WIDMER ROEL
CPAs • BUSINESS ADVISORS

September 2, 2026

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

Dear Mr. Wilkie:

Enclosed is the 2025 exempt organization return, as follows...

2025 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:	Prepared by:
Eric Wilkie Fargo-Moorhead Area Foundation Corp. 409 7th Street South Fargo, ND 58103	Widmer Roel PC 4220 31st Ave S Fargo, ND 58104

2025 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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

OMB No. 1545-0047

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

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.

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Taxpayer identification number (TIN)
45-6010377

Number, street, and room or suite no. If a P.O. box, see instructions.
409 7TH ST S

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
FARGO, ND 58103

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of THE ORGANIZATION
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, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

** PUBLIC DISCLOSURE COPY **

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2025
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/ terminated
☐ Amended return
☐ Application pending

C Name of organization
FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
409 7TH ST S

City or town, state or province, country, and ZIP or foreign postal code
FARGO, ND 58103

F Name and address of principal officer: ERIC WILKIE
SAME AS C ABOVE

D Employer identification number
45-6010377

E Telephone number
701-234-0756

G Gross receipts $ 69,569,333.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.AREAFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1960 **M** State of legal domicile: ND

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,540,411.	16,486,476.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,496,843.	11,357,759.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	208,918.	179,910.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,246,172.	28,024,145.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,488,670.	7,415,996.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	822,555.	815,453.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 157,542.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,450,152.	1,773,175.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,761,377.	10,004,624.
19	Revenue less expenses. Subtract line 18 from line 12	14,484,795.	18,019,521.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	126,644,017.	150,829,199.
21	Total liabilities (Part X, line 26)	2,073,479.	2,110,780.
22	Net assets or fund balances. Subtract line 21 from line 20	124,570,538.	148,718,419.

Part II Signature Block

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

Sign Here

Signature of officer Date

ERIC WILKIE, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
TRACEE S. BUETHNER, CPA			☐	P01292877

Firm's name WIDMER ROEL PC Firm's EIN 45-0334950

Firm's address 4220 31ST AVE S
FARGO, ND 58104 Phone no. 701-237-6022

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 9,198,035. including grants of $ 7,415,996.) (Revenue $)
THE FOUNDATION IS A COMMUNITY TRUST THAT ADMINISTERS 551 CHARITABLE FUNDS. THESE FUNDS ARE CREATED BY CONTRIBUTIONS FROM THE GENERAL PUBLIC. GRANTS WERE AWARDED IN PROGRAMS IN THE FOLLOWING AREAS: COMMUNITY BUILDING - 15.1%; BASIC HUMAN NEEDS - 9.5%; ART - 10.7%; EDUCATION - 21.5%; YOUTH - 7.8%; RELIGION - 13.0%; HEALTH & WELLNESS - 10.0%; ANIMAL WELFARE - 2.3%; OTHER - 3.0%; DISASTER RELIEF - 7.1%. THESE GRANTS AND SCHOLARSHIPS WERE MADE POSSIBLE FROM THE FOLLOWING TYPES OF FUNDS: DONOR ADVISED - 53%, DESIGNATED - 24.5%, FIELD OF INTEREST - 6%, AGENCY - 1.1%, SCHOLARSHIP - 10%, AND UNRESTRICTED - 5.4%.

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 9,198,035.

Part IV Checklist of Required Schedules

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

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*	22	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*	23	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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		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*	26		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*	27		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*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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*	35b		
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*	36		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*	37		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	38	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	1a	16		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** 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.	**17**		

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 X

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed 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.

[X] Own website [ ] Another's website [X] 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

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	40.00									
EXECUTIVE DIRECTOR	2.00			X				198,336.	0.	34,440.
(2) PATRICIA MASTEL	40.00									
DIRECTOR OF FINANCE	0.50			X				129,239.	0.	18,525.
(3) KATRINA TURMAN-LANG	3.00									
CHAIR		X		X				0.	0.	0.
(4) GARY NOLTE	2.00									
VICE CHAIR		X		X				0.	0.	0.
(5) JOHN STERN	2.00									
SECRETARY		X		X				0.	0.	0.
(6) BRIAN HAYER	2.00									
TREASURER		X		X				0.	0.	0.
(7) APRIL WALKER	2.00									
FORMER IMMEDIATE PAST CHAIR (THROUGH		X		X				0.	0.	0.
(8) SANDY KORBEL	1.00									
TRUSTEE REPRESENTATIVE (NO		X						0.	0.	0.
(9) MATTHEW LEISETH	1.00									
DIRECTOR		X						0.	0.	0.
(10) SHER THOMSEN	1.00									
DIRECTOR		X						0.	0.	0.
(11) TONI SANDIN	1.00									
DIRECTOR		X						0.	0.	0.
(12) KYLE BARLOW	1.00									
DIRECTOR		X						0.	0.	0.
(13) OLD NATIONAL	0.00									
INSTITUTIONAL TRUSTEE			X					0.	0.	0.
(14) HEARTLAND TRUST	0.00									
INSTITUTIONAL TRUSTEE			X					0.	0.	0.
(15) ALERUS	0.00									
INSTITUTIONAL TRUSTEE			X					0.	0.	0.
(16) US BANK	0.00									
INSTITUTIONAL TRUSTEE			X					0.	0.	0.
(17) BMO	0.00									
INSTITUTIONAL TRUSTEE			X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) WELLS FARGO INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
(19) BELL BANK INSTITUTIONAL TRUSTEE	0.00		X					0.	0.	0.
1b Subtotal								327,575.	0.	52,965.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								327,575.	0.	52,965.

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 2

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 16,486,476.				
	g Noncash contributions included in lines 1a-1f 1g $ 13,028,666.				
	h **Total.** Add lines 1a-1f	16,486,476.			
Program Service Revenue		**Business Code**			
	2a				
	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)	4,093,819.			4093819.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties	179,905.			179,905.
		(i) Real	(ii) Personal		
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory 7a 48,809,128.				
	b Less: cost or other basis and sales expenses 7b 41,545,188.				
	c Gain or (loss) 7c 7,263,940.				
	d Net gain or (loss)	7,263,940.			7263940.
	8a 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				
	9a Gross income from gaming activities. See Part IV, line 19 9a				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities				
	10a 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**			
	11a MISCELLANEOUS	900099 5.			5.
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d	5.			
	12 **Total revenue.** See instructions	28,024,145.	0.	0.	11537669.

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	7,090,140.	7,090,140.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	325,856.	325,856.		
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	380,530.	87,142.	264,321.	29,067.
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	319,196.	73,096.	221,718.	24,382.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,293.	3,044.	9,234.	1,015.
9 Other employee benefits	57,461.	13,159.	39,913.	4,389.
10 Payroll taxes	44,973.	10,299.	31,239.	3,435.
11 Fees for services (nonemployees):				
a Management	2,183.		2,183.	
b Legal				
c Accounting	45,344.	27,908.	17,436.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	718,393.	718,393.		
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	85,320.	32,290.	2,268.	50,762.
13 Office expenses	80,070.	61,340.	18,730.	
14 Information technology	77,125.	57,844.	19,281.	
15 Royalties				
16 Occupancy	4,745.	3,559.	1,186.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,476.	21,238.	10,619.	10,619.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,603.	25,952.	8,651.	
23 Insurance	9,015.	6,761.	2,254.	
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 FISCAL SPONSORSHIP EXPE	637,159.	637,159.		
b DEVEOPMENT	33,873.			33,873.
c NONPROFIT ACTIVITIES	2,855.	2,855.		
d MISCELLANEOUS	14.		14.	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	10,004,624.	9,198,035.	649,047.	157,542.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		240.	1	120,020.
	2	Savings and temporary cash investments		5,446,201.	2	9,417,004.
	3	Pledges and grants receivable, net		5,865,485.	3	704,521.
	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		37,969.	9	48,054.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 910,958.			
	b	Less: accumulated depreciation	10b 506,313.	439,248.	10c	404,645.
	11	Investments - publicly traded securities		112,537,163.	11	138,270,739.
	12	Investments - other securities. See Part IV, line 11		702,313.	12	725,446.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,615,398.	15	1,138,770.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		126,644,017.	16	150,829,199.
Liabilities	17	Accounts payable and accrued expenses		27,346.	17	147,549.
	18	Grants payable		21,905.	18	12,529.
	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		2,024,228.	25	1,950,702.
	26	**Total liabilities.** Add lines 17 through 25		2,073,479.	26	2,110,780.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		557,634.	27	463,928.
	28	Net assets with donor restrictions		124,012,904.	28	148,254,491.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		124,570,538.	32	148,718,419.
	33	Total liabilities and net assets/fund balances		126,644,017.	33	150,829,199.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,024,145.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,004,624.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,019,521.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	124,570,538.
5	Net unrealized gains (losses) on investments	5	6,128,362.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	148,718,419.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
FARGO-MOORHEAD AREA FOUNDATION CORPORATION	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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17815546.	3742304.	5943790.	12981301.	16486476.	56969417.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	17815546.	3742304.	5943790.	12981301.	16486476.	56969417.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16567395.
6 **Public support.** Subtract line 5 from line 4.						40402022.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	17815546.	3742304.	5943790.	12981301.	16486476.	56969417.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2250916.	2782099.	3114436.	3814439.	4273724.	16235614.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			27.		5.	32.
11 **Total support.** Add lines 7 through 10						73205063.

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

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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 55.19 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 55.33 %

16a **33 1/3% support test - 2025.** 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 - 2024.** 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 - 2025.** 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 - 2024.** 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer 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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	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* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
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* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	
2 Enter 0.85 of line 1.	**2**	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	
4 Enter greater of line 2 or line 3.	**4**	
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6	**Total annual distributions.** Add lines 1 through 5.	**6**	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8	Distributable amount for 2025 from Section C, line 6	**8**	
9	Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to under distributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Employer identification number
45-6010377

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[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 of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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
FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Employer identification number
45-6010377

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		$ 1,636,086.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2		$ 665,100.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
3		$ 422,805.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
4		$ 856,005.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
5		$ 748,616.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
6		$ 753,219.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization
FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Employer identification number
45-6010377

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		$ 3,779,076.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
8		$ 1,880,267.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
9		$ 1,000,136.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Employer identification number
45-6010377

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
1	1003 SHARE OF NETFLIX, 60 SHARES OF AMERICAN EXPRESS, AND 3,349 SHARE OF SHOPIFY	$ 1,636,086.	
2	178 SHARES OF FNDC, 83 SHARE OF FNDE, 92 SHARE OF FNDF, AND 1533 SHARE OF BPTRX	$ 405,100.	
3	750 SHARE OF VFIAX	$ 422,805.	
4	1,880 SHARES OF MICROSOFT	$ 856,005.	
5	SEE STATEMENT 1	$ 748,616.	
6	1,015 SHARES OF APPLE, 485 SHARE OF MICROSOFT, 432 SHARE OF RTX, 275 SHARES OF SALESFORCE, AND 400 SHARES OF AMAZON	$ 753,219.	

Name of organization
FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Employer identification number
45-6010377

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	SEE STATEMENT 2	$ 3,779,076.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	SEE STATEMENT 3	$ 1,880,267.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	645 SHARES OF SCHEELS ALL SPORTS, INC	$ 1,000,136.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Employer identification number: 45-6010377

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 B STATEMENT 1

763 SHARES OF KVUE, 138 SHARES OF PEP, 406.3076 SHARES OF SBUX, 21 SHARES OF TMO, 150 SHARES OF YUM, 110 SHARES OF AMP, 295.4495 SHARES OF DIS, 640 SHARES OF IJR, 1475 SHARES OF VPL, 1780 SHARES OF VGK, 1470 SHARES OF IJJ

SCHEDULE B STATEMENT 2

1,727 SHARES OF BILS, 69,061.23 SHARES OF LLDYX, 3,339 SHARES OF SUSA, 8,053 SHARES OF ESGV, 4,510 SHARES OF ESGD, 2,606 SHARES OF AGG, 3,139.45 SHARES OF CISIX, 69,206.88 SHARES OF DODIX, 3,831 SHARES OF VMBS

SCHEDULE B STATEMENT 3

3720 SHARES OF NVIDIA CORP, 799 SHARES OF MICROSOFT, 174 SHARES OF ELI LILLY & CO, 1284 SHARES OF ALPHABET INC, 72 SHARES OF VISA INC, 346 SHARES OF EATON CORP PLC, 2,094 SHARES OF SHOPIFY AND 494 SHARES OF JP MORGAN

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

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	214	
2	Aggregate value of contributions to (during year)	18,294,839.	
3	Aggregate value of grants from (during year)	8,850,992.	
4	Aggregate value at end of year	78,356,493.	

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? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (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 on line 2a	2c	
d	Number of conservation easements included on line 2c 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 2d 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 $ _____

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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	124,952,944.	108,100,013.	96,945,630.	119,191,266.	101,959,021.
b Contributions	16,986,941.	12,991,431.	5,655,682.	3,548,227.	17,049,005.
c Net investment earnings, gains, and losses	17,001,483.	12,416,066.	13,792,696.	-15,407,175.	12,798,486.
d Grants or scholarships	8,602,487.	7,884,481.	7,614,249.	9,690,585.	11,913,699.
e Other expenditures for facilities and programs	166,116.	151,524.	156,652.	169,450.	176,131.
f Administrative expenses	520,930.	518,561.	523,094.	526,653.	525,416.
g End of year balance	149,651,835.	124,952,944.	108,100,013.	96,945,630.	119,191,266.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .3100 %
b Permanent endowment 99.6899 %
c Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		108,241.		108,241.
b Buildings		481,486.	236,700.	244,786.
c Leasehold improvements				
d Equipment		149,851.	145,530.	4,321.
e Other		171,380.	124,083.	47,297.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				404,645.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

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	1,611,096.
(3) CHARITABLE REMAINDER TRUSTS	339,606.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,950,702.

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 ... X

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:
AS A COMMUNITY FOUNDATION THE ENDOWMENT FUNDS ARE DISTRIBUTED PER THE INTENT OF THE FUND AGREEMENT.

PART X, LINE 2:
THE FOUNDATION IS EXEMPT FROM PAYMENT OF FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE 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 POSITIONS WHEN IT IS PROBABLE THAT A LOSS HAS BEEN INCURRED AND THE AMOUNT CAN BE REASONABLE ESTIMATED. AS OF DECEMBER 31, 2025 AND 2024, NO SUCH LIABILITY EXISTED. MANAGEMENT WILL CONTINUALLY EVALUATE EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW, AND NEW AUTHORITATIVE RULINGS.

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADOPT-A-PET INC PO BOX 865 MOORHEAD, MN 56561	45-0404057		6,240.	0.			ANNUAL DESIGNATED DISTRIBUTION
ALLIANCE FAMILY SERVICES 2915 60TH ST KENOSHA, WI 53140	39-1486327		10,000.	0.			FARGO STORIES OF HOPE
ALS THERAPY DEVELOPMENT INSTITUTE 480 ARSENAL STREET SUITE 201 WATERTOWN, MA 02472	04-3462719		10,000.	0.			GENERAL SUPPORT
AMERICAN LEGION BASEBALL PO BOX 2664 FARGO, ND 58108	45-0103470		13,730.	0.			ANNUAL DESIGNATED DISTRIBUTION
AMERICAN RED CROSS - EASTERN ND & NORTHWESTERN MN REGION - 2602 12TH ST. N - FARGO, ND 58102	45-0280066		7,426.	0.			GENERAL SUPPORT
ANNE CARLSEN CENTER - JAMESTOWN 701 3RD ST NW PO BOX 8000 JAMESTOWN, ND 58402	87-0694180		20,715.	0.			ANNUAL DESIGNATED DISTRIBUTION

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 532101 04-01-25

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA COMMUNITY FOUNDATION 2201 E. CAMELBACK RD STE 405B PHOENIX, AZ 85016	86-0348306		35,000.	0.			ARIZONA GOLF FUND
ARIZONA HUMANE SOCIETY 1521 W DOBBINS ROAD PHOENIX, AZ 85041	86-0135567		50,000.	0.			GENERAL SUPPORT
ARIZONA PBS TV 555 N CENTRAL AVE STE 500 PHOENIX, AZ 85004-1252	86-6051042		10,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF CENTRAL AZ - 1615 E OSBORN ROAD - PHOENIX, AZ 85016	86-0205254		10,000.	0.			GENERAL SUPPORT
BILL OF RIGHTS INSTITUTE 1310 N COURTHOUSE RD STE 620 ARLINGTON, VA 22201-2594	48-0891418		50,000.	0.			BURGUM FOUNDATION GRANT
BOYS & GIRLS CLUBS OF THE RED RIVER VALLEY - 2500 18TH ST S - FARGO, ND 58103-6602	45-0316132		20,000.	0.			GENERAL SUPPORT; FMAF 2025 COMMUNITY GRANT ROUND - EMOTE CONTROL
BOYS & GIRLS CLUBS OF THE VALLEY 4309 E. BELLEVIEW ST. BLDG. 14 PHOENIX, AZ 85008	86-0550646		10,000.	0.			GENERAL SUPPORT
BRADY OBERG LEGACY FOUNDATION 25093 150TH AVE N ULEN, MN 56585	84-2250737		30,000.	0.			GENERAL SUPPORT
CAMERON COUNTY EDUCATION INITIATIVE INC. - EDELSTEIN PROFESSIONAL BLDG 800 W. JEFFERSON ST. STE 140 - BROWNSVILLE, TX	81-1841293		8,000.	0.			GENERAL SUPPORT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASS COUNTY HISTORICAL SOCIETY PO BOX 719 1351 MAIN AVE WEST WEST FARGO, ND 58078-0719	45-0306858		25,375.	0.			ANNUAL DESIGNATED DISTRIBUTION- RAER PRESSED GLASS COLLECTION BONANZAVILLE; MAINTENANCE
CATHOLIC CHARITIES OF THE RIO GRANDE VALLEY - 700 VIRGIN DE SAN JUAN BLVD - SAN JUAN, TX 78589	68-0599307		8,000.	0.			HUMANITARIAN RESPITE CENTER
CCRI - CREATIVE CARE FOR REACHING INDEPENDENCE - 2903 15TH ST S - MOORHEAD, MN 56560-1972	41-1294489		16,845.	0.			FMAF COMMUNITY GRANT ROUND 2025 - CCRI LIFE ENRICHMENT PROGRAM; GENERAL SUPPORT FROM THE
CHANDLER COMPADRES, INC. PO BOX 11038 CHANDLER, AZ 85248	99-0209180		10,000.	0.			$5,000 TO ICAN, $2,500 TO AZCEND AND $2,500 TO CHANDLER CARE
CHILD CRISIS ARIZONA 424 W RIO SALADO PKWY MESA, AZ 85201	86-0324144		10,000.	0.			GENERAL SUPPORT
CHILDREN'S MONTESSORI CENTER FARGO 1612 TOM WILLIAMS DR FARGO, ND 58104	45-0308160		7,000.	0.			THE FOLLOWING SCHOLARSHIP SUPPORT
CHILDRENS ADVOCACY CENTERS OF CAMERON AND WILLACY COUNTIES - P.O. BOX 2145 - SAN BENITO, TX 78586-0020	74-2817583		8,000.	0.			GENERAL SUPPPORT
CHRISTIAN ADOPTION SERVICES 3220 18TH ST S STE 8E FARGO, ND 58104	45-0395045		15,000.	0.			GENERAL SUPPORT
CHURCHES UNITED FOR THE HOMELESS 1901 1ST AVE N MOORHEAD, MN 56560-2307	41-1594892		35,326.	0.			GENERAL SUPPORT; ANNUAL DESIGNATED DISTRIBUTION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCORDIA LANGUAGE VILLAGES 901 S 8TH ST. MOORHEAD, MN 56562	41-0693977		11,836.	0.			GERMAN LANGUAGE EDUCATION
CROHN'S & COLITIS FOUNDATION, NEVADA CHAPTER - 7320 S RAINBOW BLVD #102-250 - LAS VEGAS, NV 89139	13-6193105		20,000.	0.			GENERAL SUPPORT
CYSTIC FIBROSIS FOUNDATION 9755 SW BARNES RD #170 PORTLAND, OR 97225	13-1930701		25,000.	0.			GENERAL SUPPORT
DAKOTA BOYS AND GIRLS RANCH FOUNDATION - 6301 19TH AVE. N.W. BOX 5007 - MINOT, ND 58702-5007	23-7139546		26,225.	0.			ANNUAL DESIGNATED DISTRIBUTION
DAKOTA MEDICAL FOUNDATION 4321 20TH AVE S FARGO, ND 58103	45-6012318		207,500.	0.			GIVING HEARTS DAY 2025; THE PEACE ACADEMY FUND
DETROIT LAKES COMMUNITY AND CULTURAL CENTER - 826 SUMMIT AVENUE - DETROIT LAKES, MN 56501	41-1970351		43,000.	0.			BALLROOM SPONSORSHIP; THE SAILING SCHOOL
DETROIT MOUNTAIN RECREATION AREA 29409 170TH STREET DETROIT LAKES, MN 56501	27-2089583		34,156.	0.			A DMRA DONATION; MUSIC ON THE MOUNTAIN
DOWN HOME 2102 12TH ST N FARGO, ND 58102	82-3635989		20,325.	0.			FMAF 2025 COMMUNITY GRANT ROUND - EMPOWER UP PROGRAM; GENERAL SUPPORT FROM THE 2025 FMAF CARING
DOWNTOWN COMMUNITY PARTNERSHIP BID 118 BROADWAY N STE 207 FARGO, ND 58102	46-4482667		34,000.	0.			GENERAL SUPPORT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERADO PUBLIC SCHOOL PO BOX 69 EMERADO, ND 58228			15,000.	0.			ENCORE AFTER SCHOOL PROGRAM
EMERGENCY FOOD PANTRY PO BOX 2821 FARGO, ND 58108	51-0138107		30,188.	0.			FMAF 2025 COMMUNITY GRANT ROUND - FOOD BASKET SERVICE INCLUDING FOUNDATIONAL PLANNING OF
EMERGING PRAIRIE 118 N BROADWAY. STE S1 FARGO, ND 58102	81-0742137		15,000.	0.			GENERAL SUPPORT
ESHARA 1132 28TH AVE. S #104 MOORHEAD, MN 56560	87-2256670		15,000.	0.			FMAF COMMUNITY GRANT ROUND 2025 - GENERAL OPERATING SUPPORT
EVERGREEN MEMORIAL CEMETERY PO BOX 7 MOORHEAD, MN 56561			9,680.	0.			ANNUAL DESIGNATED DISTRIBUTION
FAIRVOTE MINNESOTA FOUNDATION 550 VANDALIA ST STE 210 SAINT PAUL, MN 55114-1990	41-1924245		20,000.	0.			GENERAL SUPPORT
FAMILIES UNITED FOR SELF-EMPOWERMENT - 3120 25TH ST SW #362 - FARGO, ND 58103	84-3764755		18,963.	0.			THE BACK TO SCHOOL CONNECT PROGRAM; FMAF COMMUNITY GRANT ROUND 2025 - GENERAL OPERATING
FARGO AIR MUSEUM 1609 19TH AVE N FARGO, ND 58102	45-0451637		22,440.	0.			ANNUAL DESIGNATED DISTRIBUTION
FARGO MOORHEAD AREA YOUTH SYMPHONIES - 808 3RD AVE S STE #302 WDAY OFFICE TOWER - FARGO, ND 58103	45-0355021		6,000.	0.			FMAF COMMUNITY GRANT ROUND 2025 - GENERAL OPERATING SUPPORT

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 noncash 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		151,596.	0.			FMAF 2025 COMMUNITY GRANT ROUND - GENERAL OPERATING SUPPORT
FARGO PARK DISTRICT 6100 38TH ST S FARGO, ND 58104			10,280.	0.			ANNUAL DESIGNATED DISTRIBUTION-IMPROVEMENTS, MAINTENANCE, EXPENSES FOR
FARGO PUBLIC LIBRARY 102 3RD STREET NORTH FARGO, ND 58102-4808	45-6002069		26,260.	0.			ANNUAL DESIGNATED DISTRIBUTION - GENERAL SUPPORT
FARGO THEATRE MANAGEMENT CORP. PO BOX 2190 314 BROADWAY FARGO, ND 58108	45-0373698		28,000.	0.			FMAF COMMUNITY GRANT ROUND 2025 - FARGO THEATRE GENERAL OPERATING SUPPORT
FARGO-MOORHEAD SYMPHONY ORCHESTRA 808 3RD AVE S STE #300 WDAY OFFICE FARGO, ND 58103	45-0275135		396,518.	0.			ANNUAL DESIGNATED DISTRIBUTION-CADENZA FUND, PODIUM FUND AND GENERAL SUPPORT
FARM IN THE DELL OF THE RED RIVER VALLEY - PO BOX 975 - MOORHEAD, MN 56561	46-0664136		14,785.	0.			FMAF 2025 GRANT ROUND - GENERAL OPERATIONS SUPPORT; GENERAL SUPPORT FROM THE 2025 FMAF CARING
FARM RESCUE PO BOX 28 HORACE, ND 58047-0028	75-3174053		14,125.	0.			ANNUAL DESIGNATED DISTRIBUTION
FIRST BAPTIST CHURCH- FARGO 1501 17TH AVE. S FARGO, ND 58103	45-0226417		7,320.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF FARGO 650 2ND AVE N FARGO, ND 58102	45-0226475		6,500.	0.			GENERAL SUPPORT

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

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FIRST UNITED METHODIST CHURCH 906 1ST AVE S FARGO, ND 58103			7,030.	0.			ANNUAL DESIGNATED DISTRIBUTION
FIX IT FORWARD MINISTRY 2620 2ND AVE N MOORHEAD, MN 56560	81-3243497		15,000.	0.			FMAF 2025 COMMUNITY GRANT ROUND - 1000 CAR CAMPAIGN
FLEX LEARNING STUDIO 9712 BLAZING STAR CT LAS VEGAS, NV 89117	93-4897840		20,000.	0.			GENERAL SUPPORT
FOCUS (FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS) - 603 PARK POINT DR STE 200 - GOLDEN, CO 80401	84-1522811		15,000.	0.			SUPPORT
FOLKWAYS COMMUNITY 210 BROADWAY N FARGO, ND 58102	45-6010377		7,500.	0.			FISCALLY SPONSORED BY FM AREA FOUNDATION - SUPPORT OF THE UPCOMING ART PROJECT
FOLKWAYS COMMUNITY 211 BROADWAY N FARGO, ND 58102	45-6010378		41,300.	0.			FISCALLY SPONSORED BY FM AREA FOUNDATION - RED RIVER MARKET GENERAL SUPPORT
FOLKWAYS COMMUNITY 212 BROADWAY N FARGO, ND 58102	45-6010379		7,000.	0.			FISCALLY SPONSORED BY FM AREA FOUNDATION - RED RIVER MARKET FOR THEIR 2025 PAY INTERN
FOLKWAYS COMMUNITY 213 BROADWAY N FARGO, ND 58102	45-6010380		10,351.	0.			FISCALLY SPONSORED BY FM AREA FOUNDATION - FMAF 2025 COMMUNITY GRANT ROUND - RED RIVER MARKET
FOOD BANK OF NORTHERN NEVADA 550 ITALY DRIVE SPARKS, NV 89437	94-2924979		25,000.	0.			ANNUAL DESIGNATED DISTRIBUTION - GENERAL SUPPORT

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FOSTER ANGELS OF SOUTH TEXAS FOUNDATION - 3758 DENVER AVE - CORPUS CHRISTI, TX 78411	74-2917772		10,000.	0.			GENERAL SUPPORT
FRASER, LTD. 2902 S UNIVERSITY DR FARGO, ND 58103	45-0226418		10,000.	0.			FMAF COMMUNITY GRANT ROUND 2025 - GENERAL OPERATING SUPPORT
FRIENDS OF CHIMBOTE PO BOX 717 WEST FARGO, ND 58078-0717	45-0453441		25,000.	0.			ANNUAL GIFT
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH STREET TEMPE, AZ 85281	01-0579687		10,000.	0.			GENERAL SUPPORT
FRIENDS OF TAMARAC NATIONAL WILDLIFE REFUGE INC. - 35704 COUNTY HWY 26 - ROCHERT, MN 56578	41-1732084		15,000.	0.			GENERAL SUPPORT
GETHSEMANE CATHEDRAL 3600 25TH ST. S FARGO, ND 58104	45-0227306		10,000.	0.			GENERAL SUPPORT
GIGI'S PLAYHOUSE FARGO 3224 20TH ST S FARGO, ND 58104	37-1776920		10,000.	0.			FMAF COMMUNITY GRANT ROUND 2025 - HEALTHY U. CONFIDENT U. WHOLE U. GIGIS KITCHEN PROGRAMS
GLOBAL REFUGE 3310 FIECHTNER DR STE 100 FARGO, ND 58103	13-2574854		15,000.	0.			FMAF 2025 COMMUNITY GRANT ROUND - GLOBAL REFUGE - NORTH DAKOTA / REFUGEE SUPPORT
GRACE LUTHERAN CHURCH 821 5TH AVE S FARGO, ND 58103	45-0232567		6,045.	0.			ANNUAL DESIGNATED DISTRIBUTION

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GRAYSON-JOCKEY CLUB RESEARCH FOUNDATION - 821 CORPORATE DR - LEXINGTON, KY 40503	61-6031750		50,000.	0.			GENERAL SUPPORT
GREAT PLAINS CHILDRENS MUSEUM INC 4314 TIMBERLINE DR S FARGO, ND 58104	33-1371464		10,000.	0.			RURAL CASS COUNTY FAMILY EVENT
GREAT PLAINS FOOD BANK 1720 3RD AVE N FARGO, ND 58102	47-2229589		66,015.	0.			ANNUAL DESIGNATED DISTRIBUTION-FOOD BANK PROJECTS; FMAF COMMUNITY GRANT ROUND 2025 -
GUEST HOUSE 1601 JOSLYN RD BOX 420 LAKE ORION, MI 48361	38-1557146		10,375.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT
HALEY'S HOPE 1150 PRAIRIE PKWY WEST FARGO, ND 58078	45-4502660		29,000.	0.			FMAF 2025 COMMUNITY GRANT ROUND - GENERAL OPERATING SUPPORT WITHIN CASS AND CLAY COUNTIES; BURGUM
HANDMAIDS OF THE HEART OF JESUS 515 N. STATE ST NEW ULM, MN 56073	27-3993862		22,000.	0.			MOTHERHOUSE WINDOW PROJECT; NEW HOME FUNDRAISER
HASTY'S HAVEN INC 1228 CHRISTOPHER LANE LIBERTY, SC 29657	84-4948152		20,000.	0.			GENERAL SUPPORT
HAZELDEN BETTY FORD FOUNDATION PO BOX 64348 SAINT PAUL, MN 55164-0348	41-0682405		30,000.	0.			THE NATIVE AMERICAN INITIATIVE; GENERAL SUPPORT; NAPLES ALUMNI WORK
HEART-N-SOUL COMMUNITY CAFE 1610 12TH AVE S FARGO, ND 58103	81-2894563		21,485.	0.			FMAF 2025 COMMUNITY GRANT ROUND - MOBILE CAFE; GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG

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HIA HOSPICE 3800 56TH AVE S FARGO, ND 58104	45-0349152		249,542.	0.			HOSPICE HOUSE; HOSPICE HOUSE CAMPAIGN; GENERAL SUPPORT
HISTORIC HOLMES THEATRE-DLCCC 806 SUMMIT AVE DETROIT LAKES, MN 56501	41-1615722		5,085.	0.			SUPPORT OF BRINGING MUSICIANS FROM THE FM AREA TO PERFORM IN DETROIT LAKES
HISTORICAL AND CULTURAL SOCIETY OF CLAY COUNTY - 202 1ST AVE. N - MOORHEAD, MN 56560	41-6038553		5,780.	0.			ANNUAL DESIGNATED DISTRIBUTION - GENERAL SUPPORT
HOME ON THE RANGE FOR BOYS 16351 I-94 SENTINEL BUTTE, ND 58654-9500	45-0230083		20,660.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT
HOMEWARD ANIMAL SHELTER 1201 28TH AVE N FARGO, ND 58102	45-0284164		5,775.	0.			GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG
HONORHEALTH FOUNDATION 8125 N. HAYDEN ROAD SCOTTSDALE, AZ 85258	74-2355411		25,000.	0.			THE BACK PACK & SNACK PACK PROGRAM
HOPE BLOOMS PO BOX 9705 FARGO, ND 58106	82-2043167		7,500.	0.			RURAL OPERATING SUPPORT
HOPE LUTHERAN CHURCH OF FARGO, ND 2900 BROADWAY N FARGO, ND 58102	45-0276446		112,500.	0.			$12,000 TOWARDS 2025 HOPE LUTHERAN GIVING-GENERAL FUND. $500 TO YOUTH MINISTRY. ; THE ONE
HUMANE SOCIETY OF OTTERTAIL COUNTY 1933 W FIR AVE FERGUS FALLS, MN 56537	41-1417930		5,670.	0.			THE CAPITAL CAMPAIGN BUILDING FUND

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HUMANE SOCIETY OF THE LAKES 19665 US HWY 59 N DETROIT LAKES, MN 56501	41-1651603		7,194.	0.			ANNUAL DESIGNATED DISTRIBUTION-CARE OF ANIMALS-SUCH AS FOOD & MEDICAL COSTS
HUMANITIES NORTH DAKOTA PO BOX 2191 BISMARCK, ND 58502	45-0318487		20,000.	0.			WE THE PEOPLE PROGRAM
IGNITE CHURCH 925 30TH AVE S MOORHEAD, MN 56560			75,000.	0.			GENERAL SUPPORT
IMMIGRANT DEVELOPMENT CENTER 810 4TH AVE S STE 100 MOORHEAD, MN 56560	20-3368647		10,000.	0.			FMAF 2025 COMMUNITY GRANT ROUND - DRIVING TO SUCCESS
IMMIGRANT LAW CENTER OF MINNESOTA 1015 7TH AVE NORTH MOORHEAD, MN 56560	41-0909036		7,500.	0.			FMAF 2025 COMMUNITY GRANT ROUND - NORTHWEST IMMIGRATION AND NORTH DAKOTA IMMIGRATION
IMPACT FOUNDATION 4321 20TH AVE S FARGO, ND 58103	20-0520386		10,000.	0.			FISHER HOUSE NORTH DAKOTA
JASMIN CHILDCARE AND PRESCHOOL 4720 7TH AVE S. STE E FARGO, ND 58103	82-3422274		10,000.	0.			FMAF 2025 COMMUNITY GRANT ROUND - OPERATING SUPPORT FOR OVERNIGHT CHILDCARE
JEREMIAH PROGRAM 3104 FIECHTNER DR FARGO, ND 58103	41-1801834		7,500.	0.			FMAF COMMUNITY GRANT ROUND 2025 - SUPPORT FOR SINGLE MOTHER COLLEGE STUDENTS IN
JUNIOR ACHIEVEMENT NORTH PO BOX 8 WEST FARGO, ND 58078	41-1424988		7,500.	0.			RURAL ND PROGRAMMING

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KINDRED YOUTH BASEBALL 112 1ST AVENUE N KINDRED, ND 58051	82-1027835		125,000.	0.			GENERAL SUPPORT
LA PLATA COUNTY HUMANE SOCIETY 1111 SOUTH CAMINO DEL RIO DURANGO, CO 81303	23-7274035		10,000.	0.			GENERAL SUPPORT
LEGACY CHILDREN'S FOUNDATION 725 28TH ST N FARGO, ND 58102	45-3621605		15,945.	0.			FMAF 2025 COMMUNITY GRANT ROUND - ACADEMIC ACHIEVEMENT; THE IGNITE PROGRAM
LUTHERAN CHURCH OF THE GOOD SHEPHERD - 4000 28TH ST S - MOORHEAD, MN 56560			5,180.	0.			MAILING/MORTGAGE/DEBT REPAYMENT
MAKE A WISH FOUNDATION OF ARIZONA 2901 N 78TH STREET SCOTTSDALE, AZ 85251	86-0409636		25,000.	0.			GENERAL SUPPORT
MATTHEW'S VOICE PROJECT 929 WESTWYND DR WEST FARGO, ND 58078	83-2036126		13,000.	0.			CHRISTMAS GIFT CARD SUPPORT
MEMORY CAFE OF THE RED RIVER VALLEY - 3910 25TH ST S - FARGO, ND 58104	82-2788530		128,815.	0.			FMAF 2025 COMMUNITY GRANT ROUND - GENERAL OPERATION SUPPORT; GENERAL SUPPORT FROM THE 2025 FMAF CARING
MINNESOTA FLYERS GYMNASTICS INC. 1306 ROSSMAN AVE DETROIT LAKES, MN 56501	41-1825524		30,000.	0.			2025 "MOVEMENT MATTERS"
MOODY CLINIC: BROWNSVILLE SOCIETY FOR CRIPPLED CHILDREN INC. - 1901 E. 22ND ST. - BROWNSVILLE, TX 78521	74-1195191		8,000.	0.			GENERAL SUPPORT

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MORAVIAN CHURCH PO BOX 801 CASSELTON, ND 58012	23-7334423		25,520.	0.			ANNUAL DESIGNATED DISTRIBUTION
NATIVITY CHURCH OF FARGO 1825 11TH ST S FARGO, ND 58103-4915	45-0276414		5,190.	0.			ANNUAL DESIGNATED DISTRIBUTION
NDSU ALUMNI FOUNDATION 1241 N UNIVERSITY DR. FARGO, ND 58102			7,453.	0.			SUPPORT MUSIC PROGRAMS
NDSU COLLEGE OF BUSINESS 811 2ND AVENUE NORTH FARGO, ND 58102	45-6002439		6,140.	0.			ANNUAL DESIGNATED DISTRIBUTION-MBA PROGRAM - US STUDENTS
NDSU FOUNDATION PO BOX 5144 1241 NORTH UNIVERSITY D FARGO, ND 58105-5144	23-7120898		190,660.	0.			TURTLE MOUNTAIN TEACHER LEADERSHIP ACADEMY AND BISON STRIDES
NEVADA HUMANE SOCIETY 2825 LONGLEY LANE SUITE B RENO, NV 89502	88-0072720		25,000.	0.			ANNUAL DESIGNATED DISTRIBUTION - GENERAL SUPPORT
NEW LIFE CENTER PO BOX 1067 1902 3RD AVE N FARGO, ND 58107-1067	45-0228056		27,426.	0.			GENERAL SUPPORT
NEXUS PATH FAMILY HEALING 1202 WESTRAC DR STE 400 FARGO, ND 58103	91-2159746		30,000.	0.			RURAL SCHOOL MENTAL HEALTH SUPPORT
NORTH DAKOTA COMMUNITY FOUNDATION PO BOX 387 BISMARCK, ND 58502-0387	45-0336015		7,613.	0.			CATHOLIC CHARITIES NORTH DAKOTA ENDOWMENT

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NORTH DAKOTA SKATEBOARDING ASSOCIATION - 1321 9TH STREET N - FARGO, ND 58102	92-1023688		17,500.	0.			GENERAL SUPPORT
NORTHERN CASS DOLLARS FOR SCHOLARS PO BOX 268 HUNTER, ND 58048	46-5070719		7,102.	0.			NORTHERN CASS DFS PHONE-A-THON
NORTHWESTERN UNIVERSITY ATTN: GIFT PLANNING 1201 DAVIS STRE EVANSTON, IL 60201			7,453.	0.			BIENEN SCHOOL OF MUSIC-SUPPORT MUSIC PROGRAMS
OAK GROVE LUTHERAN SCHOOL 124 N TERRACE FARGO, ND 58102	45-0226473		69,847.	0.			GENERAL SUPPORT
OLD FRIENDS INC. 1841 PAYNES DEPOT RD. GEORGETOWN, KY 40324	20-0049798		50,000.	0.			GENERAL SUPPORT
OUR REDEEMER LUTHERAN CHURCH 1000 14TH ST S MOORHEAD, MN 56560-3762	41-0851692		5,614.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT
OUTLAW FOUNDATION PO BOX 160250 BIG SKY, MT 59716	99-2168224		12,500.	0.			2025 WILDLANDS
PARK CHRISTIAN SCHOOL 300 17TH ST N MOORHEAD, MN 56560-5041	41-1402135		5,360.	0.			K-12 PCS UNITED FUND SCHOLARSHIP
PEACE LUTHERAN CHURCH 1011 12TH AVE N FARGO, ND 58102	45-0261730		15,820.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT

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PLAINS ART MUSEUM 704 1ST AVE N BOX 2338 FARGO, ND 58102	41-1260780		15,000.	0.			CAPITAL CAMPAIGN
PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA - 803 BELSLEY BLVD - MOORHEAD, MN 56560	41-0948382		25,000.	0.			THE SUMMER SOCIAL MATCH; FMAF COMMUNITY GRANT ROUND 2025 - ESSENTIAL HEALTH EDUCATION IN THE
PONTOPPIDAN LUTHERAN CHURCH 309 4TH STREET NORTH FARGO, ND 58102			7,030.	0.			ANNUAL DESIGNATED DISTRIBUTION
PORTICO HEALTHNET 2925 CHICAGO AVE S GREENWAY LEVEL S MINNEAPOLIS, MN 55407	41-1814659		10,000.	0.			SALUT FUND RAISER MATCHING GRANT
PROJECT 412 806 SUMMIT AVE DETROIT LAKES, MN 56501	88-3176887		65,000.	0.			FOUNDATIONAL SUPPORT; ORTENSTONE GARDENS
PROYECTO JUAN DIEGO INC. 3910 PAREDES LINE RD BROWNSVILLE, TX 78526	81-0606967		8,000.	0.			GENERAL SUPPORT
RAPE AND ABUSE CRISIS CENTER DBA SOLLERA - 317 8TH ST N - FARGO, ND 58102	41-1310289		39,827.	0.			ANNUAL DESIGNATED DISTRIBUTION; FMAF 2025 COMMUNITY GRANT ROUND - GENERAL OPERATING
REAL PRESENCE RADIO 1351 PAGE DR STE 300 FARGO, ND 58103	45-0458973		70,000.	0.			FUNDRAISER BANQUET UNDERWRITING; THE LYNNE AND SUNSHINE PROJECT LIST
RED RIVER BASIN COMMISSION 1120 28TH AVE N STE C FARGO, ND 58102	36-3389287		6,260.	0.			ANNUAL DESIGNATED DISTRIBUTION - GENERAL SUPPORT

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RED RIVER CHAPTER OF NATIONAL AMBUCS INC. - 3442 43RD AVE. S - FARGO, ND 58104	85-3686011		20,800.	0.			FMAF 2025 COMMUNITY GRANT ROUND - ALL ACCESS RIDERS; GENERAL SUPPORT FROM THE 2025 FMAF CARING
RED RIVER VALLEY FIGURE SKATING CLUB - PO BOX 2901 - FARGO, ND 58108-2901	45-0363444		7,064.	0.			GENERAL SUPPORT
RED RIVER ZOOLOGICAL SOCIETY 4255 23RD AVE S FARGO, ND 58104-8786	36-3938878		10,660.	0.			CARE AND FEEDING OF EXHIBIT ANIMALS
RELEVANT LIFE CHURCH 1002 10TH ST S FARGO, ND 58103	46-4435537		35,000.	0.			$30,000 FOR GENERAL FUND $4,000.00 TOWARD COMMERCIAL KITCHEN $1,000 MISSION ONE-TIME
ROGER MARIS CANCER CENTER 820 4TH ST N FARGO, ND 58122			5,614.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT
RONALD MCDONALD HOUSE CENTRAL AND NORTHERN ARIZONA - 501 E ROANOKE AVE - PHOENIX, AZ 85004	86-0483792		25,000.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF THE RED RIVER VALLEY - 4757 AGASSIZ CROSSING S - FARGO, ND 58104	45-0365598		25,310.	0.			GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG; GENERAL SUPPORT
SALVATION ARMY, FARGO PO BOX 2124 FARGO, ND 58107-2124	41-0698597		5,543.	0.			GENERAL SUPPORT
SANFORD CHILDREN'S HOSPITAL PO BOX 2010 FARGO, ND 58122-2399	45-0226909		12,650.	0.			ANNUAL DESIGNATED DISTRIBUTION-CHILDREN'S HOSPITAL UNIT

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SANFORD HEALTH FOUNDATION 520 MAIN AVENUE FARGO, ND 58122	45-0398104		25,000.	0.			TEIKEN ACADEMY
SCOTTISH RITE SPEECH AND LANGUAGE CENTER FOR CHILDREN - 1405 3RD ST N - FARGO, ND 58102	45-0413594		7,000.	0.			FMAF COMMUNITY GRANT ROUND 2025 - GENERAL OPERATING SUPPORT
SCRUFFY TAILS HUMANE SOCIETY 720 E ROBERT ST CROOKSTON, MN 56716	41-1433622		7,194.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT
SHAREHOUSE FOUNDATION 4227 9TH AVE SW FARGO, ND 58103	26-2708205		10,000.	0.			GIVING HEARTS COMMITMENT
SHEYENNE VALLEY COMMUNITY FOUNDATION - 250 WEST MAIN - VALLEY CITY, ND 58072	46-4371645		25,000.	0.			DONOR ADVISED ENDOWMENT FUND
SOUL SOLUTIONS RECOVERY CENTER PO BOX 9032 FARGO, ND 58106-9032	84-3025490		15,875.	0.			FMAF COMMUNITY GRANT ROUND 2025 - GENERAL OPERATING SUPPORT; GENERAL SUPPORT FROM THE
SPREAD YOUR SUNSHINE 2430 36TH ST S #101 MOORHEAD, MN 56560	99-0657101		5,025.	0.			GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG
ST THOMAS AQUINAS NEWMAN CENTER UND - 410 CAMBRIDGE ST - GRAND FORKS, ND 58203	45-0307813		100,000.	0.			ONGOING NEWMAN CENTER PROJECTS
ST. ANTHONY'S OF PADUA CHURCH 710 10TH STREET SOUTH FARGO, ND 58103			10,000.	0.			ANNUAL CONTRIBUTION

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ST. CATHERINE CHURCH 524 3RD AVE N VALLEY CITY, ND 58072			6,500.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT
ST. FRANCIS DE SALES PARISH CENTER 601 15TH AVE N MOORHEAD, MN 56560-1567			5,614.	0.			ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT
ST. JOHN PAUL II CATHOLIC SCHOOLS 5600 25TH STREET S FARGO, ND 58104	45-0403317		50,000.	0.			GENERAL SUPPORT
ST. MARY CATHOLIC CHURCH PO BOX 337 BEACH, ND 58621			41,000.	0.			ST. MARY OF THE ASSUMPTION CHURCH RENOVATION TO SUPPORT THE ALTER, THE BAPTISMAL
ST. MARY'S CATHOLIC CHURCH 221 4TH ST N BRECKENRIDGE, MN 56520			24,000.	0.			GENERAL SUPPORT
ST. MARY'S CATHOLIC CHURCH - HAGUE 503 N 2ND ST STRASBURG, ND 58573-0322			10,000.	0.			ST MARY'S RESTORATION
ST. MARY'S CATHOLIC SCHOOL 219 N 4TH ST BRECKENRIDGE, MN 56502			200,000.	0.			GENERAL SUPPORT
ST. PHILIP'S CHURCH OF HANKINSON PO BOX 419 HANKINSON, ND 58041			10,000.	0.			ST PHILLIP'S CAPITAL CAMPAIGN
STS. ANNE AND JOACHIM CATHOLIC CHURCH - 5202 25TH ST S - FARGO, ND 58104			10,000.	0.			ANNUAL DONATION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWIFT EAGLE CHARITABLE FOUNDATION BOX 1977 AVON, CO 81620	80-0109707		20,000.	0.			BURGUM FOUNDATION OPERATING SUPPORT
TEMPLE BETH EL 809 11TH AVE S FARGO, ND 58103-3153	45-6011866		38,440.	0.			ANNUAL DESIGNATED DISTRIBUTION-RABBINIC PRESENCE
THE CHAMBER FARGO MOORHEAD WEST FARGO - 3312 42ND ST S SUITE 101 - FARGO, ND 58104	45-0448041		15,000.	0.			GENERAL SUPPORT
THE DAVID SHELDRICK WILDLIFE TRUST USA - 25283 CABOT RD. STE. 101 - LAGUNA HILLS, CA 92653	30-0224549		10,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY MN/ND/SD GIFT PROCESSING CENTER PO BOX 1556 MERRIFIELD, VA 22116-1556	53-0242652		10,000.	0.			GENERAL SUPPORT
THE VILLAGE FAMILY SERVICE CENTER PO BOX 9859 FARGO, ND 58106-9859	45-0226423		31,486.	0.			ANNUAL DESIGNATED DISTRIBUTION
TNT KID'S FITNESS & GYMNASTICS 2800 MAIN AVENUE FARGO, ND 58103	20-3459549		10,000.	0.			GENERAL SUPPORT
TRANSLATIONAL GENOMICS RESEARCH INSTITUTE FOUNDATION - 445 N 5TH ST STE 120 - PHOENIX, AZ 58004	33-1092191		50,000.	0.			SUPPORT OF USHER SYNDROME
UC DAVIS FOUNDATION - SCHOOL OF VETERINARY MEDICINE - OFFICE OF THE DEAN - DEVELOPMENT ONE SHIELDS AVENUE - DAVIS, CA 95616	94-6081352		7,500.	0.			ANNUAL DESIGNATED DISTRIBUTION - GENERAL SUPPORT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCLA FOUNDATION PO BOX 7145 PASADENA, CA 91109			7,453.	0.			SUPPORT MUSIC PROGRAMS
UND ALUMNI ASSOCIATION & FOUNDATION - 3501 UNIVERSITY AVE STOP 8157 - GRAND FORKS, ND 58202-8157	45-0348296		162,800.	0.			BURGUM SCHOLARS TUITION & RESIDENT TEACHER TUITION ; SIGMA CHI EDUCATIONAL INFRASTRUCTURE (THE
UNITED WAY OF CASS CLAY 4351 23RD AVE S FARGO, ND 58104	41-0810008		27,045.	0.			THE UNITED TO END HOMELESS FUND; ANNUAL DESIGNATED DISTRIBUTION-GENERAL
UNIVERSITY OF JAMESTOWN 6000 COLLEGE LANE JAMESTOWN, ND 58405	45-0231180		76,000.	0.			TEACHER LEADERSHIP ACADEMY MASTERS TUITION GRANT- 2025
UNIVERSITY OF MARY - BISMARCK 7500 UNIVERSITY DRIVE BISMARCK, ND 58504			187,000.	0.			TEACHER LEADERSHIP ACADEMY, AND RSLI ; BARNES COUNTY NORTH, TEACHER LEADERSHIP
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 55486-0266	41-6042488		22,500.	0.			C-M HORSAGER 4-H LEADERSHIP FUND- MN 4-H CHANGEMAKERS ACADEMY; EASTCLIFF FOREVER
UNIVERSITY OF NEVADA - RENO FOUNDATION - MORRILL HALL ALUMNI CENTER UNR - MAIL STOP 0007 - RENO, NV 89557	94-2781749		7,500.	0.			ANNUAL DESIGNATED DISTRIBUTION - GENERAL SUPPORT
VALLEY CITY STATE UNIVERSITY FOUNDATION - 101 COLLEGE STREET SW - VALLEY CITY, ND 58072-9985	23-7178785		100,000.	0.			INNOVATING EDUCATION IN RURAL ND SCHOOLS
VETERANS HONOR FLIGHT OF ND/MN PO BOX 644 WEST FARGO, ND 58078	47-3473590		10,000.	0.			FMAF 2025 COMMUNITY GRANT ROUND - GENERAL OPERATING SUPPORT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN STAR LITERACY CENTER 717 E BROADWAY WILLISTON, ND 58801	99-5103045		30,000.	0.			LITERACY TUTORING
WOMEN'S CARE CENTER 103 N UNIVERSITY DR FARGO, ND 58102	45-0384081		10,000.	0.			GENERAL SUPPORT
WORLD VISION INC. PO BOX 9716 MAILSTOP 110 FEDERAL WAY, WA 98063	95-1922279		500,000.	0.			DISASTER RELIEF SUPPORT
YMCA OF THE NORTHERN SKY 400 1ST AVE S FARGO, ND 58103	45-0232096		12,260.	0.			THE 2025 PAY INTERN; THE PARTNER IN YOUTH CAMPAIGN
YOUNG LIFE PO BOX 970 DETROIT LAKES, MN 56502	84-0385934		15,000.	0.			GENERAL SUPPORT
YOUNG LIFE PRL (AF119) 18642 COUNTY HWY 25 FERGUS FALLS, MN 56537	84-0385934		10,000.	0.			TRIBAL STUDENT MINISTRY
YOUTHWORKS 1330 18TH AVE S FARGO, ND 58103	46-0345922		15,000.	0.			FMAF 2025 GRANT ROUND - EVOLVE PROGRAM IN THE CASS AND CLAY COUNTY AREA
YWCA CASS CLAY 4650 38TH AVE. S STE 110 FARGO, ND 58104-8529	45-0226435		49,088.	0.			THE WOMEN'S ABUSE CENTER; GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG

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	267	325,856.	0.		

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: CASS COUNTY HISTORICAL SOCIETY
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION- RAER PRESSED GLASS COLLECTION BONANZAVILLE; MAINTENANCE OF MAIN BUILDING

NAME OF ORGANIZATION OR GOVERNMENT:
CCRI - CREATIVE CARE FOR REACHING INDEPENDENCE
(H) PURPOSE OF GRANT OR ASSISTANCE: FMAF COMMUNITY GRANT ROUND 2025 - CCRI LIFE ENRICHMENT PROGRAM; GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: DOWN HOME
(H) PURPOSE OF GRANT OR ASSISTANCE: FMAF 2025 COMMUNITY GRANT ROUND - EMPOWER UP PROGRAM; GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG

NAME OF ORGANIZATION OR GOVERNMENT: EMERGENCY FOOD PANTRY
(H) PURPOSE OF GRANT OR ASSISTANCE: FMAF 2025 COMMUNITY GRANT ROUND - FOOD BASKET SERVICE INCLUDING FOUNDATIONAL PLANNING OF COMMUNITY FOOD HUB ; GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES UNITED FOR SELF-EMPOWERMENT
(H) PURPOSE OF GRANT OR ASSISTANCE: THE BACK TO SCHOOL CONNECT PROGRAM; FMAF COMMUNITY GRANT ROUND 2025 - GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FARGO PARK DISTRICT
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION- IMPROVEMENTS, MAINTENANCE, EXPENSES FOR ISLAND PARK, AND DEPOT AREA MAINTENANCE

NAME OF ORGANIZATION OR GOVERNMENT:
FARM IN THE DELL OF THE RED RIVER VALLEY
(H) PURPOSE OF GRANT OR ASSISTANCE: FMAF 2025 GRANT ROUND - GENERAL OPERATIONS SUPPORT; GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG

NAME OF ORGANIZATION OR GOVERNMENT: FOLKWAYS COMMUNITY
(H) PURPOSE OF GRANT OR ASSISTANCE: FISCALLY SPONSORED BY FM AREA FOUNDATION - FMAF 2025 COMMUNITY GRANT ROUND - RED RIVER MARKET PERFORMING ARTISTS

NAME OF ORGANIZATION OR GOVERNMENT: GREAT PLAINS FOOD BANK
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION-FOOD BANK PROJECTS; FMAF COMMUNITY GRANT ROUND 2025 - GENERAL OPERATING SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HALEY'S HOPE
(H) PURPOSE OF GRANT OR ASSISTANCE: FMAF 2025 COMMUNITY GRANT ROUND - GENERAL OPERATING SUPPORT WITHIN CASS AND CLAY COUNTIES; BURGUM FOUNDATION GRANT SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: HOPE LUTHERAN CHURCH OF FARGO, ND
(H) PURPOSE OF GRANT OR ASSISTANCE: $12,000 TOWARDS 2025 HOPE LUTHERAN GIVING-GENERAL FUND. $500 TO YOUTH MINISTRY. ; THE ONE CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRANT LAW CENTER OF MINNESOTA
(H) PURPOSE OF GRANT OR ASSISTANCE: FMAF 2025 COMMUNITY GRANT ROUND - NORTHWEST IMMIGRATION AND NORTH DAKOTA IMMIGRATION PROJECTS

NAME OF ORGANIZATION OR GOVERNMENT: JEREMIAH PROGRAM
(H) PURPOSE OF GRANT OR ASSISTANCE: FMAF COMMUNITY GRANT ROUND 2025 - SUPPORT FOR SINGLE MOTHER COLLEGE STUDENTS IN FARGO-MOORHEAD

NAME OF ORGANIZATION OR GOVERNMENT: MEMORY CAFE OF THE RED RIVER VALLEY
(H) PURPOSE OF GRANT OR ASSISTANCE: FMAF 2025 COMMUNITY GRANT ROUND - GENERAL OPERATION SUPPORT; GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG; BUILDING CAMPAIGN; THE BUILDING FUND

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA
(H) PURPOSE OF GRANT OR ASSISTANCE: THE SUMMER SOCIAL MATCH; FMAF COMMUNITY GRANT ROUND 2025 - ESSENTIAL HEALTH EDUCATION IN THE FARGO MOORHEAD AREA

NAME OF ORGANIZATION OR GOVERNMENT:
RAPE AND ABUSE CRISIS CENTER DBA SOLLERA
(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DESIGNATED DISTRIBUTION; FMAF 2025 COMMUNITY GRANT ROUND - GENERAL OPERATING SUPPORT; GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG

NAME OF ORGANIZATION OR GOVERNMENT:
RED RIVER CHAPTER OF NATIONAL AMBUCS INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: FMAF 2025 COMMUNITY GRANT ROUND - ALL ACCESS RIDERS; GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG

NAME OF ORGANIZATION OR GOVERNMENT: RELEVANT LIFE CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: $30,000 FOR GENERAL FUND $4,000.00 TOWARD COMMERCIAL KITCHEN $1,000 MISSION ONE-TIME FUND

NAME OF ORGANIZATION OR GOVERNMENT: SOUL SOLUTIONS RECOVERY CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: FMAF COMMUNITY GRANT ROUND 2025 - GENERAL OPERATING SUPPORT; GENERAL SUPPORT FROM THE 2025 FMAF CARING CATALOG

NAME OF ORGANIZATION OR GOVERNMENT: ST. MARY CATHOLIC CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: ST. MARY OF THE ASSUMPTION CHURCH RENOVATION TO SUPPORT THE ALTER, THE BAPTISMAL FONT, AND WINDOW

NAME OF ORGANIZATION OR GOVERNMENT: UND ALUMNI ASSOCIATION & FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: BURGUM SCHOLARS TUITION & RESIDENT TEACHER TUITION ; SIGMA CHI EDUCATIONAL INFRASTRUCTURE (THE CENTER OF IT ALL)

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF CASS CLAY
(H) PURPOSE OF GRANT OR ASSISTANCE: THE UNITED TO END HOMELESS FUND; ANNUAL DESIGNATED DISTRIBUTION-GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MARY - BISMARCK
(H) PURPOSE OF GRANT OR ASSISTANCE: TEACHER LEADERSHIP ACADEMY, AND RSLI ; BARNES COUNTY NORTH, TEACHER LEADERSHIP TUITION SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: C-M HORSAGER 4-H LEADERSHIP FUND- MN 4-H CHANGEMAKERS ACADEMY; EASTCLIFF FOREVER BUILDING

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

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
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIC WILKIE	(i)	198,336.	0.	0.	11,000.	23,440.	232,776.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

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.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

Open to Public Inspection

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	65	13,028,666.	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 ( )				

				Yes	No
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 Acknowledgment	29			
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	30a			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?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			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.				

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also, complete this part for any additional information.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING -2.

FORM 990. PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: FARGO-MOORHEAD AREA FOUNDATION CORPORATION

Employer identification number: 45-6010377

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
PANCRATZ FAMILY FOUNDATION - 45-1968320 409 7TH STEET SOUTH FARGO, ND 58103	TO SUPPORT AND BENEFIT THE MISSION OF THE FARGO-MOORHEAD AREA	NORTH DAKOTA	501(C)3	501(C)3I			X
WILLIAM C AND JANE B MARCIL FAMILY FOUNDATION - 91-1751020, 409 7TH STREET SOUTH, FARGO, ND 58103	TO SUPPORT AND BENEFIT THE MISSION OF THE FARGO-MOORHEAD AREA	NORTH DAKOTA	501(C)3	501(C)3I			X

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

Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

LHA 532161 04-01-25

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

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

Part 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII **Supplemental Information**

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

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