



August 23, 2023

Eric Wilkie  
Fargo-Moorhead Area Foundation Corp.  
409 7th Street South  
Fargo, ND 58103

Dear Mr. Wilkie:

Enclosed is the 2022 Exempt Organization return, as follows...

2022 Form 990

We have received the signed Form 8879 and have e-filed your federal income tax return. The enclosed copy of the return should be retained for your records.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Tracee S. Buethner, CPA

## Filing Instructions

**Prepared for:**

Eric Wilkie  
Fargo-Moorhead Area Foundation Corp.  
409 7th Street South  
Fargo, ND 58103

**Prepared by:**

Widmer Roel PC  
4220 31st Ave S  
Fargo, ND 58104

2022 FORM 990

Please sign and mail on or before November 15, 2023.

Mail to - Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FEDERAL INFORMATIONAL FORMS

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

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

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

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

**THE ORGANIZATION**

- The books are in the care of ▶ **409 7TH ST S - FARGO, ND 58103**

Telephone No. ▶ **701-234-0756** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2022** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2022

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public  
Inspection

<b>A</b> For the <b>2022</b> calendar year, or tax year beginning and ending																												
<b>B</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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>FARGO-MOORHEAD AREA FOUNDATION CORPORATION</b></td> <td><b>D</b> Employer identification number <b>45-6010377</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number <b>701-234-0756</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td><b>G</b> Gross receipts \$ <b>29,731,310.</b></td> </tr> <tr> <td><b>409 7TH ST S</b></td> <td></td> <td><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>FARGO, ND 58103</b></td> <td><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>ERIC WILKIE</b> <b>SAME AS C ABOVE</b></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2"><b>I</b> 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</td> <td><b>H(c)</b> Group exemption number</td> </tr> <tr> <td colspan="2"><b>J</b> Website: <b>WWW.AREAFUNDATION.ORG</b></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>L</b> Year of formation: <b>1960</b> <b>M</b> State of legal domicile: <b>ND</b></td> </tr> </table>	<b>C</b> Name of organization <b>FARGO-MOORHEAD AREA FOUNDATION CORPORATION</b>		<b>D</b> Employer identification number <b>45-6010377</b>	Doing business as		<b>E</b> Telephone number <b>701-234-0756</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>29,731,310.</b>	<b>409 7TH ST S</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code <b>FARGO, ND 58103</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>F</b> Name and address of principal officer: <b>ERIC WILKIE</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	<b>I</b> 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		<b>H(c)</b> Group exemption number	<b>J</b> Website: <b>WWW.AREAFUNDATION.ORG</b>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1960</b> <b>M</b> State of legal domicile: <b>ND</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE HELP DONORS MAXIMIZE THEIR PHILANTHROPY TO CREATE A VIBRANT COMMUNITY FULL OF OPPORTUNITIES FOR</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 13
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 13
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b> 8
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 33
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> 0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 17,815,546. <b>Current Year</b> 3,742,304.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0. 0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,026,299. 1,138,700.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	183,190. 320,933.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,025,035. 5,201,937.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,975,424. 9,410,160.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	790,385. 742,442.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	135,744.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,289,941. 1,097,734.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,055,750. 11,250,336.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	16,969,285. -6,048,399.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 123,601,833. <b>End of Year</b> 98,404,628.
	<b>21</b> Total liabilities (Part X, line 26)	2,253,038. 1,774,313.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	121,348,795. 96,630,315.

**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.

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

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 No

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

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

4a (Code: ) (Expenses \$ 10,440,304. including grants of \$ 9,410,160. ) (Revenue \$ ) THE FOUNDATION IS A COMMUNITY TRUST THAT ADMINISTERS 492 CHARITABLE FUNDS. THESE FUNDS ARE CREATED BY CONTRIBUTIONS FROM THE GENERAL PUBLIC. GRANTS WERE AWARDED IN PROGRAMS IN THE FOLLOWING AREAS: COMMUNITY BUILDING - 30.40%; BASIC HUMAN NEEDS - 7.20%; ART - 5.20%; EDUCATION - 28.00%; YOUTH - 2.70%; RELIGION - 3.60%; HEALTH & WELLNESS - 16.30%; ANIMAL WELFARE - 2.10%; OTHER - 4.50%. THESE GRANTS AND SCHOLARSHIPS WERE MADE POSSIBLE FROM THE FOLLOWING TYPES OF FUNDS: DONOR ADVISED - 48.50%, DESIGNATED - 28.30%, FIELD OF INTEREST - 7.0%, AGENCY - 1.3%, SCHOLARSHIP - 9.3%, AND UNRESTRICTED - 5.6%.

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

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

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

4e Total program service expenses 10,440,304.

FARGO-MOORHEAD AREA FOUNDATION  
CORPORATION

**Part IV Checklist of Required Schedules**

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

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 the 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 line 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 on 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 on 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?	X	



FARGO-MOORHEAD AREA FOUNDATION CORPORATION

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

		Yes	No
<b>2a</b>	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		
	<b>2a</b> 8		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b> 1		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	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 the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

**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
<b>1a</b>	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.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 13		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ERIC WILKIE EXECUTIVE DIRECTOR	40.00 0.75			X				177,401.	0.	35,270.
(2) PATRICIA MASTEL DIRECTOR OF FINANCE	40.00			X				93,604.	0.	27,335.
(3) LOUISE DARDIS IMMEDIATE PAST CHAIR	2.00	X		X				0.	0.	0.
(4) APRIL WALKER CHAIR	3.00	X		X				0.	0.	0.
(5) TONI SANDIN VICE CHAIR	1.00	X		X				0.	0.	0.
(6) GARY NOLTE TREASURER	2.00	X		X				0.	0.	0.
(7) DON HAUGEN DIRECTOR	2.00	X						0.	0.	0.
(8) LISA BODE DIRECTOR	1.00	X						0.	0.	0.
(9) SANDY KORBEL TRUSTEE REPRESENTATIVE	1.00	X						0.	0.	0.
(10) MARILYN GUY DIRECTOR	1.00	X						0.	0.	0.
(11) JOEL JORGENSON DIRECTOR	1.00	X						0.	0.	0.
(12) MATTHEW LEISETH DIRECTOR	1.00	X						0.	0.	0.
(13) BANK OF THE WEST INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(14) WELLS FARGO INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(15) BELL STATE BANK & TRUST INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(16) BREMER INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(17) HEARTLAND TRUST 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ALERUS INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(19) US BANK INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(20) MATTHEW MOHR DIRECTOR	1.00	X						0.	0.	0.
(21) JOHN STERN DIRECTOR	1.00	X						0.	0.	0.
(22) KATRINA TURMAN-LANG SECRETARY	1.00	X		X				0.	0.	0.
(23) SHER THOMSEN DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								271,005.	0.	62,605.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								271,005.	0.	62,605.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

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

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

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

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,742,304.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 466,045.			
	h Total. Add lines 1a-1f			3,742,304.			
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)	2,461,166.			2461166.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties	320,933.			320,933.
	6 a	6a	(i) Real				
			(ii) Personal				
	b		Less: rental expenses	6b			
	c		Rental income or (loss)	6c			
	d		Net rental income or (loss)				
	7 a	7a	(i) Securities	23,206,907.			
			(ii) Other				
	b		Less: cost or other basis and sales expenses	7b	24,529,373.		
	c		Gain or (loss)	7c	-1,322,466.		
	d		Net gain or (loss)	-1,322,466.			-1322466.
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			5,201,937.	0.	0.	1459633.	

FARGO-MOORHEAD AREA FOUNDATION  
CORPORATION

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**Part IX Statement of Functional Expenses**

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

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

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	9,104,329.	9,104,329.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	305,831.	305,831.		
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	333,610.	57,851.	249,655.	26,104.
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	282,206.	48,937.	211,187.	22,082.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,721.	2,033.	8,771.	917.
9 Other employee benefits	78,766.	13,659.	58,944.	6,163.
10 Payroll taxes	36,139.	6,267.	27,044.	2,828.
11 Fees for services (nonemployees):				
a Management	12,738.	10,605.	2,133.	
b Legal				
c Accounting	28,245.	13,262.	14,983.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	652,983.	652,983.		
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	45,731.	4,276.	3,084.	38,371.
13 Office expenses	63,535.	48,439.	15,096.	
14 Information technology	80,576.		60,432.	20,144.
15 Royalties				
16 Occupancy	5,489.	4,117.	1,372.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,256.	20,441.	9,001.	9,814.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	42,487.	31,865.	10,622.	
23 Insurance	7,856.	5,892.	1,964.	
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 MISCELLANEOUS	109,517.	109,517.		
b DEVELOPMENT	9,321.			9,321.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,250,336.	10,440,304.	674,288.	135,744.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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	0.	1	479.
	2	Savings and temporary cash investments	5,533,548.	2	5,002,826.
	3	Pledges and grants receivable, net	1,205,062.	3	1,051,597.
	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	30,157.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	933,520.	10a	
	b	Less: accumulated depreciation	417,522.	10b	
			546,704.	10c	515,998.
	11	Investments - publicly traded securities	113,225,399.	11	89,221,489.
	12	Investments - other securities. See Part IV, line 11	936,396.	12	895,983.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	2,154,724.	15	1,686,099.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	123,601,833.	16	98,404,628.	
Liabilities	17	Accounts payable and accrued expenses	21,137.	17	11,511.
	18	Grants payable	6,243.	18	30,680.
	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	2,225,658.	25	1,732,122.
	26	<b>Total liabilities.</b> Add lines 17 through 25	2,253,038.	26	1,774,313.
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	118,209,111.	27	79,933,288.
	28	Net assets with donor restrictions	3,139,684.	28	16,697,027.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>				
	<b>and complete lines 29 through 33.</b>				
	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	<b>Total net assets or fund balances</b>	121,348,795.	32	96,630,315.	
33	<b>Total liabilities and net assets/fund balances</b>	123,601,833.	33	98,404,628.	

Form 990 (2022)

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,201,937.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,250,336.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,048,399.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	121,348,795.
5	Net unrealized gains (losses) on investments	5	-18,657,487.
6	Donated services and use of facilities	6	-12,594.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	96,630,315.

**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 on 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	2a	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	2b	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.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	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 _____	3b	



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

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

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

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

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6188589.	15738635.	4261207.	17815546.	3742304.	47746281.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	6188589.	15738635.	4261207.	17815546.	3742304.	47746281.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						21629716.
<b>6 Public support.</b> Subtract line 5 from line 4.						26116565.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	6188589.	15738635.	4261207.	17815546.	3742304.	47746281.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1859759.	2114409.	1917294.	2250916.	2782099.	10924477.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	32,918.					32,918.
<b>11 Total support.</b> Add lines 7 through 10						58703676.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	9,234.

**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**

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	44.49 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	44.75 %

**16a 33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 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
<b>1</b> 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>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
<b>3a</b> 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>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described on 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

FARGO-MOORHEAD AREA FOUNDATION  
CORPORATION

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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 CORPORATION

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2023. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			





Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (FARGO-MOORHEAD AREA FOUNDATION CORPORATION) and Employer identification number (45-6010377)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization <b>FARGO-MOORHEAD AREA FOUNDATION CORPORATION</b>	Employer identification number <b>45-6010377</b>
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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		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 250,000.	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		\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 116,648.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FARGO-MOORHEAD AREA FOUNDATION CORPORATION</b>	Employer identification number <b>45-6010377</b>
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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		\$ 104,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FARGO-MOORHEAD AREA FOUNDATION CORPORATION</b>	Employer identification number <b>45-6010377</b>
---	---

**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
7	STOCK <hr/> <hr/> <hr/>	\$ 104,375.	12/30/22
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization <b>FARGO-MOORHEAD AREA FOUNDATION CORPORATION</b>	Employer identification number <b>45-6010377</b>
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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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 .....	151	
2 Aggregate value of contributions to (during year) .....	2,245,543.	
3 Aggregate value of grants from (during year) .....	7,541,844.	
4 Aggregate value at end of year .....	47,541,736.	
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 July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) 2022

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	119,191,266.	101,959,021.	93,636,016.	71,540,756.	75,448,354.
b Contributions	3,548,227.	17,049,005.	3,678,625.	14,599,103.	3,675,622.
c Net investment earnings, gains, and losses	-15,407,175.	12,798,486.	12,117,257.	14,068,998.	-3,779,390.
d Grants or scholarships	9,690,585.	11,913,699.	6,837,767.	5,983,726.	3,238,508.
e Other expenditures for facilities and programs	169,450.	176,131.	95,494.	118,165.	124,565.
f Administrative expenses	526,653.	525,416.	539,616.	470,950.	440,757.
g End of year balance	96,945,630.	119,191,266.	101,959,021.	93,636,016.	71,540,756.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 82.7770 %
  - b Permanent endowment 14.5590 %
  - c Term endowment 2.6640 %
- 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.	171,724.	309,762.
c Leasehold improvements				
d Equipment		172,412.	153,135.	19,277.
e Other		171,381.	92,663.	78,718.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				515,998.

**FARGO-MOORHEAD AREA FOUNDATION  
CORPORATION**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	1,297,689.
(3) CHARITABLE REMAINDER TRUSTS	434,433.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,732,122.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**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 PANCRATZ 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE CAPSTONE ACADEMY 3910 25TH STREET S FARGO, ND 58104			2,000,000.	0.			GENERAL SUPPORT
THEODORE ROOSEVELT PRESIDENTIAL LIBRARY - 350 THIRD AVENUE - MEDORA, ND 58645	47-1324043		1,500,000.	0.			GENERAL SUPPORT
ANNE CARLSON CENTER 4152 30TH AVENUE SUITE 102 FARGO, ND 58104	87-0694180		1,000,000.	0.			GENERAL SUPPORT
SANFORD HEALTH FOUNDATION 520 MAIN AVENUE FARGO, ND 58122	45-0398104		253,409.	0.			GENERAL SUPPORT \$250,000-TEIKEN ACADEMY, \$1,294-FRIENDS OF THE FAMILY FUND, \$2,115-GENERAL SUPPORT
NDSU FOUNDATION PO BOX 5144 FARGO, ND 58105	23-7120898		211,983.	0.			\$204,983.24-GENERAL SUPPORT, \$6,000-MAP THE SYSTEM STUDENT PROGRAM, \$1,000-GERMANS FROM
HOSPICE OF THE RED RIVER VALLEY 1701 38TH ST. S, SUITE #101 FARGO, ND 58103	45-0349152		209,933.	0.			\$200,000-HOUSE CAMPAIGN, \$9,933.40-GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **166.**
- 3** Enter total number of other organizations listed in the line 1 table .....

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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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
FARGO MOORHEAD COMMUNITY THEATRE 202 1ST AVE N MOORHEAD, MN 56560	45-0233312		175,917.	0.			GENERAL SUPPORT
DETROIT LAKES PUBLIC SCHOOL PO BOX 766 DETROIT LAKES, MN 56501			135,000.	0.			FIELDHOUSE DONATION
ANNE CARLSEN CENTER - JAMESTOWN 701 3RD ST NW JAMESTOWN, ND 58402	87-0694180		116,676.	0.			GENERAL SUPPORT
PDJF (PERMANENTLY DISABLED JOCKEYS FUND) - PO BOX 803 - ELMHURST, IL 60126	20-5110346		100,000.	0.			GENERAL SUPPORT
OLD FRIENDS INC. 1841 PAYNES DEPOT RD. GEORGETOWN, KY 40324	20-0049798		100,000.	0.			GENERAL SUPPORT
GARY SINISE FOUNDATION PO BOX 40726 NASHVILLE, TN 37204	80-0587086		100,000.	0.			GENERAL SUPPORT
ARIZONA HUMANE SOCIETY 1521 W DOBBINS ROAD PHOENIX, AZ 85041	86-0135567		100,000.	0.			GENERAL SUPPORT
UNITED WAY OF CASS CLAY 4351 23RD AVE S FARGO, ND 58104	41-0810008		74,760.	0.			\$15,000-CAMPAIGN SUPPORT,\$59,760-GENERAL SUPPORT
DETROIT LAKES COMMUNITY AND CULTURAL CENTER - 826 SUMMIT AVENUE - DETROIT LAKES, MN 56501	41-1970351		66,000.	0.			\$35,000-COVID-19 SUPPORT-YEAR 3, \$6,000-YOUTH PROGRAMS, \$25,000 BALLROOM

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IGNITE CHURCH 925 30TH AVE S MOORHEAD, MN 56560			60,670.	0.			\$40,000-BUILDING FUND, \$20,670-GENERAL SUPPORT
MEMORY CAFE OF THE RED RIVER VALLEY - PO BOX 883 - FARGO, ND 58107	82-2788530		60,578.	0.			GENERAL SUPPORT
CHURCHES UNITED FOR THE HOMELESS 1901 1ST AVENUE NORTH MOORHEAD, MN 56560	41-1594892		58,832.	0.			\$5,500-FOOD PANTRY, \$53,832-GENERAL SUPPORT
VILLAGE FAMILY SERVICE CENTER 2701 12TH AVE S FARGO, ND 58103	45-0226423		50,258.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF DL PO BOX 83 DETROIT LAKES, MN 56502	41-0871442		50,000.	0.			BUILDING A GREATER FUTURE CAMPAIGN
YWCA CASS CLAY 4650 38TH AVE. S FARGO, ND 58104	45-0226435		49,350.	0.			\$5,524-FOOD PANTRY, \$53,350-GENERAL SUPPORT
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL, STE 300 LINCOLN, NE 68508			48,935.	0.			DR. CLIFF S. HAMILTON AWARD IN ORGANIC CHEMISTRY
BECKER COUNTY HISTORICAL SOCIETY PO BOX 622 DETROIT LAKES, MN 56502	41-0873609		46,104.	0.			\$40,000-RE-IMAGINE CAMPAIGN, \$6,104.30-GENERAL SUPPORT
FARGO-MOORHEAD SYMPHONY ORCHESTRA 808 3RD AVE SOUTH, SUITE #300 FARGO, ND 58103	45-0275135		45,262.	0.			GENERAL SUPPORT

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CASS COUNTY HISTORICAL SOCIETY PO BOX 719 WEST FARGO, ND 58078	45-0306858		44,865.	0.			\$11,575-MORRIS DECORATING, \$11,848.50-RAER PRESSED GLASS COLLECTION,
TEMPLE BETH EL 809 11TH AVE S FARGO, ND 58103	45-6011866		43,010.	0.			\$500-GOLDBERG LIBRARY, \$1,430-GENERAL SUPPORT, \$41,080-RABBINIC PRESENCE
UNIVERSITY OF MN / CENTER FOR ORPHAN DRUG RESEARCH - 4-500A MCGUIRE TRANSLATIONAL RESEARCH FACILITY - MINNEAPOLIS, MN 55455			40,000.	0.			RARE DISEASE THEATER PROJECT
VETERANS HONOR FLIGHT OF ND/MN PO BOX 644 WEST FARGO, ND 58078	47-3473590		40,000.	0.			GENERAL SUPPORT
RED RIVER ZOOLOGICAL SOCIETY 4255 23RD AVE S FARGO, ND 58104	36-3938878		39,914.	0.			\$28,736.98-CAROUSEL PROJECT, \$10,625-ANIMALS,\$552-GENE SUPPORT
GREAT PLAINS FOOD BANK 1720 3RD AVE N FARGO, ND 58102	47-2229589		39,527.	0.			GENERAL SUPPORT
COMMUNITY UPLIFT PROGRAM 101 8TH ST. S FARGO, ND 58103	81-0876777		31,354.	0.			GENERAL SUPPORT
EMERGENCY FOOD PANTRY PO BOX 2821 FARGO, ND 58108	51-0138107		28,644.	0.			GENERAL SUPPORT
INSPIRE INNOVATION LAB 810 4TH AVENUE S SUITE 101 MOORHEAD, MN 56560	47-0973679		28,165.	0.			GENERAL SUPPORT

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JPII CATHOLIC SCHOOLS 5600 25TH ST S FARGO, ND 58104	45-0403317		27,570.	0.			\$25,000-EDUCATION ENDOWMENT, \$2,570-SCHOLARSHIP
DOWN HOME 2102 12TH ST N FARGO, ND 58102	82-3635989		26,284.	0.			GENERAL SUPPORT
MORAVIAN CHURCH PO BOX 336 LEONARD, ND 58052	23-7334419		25,440.	0.			GENERAL SUPPORT
F5 PROJECT 1122 1ST AVE. N FARGO, ND 58102	81-4658673		25,230.	0.			GENERAL SUPPORT
RONALD McDONALD HOUSE CHARITIES OF THE RED RIVER VALLEY - 4757 AGASSIZ CROSSING S - FARGO, ND 58104	45-0365598		25,190.	0.			\$1,790-ROOM CONSTRUCTION, \$23,400-GENERAL SUPPORT
CYSTIC FIBROSIS FOUNDATION 3211 NE 56TH AVE PORTLAND, OR 97213	13-1930701		25,000.	0.			GENERAL SUPPORT
GENETIC ENGINEERING CORPS OF NDSU 1210 10TH ST. N FARGO, ND 58102			25,000.	0.			NDSU IGEN TEAM
PEACE ACADEMY 3201 FIECHTNER DRIVE FARGO, ND 58103	87-4363560		25,000.	0.			GENERAL SUPPORT
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE SPARKS, NV 89437	94-2924979		25,000.	0.			GENERAL SUPPORT

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NEVADA HUMANE SOCIETY 2825 LONGLEY LANE SUITE B RENO, NV 89502	88-0072720		25,000.	0.			GENERAL SUPPORT
JAIL CHAPLAINS PO BOX 6444 FARGO, ND 58109	20-4363997		24,820.	0.			GENERAL SUPPORT
YMCA OF CASS AND CLAY COUNTIES 400 1ST AVE S FARGO, ND 58103	23-7434797		22,553.	0.			\$4,680-SCHOLARSHIP FUND, \$17,873.44-GENERAL SUPPORT
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 55486	41-6042488		22,500.	0.			\$10,000-SCHOLARSHIP, \$12,500-CHANGEMAKERS ACADEMY
BIO GIRLS 4225 38TH STREET SOUTH SUITE #202 FARGO, ND 58104	81-0792142		21,578.	0.			\$8,310-GENERAL SUPPORT, \$13,267.50-CARING CATALOG,
FRIENDS OF THE CHILDREN-FM 200 45TH STREET S SUITE 200 FARGO, ND 58103	83-4476757		21,000.	0.			GENERAL SUPPORT
HOPE BLOOMS PO BOX 9705 FARGO, ND 58106	82-2043167		20,685.	0.			GENERAL SUPPORT
JASMIN CHILDCARE AND PRESCHOOL 4720 7TH AVE S. SUITE E FARGO, ND 58103	82-3422274		20,641.	0.			\$15,000-GENERAL SUPPORT, \$5,641.44- TECHNOLOGY GRANT
PINE HARBOR CHRISTIAN ACADEMY PO BOX 54 HASTINGS, MN 55033	41-1384323		20,000.	0.			GENERAL SUPPORT

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GIGI'S PLAYHOUSE FARGO 3224 20TH ST S FARGO, ND 58104	37-1776920		19,982.	0.			GENERAL SUPPORT
FRASER, LTD. 2902 S UNIVERSITY DR FARGO, ND 58103	45-0226418		19,753.	0.			\$13,752.50-GENERAL SUPPORT, \$5,000-BUILDING CAMPAIGN, \$1,000-STEPPING STONES PROGRAM
HEART-N-SOUL COMMUNITY CAFE INC. 1610 12TH AVE S FARGO, ND 58103	81-2894563		18,425.	0.			GENERAL SUPPORT
DAKOTA BOYS AND GIRLS RANCH - MINOT - BOX 5007 - MINOT, ND 58702	45-0333670		18,169.	0.			GENERAL SUPPORT
HOMEWARD ANIMAL SHELTER 1201 28TH AVE N FARGO, ND 58102	45-0284164		18,069.	0.			GENERAL SUPPORT
IMPACT FOUNDATION 4141 28TH AVE S FARGO, ND 58104	20-0520386		17,500.	0.			\$7,500-RED RIVER MARKET, \$10,000- YOUTH FUND
YOUTHWORKS 1330 18TH AVE S FARGO, ND 58103	46-0345922		17,053.	0.			GENERAL SUPPORT
DAKOTA MEDICAL FOUNDATION 4141 28TH AVE S FARGO, ND 58104	45-6012318		16,990.	0.			GENERAL SUPPORT
AMERICAN LEGION BASEBALL PO BOX 2664 FARGO, ND 58108	45-0103470		16,375.	0.			GENERAL SUPPORT

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AFRO AMERICAN DEVELOPMENT ASSOCIATION - P.O BOX 1226 - MOORHEAD, MN 56561	47-2210302		16,375.	0.			GENERAL SUPPORT
NDSU ALUMNI FOUNDATION 1241 N UNIVERSITY DR. FARGO, ND 58102			15,959.	0.			GENERAL SUPPORT
PEACE LUTHERAN CHURCH 1011 12TH AVE N FARGO, ND 58102	45-0261730		15,920.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF THE LAKES 19665 US HWY 59 N DETROIT LAKES, MN 56501	41-1651603		15,793.	0.			GENERAL SUPPORT
AFRICAN SOUL AMERICAN HEART PO BOX 9414 FARGO, ND 58106	26-2221116		15,735.	0.			\$6,000-TO PROTECT, EDUCATE AND EMPOWER SOUTH SUDANESE GIRLS, \$9,735-GENERAL SUPPORT
FOLKWAYS 210 BROADWAY N FARGO, ND 58103			15,000.	0.			RED RIVER MARKET
CHANDLER COMPADRES, INC. PO BOX 11038 CHANDLER, AZ 85248	99-0209180		15,000.	0.			\$7,500-ICAN, \$7,500-AZCEND
JEREMIAH PROGRAM 3104 FIECHTNER DR FARGO, ND 58103	41-1801834		14,940.	0.			GENERAL SUPPORT
HOME ON THE RANGE FOR BOYS 16351 I-94 SENTINEL BUTTE, ND 58654	45-0230083		14,459.	0.			GENERAL SUPPORT

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NEXUS PATH FAMILY HEALING 1202 WESTRAC SUITE 400 FARGO, ND 58103	91-2159746		14,315.	0.			GENERAL SUPPORT
SANFORD CHILDREN'S HOSPITAL PO BOX 2010 FARGO, ND 58122	45-0226909		14,010.	0.			GENERAL SUPPORT
CHILDREN'S MONTESSORI CENTER FARGO 1612 TOM WILLIAMS DR FARGO, ND 58104			14,000.	0.			GENERAL SUPPORT
FARM RESCUE PO BOX 28 HORACE, ND 58047	75-3174053		13,905.	0.			GENERAL SUPPORT
NEW LIFE CENTER PO BOX 1067 FARGO, ND 58107	45-0228056		13,517.	0.			\$2,400-GENESIS PROGRAM, \$11,117-GENERAL SUPPORT
UCLA FOUNDATION PO BOX 7145 PASADENA, CA 91109			13,459.	0.			GENERAL SUPPORT
NORTHWESTERN UNIVERSITY ATTN: GIFT PLANNING EVANSTON, IL 60201			13,459.	0.			BIENEN SCHOOL OF MUSIC
OUR SAVIOR'S LUTHERAN CHURCH PO BOX 360 PEQUOT LAKES, MN 56472			12,920.	0.			LAKES AREA FOOD SHELF
FIRST LUTHERAN CHURCH FARGO 619 BROADWAY FARGO, ND 58102			12,640.	0.			GENERAL SUPPORT

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PLANNED PARENTHOOD NORTH CENTRAL STATES - 624 MAIN AVENUE, SUITE 2F - FARGO, ND 58103	41-0948382		12,500.	0.			GENERAL SUPPORT
FRANCISCAN FRIARS OF ST. JOHN THE BAPTIST PROVINCE - 1615 VINE STREET - CINCINNATI, OH 54202	31-6064103		12,200.	0.			GENERAL SUPPORT
FARGO THEATRE MANAGEMENT CORP. PO BOX 2190 FARGO, ND 58108	45-0373698		12,160.	0.			GENERAL SUPPORT
RAPE AND ABUSE CRISIS CENTER 317 8TH ST N FARGO, ND 58102	41-1310289		11,402.	0.			\$9,942-GENERAL SUPPORT, \$1,460-HAUGEN PLAY THERAPY ROOM AT RACC
HARVEST HOPE FARM 9695 10TH ST. NW MOORHEAD, MN 56560			11,115.	0.			GENERAL SUPPORT
PELICAN LAKE SAILING SCHOOL PO BOX 7492 FARGO, ND 58106	41-1342351		11,000.	0.			GENERAL SUPPORT
LANDON'S LIGHT FOUNDATION 2809 PYLE LN E WEST FARGO, ND 58078	84-3421530		11,000.	0.			GENERAL SUPPORT
FURNITURE MISSION OF THE RED RIVER VALLEY - PO BOX 7337 - FARGO, ND 58106	84-2865001		10,745.	0.			GENERAL SUPPORT
SALVATION ARMY, FARGO PO BOX 2124 FARGO, ND 58107	41-0698597		10,512.	0.			GENERAL SUPPORT

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LEGACY CHILDREN'S FOUNDATION 725 28TH ST N FARGO, ND 58102	45-3621605		10,470.	0.			GENERAL SUPPORT
PHI CHAPTER THETA CHI HOLDING COMPANY - PO BOX 5767 - FARGO, ND 58105	45-0202085		10,438.	0.			GENERAL SUPPORT
FARGO PUBLIC SCHOOLS DEVELOPMENT FOUNDATION - 700 7TH ST S - FARGO, ND 58103	31-1733797		10,330.	0.			GENERAL SUPPORT
KIDS CAN COMMUNITY CENTER 4768 Q STREET OMAHA, NE 68117	47-0376597		10,000.	0.			GENERAL SUPPORT
ISABEL'S HOUSE-CRISIS NURSERY 2750 W BENNETT ST. SPRINGFIELD, MO 65802	20-4574229		10,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF THE TRUCKEE MEADOWS - 2680 EAST 9TH STREET - RENO, NV 89512	88-0142068		10,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF THE PIKES PEAK REGION - 1307 AEROPLAZA DR. - COLORADO SPRINGS, CO 80916	84-0416503		10,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF SPOKANE COUNTY - 544 E PROVIDENCE AVE - SPOKANE, WA 99207	91-1983357		10,000.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF NAMPA 316 STAMPEDE DRIVE NAMPA, ID 83687	82-0504332		10,000.	0.			GENERAL SUPPORT

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RECOVERY WORSHIP 906 1ST AVE S, FARGO, ND 58102			10,000.	0.			GENERAL SUPPORT
NORTHERN NEVADA CHILDREN'S CANCER FOUNDATION - 3550 BARRON WAY #9A - RENO, NV 89511	20-86233503		10,000.	0.			GENERAL SUPPORT
HAZELDEN BETTY FORD FOUNDATION PO BOX 64348 SAINT PAUL, MN 55164	41-0682405		10,000.	0.			NATIVE COMMUNITY EXPANSION PROJECT
ECUMEN OF DETROIT LAKES 3530 LEXINGTON AVE N SHOREVIEW, MN 55126	41-1768508		10,000.	0.			GENERAL SUPPORT
TROON COUNTRY CLUB SCHOLARSHIP FOUNDATION - 25000 N WINDY WALK DRIVE - SCOTTSDALE, AZ 85255	20-8691465		10,000.	0.			GENERAL SUPPORT
PHILANTHROPIC EDUCATIONAL ORGANIZATION CHAPTER E - 5354 26TH ST. S UNIT 311 - FARGO, ND 58104	42-0453829		10,000.	0.			GENERAL SUPPORT \$5,000-GENERAL SUPPORT, \$5,000-PROMOTE EDUCATIONAL OPPORTUNITIES FOR WOMEN
WISHING STAR FOUNDATION PO BOX 14584 SPOKANE VALLEY, WA 99214	94-3163746		10,000.	0.			GENERAL SUPPORT
MISSOURI SLOPE AREA WIDE UNITED WAY PO BOX 2111 BISMARCK, ND 58501	45-0387741		10,000.	0.			GENERAL SUPPORT
I HAVE A DREAM FOUNDATION 5390 MANHATTAN CIRCLE #200 BOULDER, CO 80303	84-1150542		10,000.	0.			GENERAL SUPPORT

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HEART FUND / HEART LOCKER 514 E WASHINGTON ST. KALISPELL, MT 59901	81-6000366		10,000.	0.			GENERAL SUPPORT
DETROIT MOUNTAIN RECREATION AREA 29409 170TH STREET DETROIT LAKES, MN 56501	27-2089583		10,000.	0.			MUSIC ON THE MOUNTAIN SPONSORSHIP
CARE TO LEARN- SPRINGFIELD CHAPTER 1740 S GLENSTONE AVE. STE. R SPRINGFIELD, MO 65804	47-1494384		10,000.	0.			GENERAL SUPPORT
BISMARCK RECREATION COUNCIL 400 EAST FRONT AVE BISMARCK, ND 58504	45-0384442		10,000.	0.			UMPIRE 'S HEADQUARTERS
SOUTH SUDANESE FOUNDATION 2037 67TH AVENUE SOUTH FARGO, ND 58104	83-4476088		10,000.	0.			GENERAL SUPPORT
UC HOPE PO BOX 43 GLYNDON, MN 56547	84-4220380		10,000.	0.			GENERAL SUPPORT
LEGAL SERVICES OF NORTHWEST MINNESOTA - 1015 7TH AVE N - MOORHEAD, MN 56560	41-1291705		10,000.	0.			GENERAL SUPPORT
IMMIGRANT DEVELOPMENT CENTER 810 4TH AVE S, STE 100 MOORHEAD, MN 56560	20-3368647		10,000.	0.			GENERAL SUPPORT
CHI FRIENDSHIP 801 PAGE DRIVE FARGO, ND 58103	45-0226714		10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

FARGO - MOORHEAD AREA FOUNDATION  
CORPORATION

45 - 6010377

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Schedule I (Form 990)

**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
RED RIVER VALLEY VETERANS CONCERT BAND - PO BOX 363 - FARGO, ND 58107	91-1818373		10,000.	0.			GENERAL SUPPORT
TURTLE MOUNTAIN ANIMAL RESCUE PO BOX 94 HORACE, ND 58047	81-2435858		10,000.	0.			SHELTER CONSTRUCTION \$3,600-GENERAL SUPPORT, \$3,336.98-TELEVISION PROGRAMING OF GENERAL PUBLIC INTEREST,
PRAIRIE PUBLIC BROADCASTING 207 5TH ST N FARGO, ND 58102	45-0276899		9,937.	0.			
GRAND FARM RESEARCH & EDUCATION INITIATIVE - 118 N BDWY, STE S1 - FARGO, ND 58102	84-4653314		9,930.	0.			GENERAL SUPPORT
CULTURAL DIVERSITY RESOURCES 112 N UNIVERSITY DR. #306 FARGO, ND 58102	41-1896836		9,535.	0.			GENERAL SUPPORT
HISTORICAL AND CULTURAL SOCIETY OF CLAY COUNTY - PO BOX 501 - MOORHEAD, MN 56560	41-6038553		9,045.	0.			GENERAL SUPPORT
THE ARTS PARTNERSHIP 1104 2ND AVE S, #315 FARGO, ND 58103	23-7108936		9,000.	0.			GENERAL SUPPORT
PLAINS ART MUSEUM PO BOX 2338 FARGO, ND 58108	41-1260780		8,822.	0.			GENERAL SUPPORT
FARGO-MOORHEAD OPERA 21 8TH STREET SOUTH FARGO, ND 58103	45-0307449		8,810.	0.			GENERAL SUPPORT

Schedule I (Form 990)



FARGO - MOORHEAD AREA FOUNDATION  
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Schedule I (Form 990)

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
HOPE LUTHERAN CHURCH OF FARGO, ND 3636 25TH STREET SOUTH FARGO, ND 58103	45-0276446		8,300.	0.			\$8,000 - GENERAL SUPPORT, \$300 - CHILDREN'S MINISTRY
4 LUV OF DOG RESCUE PO BOX 9283 FARGO, ND 58106	39-2075804		8,125.	0.			GENERAL SUPPORT
DETROIT LAKES DOLLARS FOR SCHOLARS PO BOX 989 DETROIT LAKES, MN 56502	46-5534495		8,000.	0.			\$3,000 - GENERAL SUPPORT, \$5,000 - LAKESHIRTS SCHOLARSHIPS
TOGETHER RISING 800 WEST BROAD STREET #6409 FALLS CHURCH, VA 22040	45-5362738		8,000.	0.			GENERAL SUPPORT
GRACE LUTHERAN CHURCH 821 5TH AVE S FARGO, ND 58103	45-0232567		7,995.	0.			\$6,765 - GENERAL SUPPORT, \$1,230 - ORGAN UPKEEP AND MAINTENANCE
WESTERN MINNESOTA STEAM THRESHERS PO BOX 627 HAWLEY, MN 56549	23-7418831		7,810.	0.			GENERAL SUPPORT
REBUILDING TOGETHER FARGO-MOORHEAD AREA - 700 MAIN AVE - FARGO, ND 58103	27-4415410		7,667.	0.			MISSION RELATED PROGRAMMING
HERO (HEALTHCARE EQUIPMENT RECYCLING ORGANIZATION) - 5012 53RD STREET S SUITE C - FARGO, ND 58104	45-0457109		7,650.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF THE RED RIVER VALLEY - 2500 18TH ST S - FARGO, ND 58103	45-0316132		7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

FARGO - MOORHEAD AREA FOUNDATION  
CORPORATION

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Schedule I (Form 990)

**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
PRAIRIE HEIGHTS COMMUNITY CHURCH 319 32ND AVENUE E WEST FARGO, ND 58078			7,500.	0.			ORIGINATORS GIFT
UNIVERSITY OF NEVADA RENO FOUNDATION - MORRILL HALL ALUMNI CENTER - RENO, NV 89557	94-6036494		7,500.	0.			MUSIC DEPARTMENT
UC DAVIS FOUNDATION - SCHOOL OF VETERINARY MEDICINE - OFFICE OF THE DEAN - DEVELOPMENT - DAVIS, CA 95616	94-6081352		7,500.	0.			GENERAL SUPPORT
IMMIGRANT LAW CENTER OF MN 1015 7TH AVE NORTH MOORHEAD, MN 56560	41-0909036		7,500.	0.			GENERAL SUPPORT
ND SCOTTISH RITE LANGUAGE CENTER 1405 3RD STREET NORTH FARGO, ND 58102	45-0413594		7,500.	0.			GENERAL SUPPORT
FM COALITION TO END HOMELESSNESS 417 MAIN AVE FARGO, ND 58103	41-2198589		7,440.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH- FARGO 1501 17TH AVE. S FARGO, ND 58103	45-0226417		7,410.	0.			GENERAL SUPPORT
LAKE AGASSIZ HABITAT FOR HUMANITY 210 11TH STREET N MOORHEAD, MN 56560	41-1690131		7,245.	0.			GENERAL SUPPORT
PONTOPPIDAN LUTHERAN CHURCH 309 4TH STREET NORTH FARGO, ND 58102			7,133.	0.			GENERAL SUPPORT

Schedule I (Form 990)

FARGO - MOORHEAD AREA FOUNDATION  
CORPORATION

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Schedule I (Form 990)

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
FIRST UNITED METHODIST CHURCH 906 1ST AVE S FARGO, ND 58103			7,133.	0.			GENERAL SUPPORT
FARGO MOORHEAD AREA YOUTH SYMPHONIES - 808 3RD AVE SOUTH, SUITE #302 - FARGO, ND 58103	45-0355021		7,105.	0.			GENERAL SUPPORT
HAWLEY EMERGENCY RESPONSE TEAM PO BOX 928 HAWLEY, MN 56549	41-1639017		7,000.	0.			LUCAS MACHINE PURCHASE
ADOPT-A-PET BOX 865 MOORHEAD, MN 56561	45-0404057		6,915.	0.			GENERAL SUPPORT
GUEST HOUSE 1601 JOSLYN RD BOX 420 LAKE ORION, MI 48361	38-1557146		6,905.	0.			GENERAL SUPPORT
EVERGREEN MEMORIAL CEMETERY PO BOX 7 MOORHEAD, MN 56561			6,832.	0.			GENERAL SUPPORT
ST. CATHERINE'S CHURCH 524 3RD AVE N VALLEY CITY, ND 58072			6,590.	0.			GENERAL SUPPORT
COMMUNITY OF CARE BOX 73 CASSELTON, ND 58012	26-1488596		6,500.	0.			GENERAL SUPPORT
AMERICAN RED CROSS - EASTERN ND & NORTHWESTERN MN REGION - 2602 12TH ST. N - FARGO, ND 58102	45-0280066		6,283.	0.			GENERAL SUPPORT

Schedule I (Form 990)

FARGO - MOORHEAD AREA FOUNDATION  
CORPORATION

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Schedule I (Form 990)

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
RED RIVER AMBUCS 3175 SIENNA DR. S. SUITE 103 FARGO, ND 58104	85-3686011		6,235.	0.			GENERAL SUPPORT
FIRSTLINK PO BOX 447 FARGO, ND 58107	45-0419491		6,200.	0.			GENERAL SUPPORT
INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE - 1201 EYE STREET NW - WASHINGTON, DC 20005	52-1041632		6,000.	0.			GENERAL SUPPORT
ST. BENEDICTS CATHOLIC CHURCH 11743 38TH ST S HORACE, ND 58047			6,000.	0.			\$5,000-GENERAL SUPPORT, \$1,000-GHD-GODS GIFT APPEAL
LUIS PALAU EVANGELISTIC ASSOCIATION - PO BOX 50 - PORTLAND, OR 97207	93-0713827		6,000.	0.			GENERAL SUPPORT
FAMILY HEALTHCARE 301 NP AVENUE N FARGO, ND 58102	45-0430628		6,000.	0.			GENERAL SUPPORT
SCRUFFY TAILS HUMANE SOCIETY 720 E ROBERT ST CROOKSTON, MN 56716	41-1433622		5,793.	0.			GENERAL SUPPORT
ST. FRANCIS DE SALES PARISH CENTER 601 15TH AVE N MOORHEAD, MN 56560			5,534.	0.			GENERAL SUPPORT
OUR REDEEMER LUTHERAN CHURCH 1000 14TH ST S MOORHEAD, MN 56560			5,534.	0.			GENERAL SUPPORT

Schedule I (Form 990)

FARGO - MOORHEAD AREA FOUNDATION  
CORPORATION

45-6010377

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Schedule I (Form 990)

**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
ROGER MARIS CANCER CENTER 820 4TH ST N FARGO, ND 58122			5,534.	0.			GENERAL SUPPORT
MIND SHIFT 4152 30TH AVENUE S, STE. 102 FARGO, ND 58103	47-3064122		5,380.	0.			GENERAL SUPPORT
NORTHERN PLAINS BOTANIC GARDEN SOCIETY - PO BOX 3031 - FARGO, ND 58108	45-0452728		5,250.	0.			GENERAL SUPPORT
HEARTSPRINGS 2010 N. ELM ST. FARGO, ND 58102	26-1773757		5,146.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF FARGO 650 2ND AVE N FARGO, ND 58102	45-0226475		5,100.	0.			GENERAL SUPPORT
CONCORDIA LANGUAGE VILLAGES 901 S 8TH ST. MOORHEAD, MN 56562	41-0693977		5,041.	0.			GERMAN LANGUAGE EDUCATION
NATIVITY CHURCH OF FARGO 1825 11TH ST S FARGO, ND 58103			5,010.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**FARGO - MOORHEAD AREA FOUNDATION CORPORATION**

45 - 6010377

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Schedule I (Form 990) 2022

**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	9	305,831.	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: NDSU FOUNDATION

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: \$204,983.24-GENERAL SUPPORT, \$6,000-MAP THE SYSTEM STUDENT PROGRAM, \$1,000-GERMANS FROM RUSSIA HERITAGE COLLECTION

NAME OF ORGANIZATION OR GOVERNMENT: DETROIT LAKES COMMUNITY AND CULTURAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: \$35,000-COVID-19 SUPPORT-YEAR 3, \$6,000-YOUTH PROGRAMS, \$25,000 BALLROOM REMODELING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: CASS COUNTY HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: \$11,575-MORRIS DECORATING, \$11,848.50-RAER PRESSED GLASS COLLECTION, \$4,260-SCHOOLHOUSE, \$3,336.98-PASSENGER VEHICLES, \$13,845-GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: PRAIRIE PUBLIC BROADCASTING

(H) PURPOSE OF GRANT OR ASSISTANCE: \$3,600-GENERAL SUPPORT, \$3,336.98-TELEVISION PROGRAMING OF GENERAL PUBLIC INTEREST, \$3,000-CARING CATALOG MARKETING/ADS

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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 checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2022



FARGO - MOORHEAD AREA FOUNDATION CORPORATION

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.

Table with 10 columns: (A) Name and Title, (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation (sub-columns: (i) Base compensation, (ii) Bonus & incentive compensation, (iii) Other reportable 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. Row 1: ERIC WILKIE EXECUTIVE DIRECTOR.

FARGO - MOORHEAD AREA FOUNDATION  
CORPORATION

45 - 6010377

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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	16	466,045.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 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) 2022



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 AS WELL AS LOCAL AND REGIONAL SALARY SURVEY INFORMATION FROM  
SIMILAR ORGANIZATIONS. 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.

Name of the organization <b>FARGO-MOORHEAD AREA FOUNDATION CORPORATION</b>	Employer identification number <b>45-6010377</b>
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FORM 990. PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**Related Organizations and Unrelated Partnerships**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Open to Public Inspection

Name of the organization: **FARGO-MOORHEAD AREA FOUNDATION CORPORATION**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.  
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
PANCRAIZ FAMILY FOUNDATION - 45-1968320 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
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

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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

FARGO-MOORHEAD AREA FOUNDATION CORPORATION

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

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

Table with columns (a) through (k) for reporting partnership information. Columns include Name, address, and EIN; Primary activity; Legal domicile; Predominant income; Share of total income; Share of end-of-year assets; Disproportionate allocations; Code V-UBI amount; General or managing partner?; and Percentage ownership.

**Part VII Supplemental Information**

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

PANCRATZ 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