PLANNED PARENTHOOD OF MN, ND & SD 624 MAIN AVE STE 2F FARGO, ND 58103	41-0948382	501C3	10,000.	0.			GENERAL OPERATING
PONTOPPIDAN LUTHERAN CHURCH 309 4TH STREET NORTH FARGO, ND 58102			6,564.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
PRAIRIE PUBLIC BROADCASTING 207 5TH ST N FARGO, ND 58102	45-0276899	501C3	6,418.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
P'S & Q'S ETIQUETTE, LLC 112 UNIVERSITY DR. N SUITE 141 FARGO, ND 58102	22-3981086	501C3	8,550.	0.			\$1050 CARING CATALOG \$7500 COMMUNITY RESPONSE FUND
RAPE AND ABUSE CRISIS CENTER 317 8TH ST N FARGO, ND 58102	41-1310289	501C3	17,460.	0.			\$2765 CARING CATALOG \$14695 ANNUAL DISTRIBUTIONS-GENERAL OPERATING
REACH RURAL ENRICHMENT & COUNSELING HEADQUARTERS, INC - BOX 237 - HAWLEY, MN 56549	41-1716149	501C3	7,850.	0.			\$350 CARING CATALOG \$7500 COMMUNITY RESPONSE FUND
RED RIVER DANCE & PERFORMING COMPANY - 2921 FIECHTNER DR S - FARGO, ND 58103	45-0345335	501C3	6,275.	0.			THOMSE HOMES COVID RESPONSE-GENERAL OPERATING

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RED RIVER ZOOLOGICAL SOCIETY 4255 23RD AVE S FARGO, ND 58104-8786	36-3938878	501C3	41,000.	0.			\$4000 THOMSEN HOMES COVID RESPONSE \$37000.19 ANNUAL DISTRIBUTIONS-GENERAL OPERATING
RIVERSIDE CEMETERY ASSOCIATION PO BOX 1703 FARGO, ND 58107	45-0186493	501C3	10,500.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
SALVATION ARMY, FARGO PO BOX 2124 FARGO, ND 58107-2124	41-0698597	501C3	8,504.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
SANFORD CHILDREN'S HOSPITAL PO BOX 2010 FARGO, ND 58122-2399	45-0226909	501C3	13,535.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
SANFORD HEALTH FOUNDATION 520 MAIN AVENUE FARGO, ND 58122	45-0398104	501C3	26,083.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
SHAREHOUSE OF FARGO, INC. 4227 9TH AVE SW FARGO, ND 58103	26-2708205	501C3	10,310.	0.			\$710 CARING CATALOG \$7500 COMMUNITY RESPONSE FUND \$2100 ANNUAL DISTRIBUTIONS-GENERAL
SMART CORPORATION C/O USBC 621 SIX FLAGS DR. ARLINGTON, TX 76011	27-2358041	501C3	5,820.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
SOUTH SUDANESE FOUNDATION 2037 67TH AVENUE SOUTH FARGO, ND 58104	83-4476088	501C3	45,000.	0.			GENERAL OPERATING
SPARROWS NEST PO BOX 8384 KALISPELL, MT 59904	47-2120103		10,000.	0.			GENERAL OPERATING

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

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ST. CATHERINE'S CHURCH 524 3RD AVE N VALLEY CITY, ND 58072			6,060.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		53,000.	0.			GENERAL OPERATING
TEMPLE BETH EL 809 11TH AVE S FARGO, ND 58103-3153	45-6011866	501C3	28,300.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
THE ARTS PARTNERSHIP 1104 2ND AVE S, #315 FARGO, ND 58103	23-7108936	501C3	5,925.	0.			GENERAL OPERATING
THEATRE B 215 10TH ST N MOORHEAD, MN 56560	20-0204648	501C3	10,690.	0.			\$4190 CARING CATALOG \$6500 GENERAL OPERATING
THE HUMAN FAMILY 6257 14TH ST. S. FARGO, ND 58104		501C3	20,344.	0.			GENERAL OPERATING
THEODORE ROOSEVELT PRESIDENTIAL LIBRARY - 107 W MAIN AVE. STE. 50 - BISMARCK, ND 58501	47-1324043	501C3	2,100,000.	0.			GENERAL OPERATING
TROLLWOOD PERFORMING ARTS SCHOOL 801 50TH AVE SW MOORHEAD, MN 56560	45-0448759	501C3	8,745.	0.			\$1945 CARING CATALOG \$6800 GENERAL OPERATING
TROON COUNTRY CLUB SCHOLARSHIP FOUNDATION - 25000 N WINDY WALK DRIVE - SCOTTSDALE, AZ 85255	20-8691465	501C3	10,000.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING

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UC DAVIS FOUNDATION - SCHOOL OF VETERINARY MEDICINE - OFFICE OF THE DEAN - DEVELOPMENT - DAVIS, CA 95616	94-6081352	501C3	7,500.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
UND ALUMNI ASSOCIATION FOUNDATION 3501 UNIVERSITY AVE STOP 8157 GRAND FORKS, ND 58202-8157	45-0227756	501C3	50,000.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
UNITED WAY OF CASS CLAY PO BOX 1609 FARGO, ND 58107-1609	41-0810008	501C3	94,555.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
UNIVERSITY OF NEVADA RENO FOUNDATION - MORRILL HALL ALUMNI CENTER - RENO, NV 89557	94-6036494	501C3	7,500.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
UP AQUATICS 3740 ASPYN LANE NORTH FARGO, ND 58102	27-1181382	501C3	20,000.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
VALLEY SENIOR SERVICES PO BOX 2217 FARGO, ND 58108		501C3	16,405.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
VETERAN'S CANTEEN SERVICE 2101 ELM STREET N FARGO, ND 58102		501C3	6,000.	0.			COFFEE FOR HEALTHCARE HEROS-GIFT CARDS
VILLAGE FAMILY SERVICE CENTER PO BOX 9859 FARGO, ND 58106-9859	45-0226423	501C3	32,914.	0.			\$300 CARING CATALOG \$32613.74 ANNUAL DISTRIBUTIONS-GENERAL OPERATING
WENDI FAGERHOLT 1510 CHESTNUT STREET GRAND FORKS, ND 58201			20,000.	0.			THOMSEN HOMES-COVID RESPONSE GRANT-GENERAL OPERATING

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WESTERN MINNESOTA STEAM THRESHERS PO BOX 9337 FARGO, ND 58106	23-7418831	501C3	6,245.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
WIN-LIBERIA 15 21ST STREET S #104 FARGO, ND 58103	83-1823044	501C3	5,250.	0.			\$250 CARING CATALOG \$5000 COMMUNITY RESPONSE FUND
YMCA OF CASS AND CLAY COUNTIES 400 1ST AVE S FARGO, ND 58103	23-7434797	501C3	30,329.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
YMCA OF GRAND FORKS 215 NORTH 7TH STREET GRAND FORKS, ND 58203		501C3	7,500.	0.			ANNUAL DISTRIBUTIONS-GENERAL OPERATING
YOUTHWORKS 1330 18TH AVE S FARGO, ND 58103	46-0345922	501C3	9,835.	0.			\$7140 CARING CATALOG \$2695 ANNUAL DISTRIBUTIONS-GENERAL OPERATING
YWCA CASS CLAY 4650 38TH AVE. S FARGO, ND 58104-8529	45-0226435	501C3	40,191.	0.			\$2360 CARING CATALOG \$15000 COMMUNITY RESPONSE FUND \$22830.78 ANNUAL DISTRIBUTION-GENERAL
APPLE TREE DENTAL 520 MAIN STREET HAWLEY, MN 56549	36-3411437	501C3	6,000.	0.			GENERAL OPERATING-COVID 19 RESPONSE FUND

FARGO-MOORHEAD AREA FOUNDATION
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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	245	325,376.	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:

NEEDS THROUGHOUT CASS COUNTY, NORTH DAKOTA, AND CLAY COUNTY, MINNESOTA,
WITHIN FIVE PRIMARY FOCUS AREAS: ARTS, CULTURE AND CREATIVITY; BASIC HUMAN
NEEDS; COMMUNITY BUILDING; EDUCATION; AND WOMEN AND CHILDREN. GRANTS ARE
AWARDED TO NONPROFIT ORGANIZATIONS THAT VARY IN SIZE, MISSION, AND VISION,
AND THAT PROMOTE COLLABORATIVE EFFORTS TO CREATE A VIBRANT COMMUNITY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BETHANY RETIREMENT LIVING

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3000 COMMUNITY RESPONSE

FUND-GENERAL OPERATING \$1900 CARING CATALOG \$4780 ANNUAL

DISTRIBUTIONS-GENERAL OPERATING

NAME OF ORGANIZATION OR GOVERNMENT: CHURCHES UNITED FOR THE HOMELESS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$15000 COMMUNITY RESPONSE

FUND-GENERAL OPERATING \$6960 CARING CATALOG \$30461.64 ANNUAL

DISTRIBUTIONS-GENERAL OPERATING

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF DETROIT LAKES

(H) PURPOSE OF GRANT OR ASSISTANCE: \$9000 SUCKER CREEK PRESERVE

PAVILLION \$3000 SAILS UP SPONSORSHIPS \$2500 DOWNTOWN ALIVE PROJECT \$10000

PICKLEBALL COURT PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: FARGO THEATRE MANAGEMENT CORP.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$10010.00 ANNUAL

DISTRIBUTIONS-GENERAL OPERATING \$4000 THOMSEN HOMES COVID 19 RESPONSE

FUND

NAME OF ORGANIZATION OR GOVERNMENT: FRASER, LTD.

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2310 CARING CATALOG \$20000

COMMUNITY RESPONSE FUND \$2500 GENERAL OPERATING-ANNUAL DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE CHILDREN-FM

(H) PURPOSE OF GRANT OR ASSISTANCE: \$800 CARING CATALOG \$10000 COMMUNITY

RESPONSE FUND \$30000 ANNUAL DISTRIBUTIONS-GENERAL OPERATING

NAME OF ORGANIZATION OR GOVERNMENT: GREAT PLAINS FOOD BANK

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: \$14485 CARING CATALOG \$500 THOMSEN
HOMES COVID RESPONSE FUND \$27726.94 ANNUAL DISTRIBUTIONS-GENERAL
OPERATING

NAME OF ORGANIZATION OR GOVERNMENT: HERO

(H) PURPOSE OF GRANT OR ASSISTANCE: \$150 GIVING HEARTS DAY \$7500
COMMUNITY RESPONSE FUND \$835 GIVING HEARTS DAY \$500 ANNUAL DISTRIBUTIONS

NAME OF ORGANIZATION OR GOVERNMENT: HOMEWARD ANIMAL SHELTER

(H) PURPOSE OF GRANT OR ASSISTANCE: \$5866.50 ANNUAL
DISTRIBUTIONS-GENERAL OPERATING \$9000 THOMSEN HOMES COVID RESPONSE \$3125
CARING CATALOG

NAME OF ORGANIZATION OR GOVERNMENT: JAIL CHAPLAINS

(H) PURPOSE OF GRANT OR ASSISTANCE: \$575 CARING CATALOG \$5000 COMMUNITY
RESPONSE FUND-GENERAL OPERATING \$1000 ANNUAL DISTRIBUTIONS-GENERAL
OPERATING

NAME OF ORGANIZATION OR GOVERNMENT: JEREMIAH PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7475 ANNUAL DISTRIBUTIONS-GENERAL
OPERATING \$2335 CARING CATALOG \$12500 COVID RESPONSE

NAME OF ORGANIZATION OR GOVERNMENT: LEGACY CHILDREN'S FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: \$8510 ANNUAL DISTRIBUTIONS-GENERAL
OPERATING \$3750 CARING CATALOG \$5000 THOMSEN HOMES COVID RESPONSE

NAME OF ORGANIZATION OR GOVERNMENT:

LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7800 COMMUNITY RESPONSE FUND \$600
CARING CATALOG \$7685 ANNUAL DISTRIBUTIONS-GENERAL OPERATING

NAME OF ORGANIZATION OR GOVERNMENT: NEW LIFE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: \$7436.64 ANNUAL
DISTRIBUTIONS-GENERAL OPERATING \$3150 CARING CATALOG \$15000 COMMUNITY
RESPONSE FUND-GENERAL OPERATING

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

(H) PURPOSE OF GRANT OR ASSISTANCE: \$710 CARING CATALOG \$7500 COMMUNITY
RESPONSE FUND \$2100 ANNUAL DISTRIBUTIONS-GENERAL OPERATING

NAME OF ORGANIZATION OR GOVERNMENT: YWCA CASS CLAY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$2360 CARING CATALOG \$15000
COMMUNITY RESPONSE FUND \$22830.78 ANNUAL DISTRIBUTION-GENERAL OPERATING

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

FARGO-MOORHEAD AREA FOUNDATION
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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TIMOTHY BEATON EXECUTIVE DIRECTOR	(i)	146,212.	0.	0.	7,346.	1,156.	154,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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	19	762,319.	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	X	1	321,000.	FMV
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 V, Donee Acknowledgement **29** **0**

	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) 2020

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

2020

Open to Public
Inspection

Name of the organization

FARGO-MOORHEAD AREA FOUNDATION
CORPORATION

Employer identification number
45-6010377

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

EVERYONE.

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

FORM 990 IS SENT TO THE AUDIT COMMITTEE FOR REVIEW. THE BOARD TREASURER
CHAIRS THE AUDIT COMMITTEE. THE AUDIT COMMITTEE WILL MAKE A RECOMMENDATION
TO THE BOARD TO ACCEPT THE 990. THE 990 IS SENT TO ALL BOARD MEMBERS THE
WEEK PRIOR TO THEIR MEETING. THE TREASURER WILL PRESENT THE 990 TO THE
BOARD WITH THE RECOMMENDATION FROM THE AUDIT COMMITTEE FOR APPROVAL. THE
BOARD VOTES TO ACCEPT THE RECOMMENDATION AND THE 990 IS PREPPED FOR 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
EMPLOYEE SALARIES.

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

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

**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

2020

**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) 2020

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

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

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)			

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