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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

2009

Open to Public Inspection

A	For th	e 2009 calenda	ar year,	or tax year beginning	July 1	, 200 9, a	nd ending	Ju	ine 30	, 20	10
B	Check if	f applicable	Please	C Name of organization				D Emplo	yer ident	dification num	ber
	Addres	s change	use IRS label or	North Dakota Knights of Colu	ımbus Foundation				45-0	382102	
=	Name o	-	print or	Number and street (or P O box, if m	all is not delivered to stre	et address)	Room/suite	E Telepi	hone num	ber	
=	Instal re Termina		type. See	1150 Carroll Street, %Ronald	H. Tessler				701.4	483.8753	
=		ed return	Specific	City or town, state or country, and Z	IP + 4	<u>_</u>		F Grou	p Exemp	ntion	
=		tuon pending	instruc• tions.	Dickinson, ND 58601-5480					ber ▶	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
=			omonia	rations and 4947(a)(1) nonexem	nt charitable tructe i	nuet attach	G Accou			Cash 🔲	Accrual
	- 35	C11011 30 1 (C)(3)		npleted Schedule A (Form 990 o		nust attacii		(specify)		_ Casii /	ricorda
_		•								anızatıon is n	
	Nobe	ita. b							_	anization is n edule B (Form	
		site: ► 	abook o	nly one) — ✓ 501(c) (3) ◀ (ir	200rt po \ \ \ \ 4047(0)(1) or 52	- 1	Z, or 990		BOUIE D (FOITI	1 990,
_				• • • • • • • • • • • • • • • • • • • •							
	Check		-	zation is not a section 509(a)(3) su		•	•	•			D. A
_				turn is not required, but if the org					e retur	n	
				9 to determine gross receipts; if \$					\$ tions f	or Dort I \	
۲	art l			enses, and Changes in N						or Part I.)	
	1		_	s, grants, and similar amount				٠٠	1		54,025
	2	-		evenue including government				٠ ٠ ١	2	 	
	3	Membersh	ip dues	and assessments					3		
	4	Investment	t incom	e				[4		11,816
	58	 Gross amo 	unt fro	m sale of assets other than in	ventory	. 5a	 		- 1		
_	Ł	Less: cost	or othe	r basis and sales expenses .		. 5b	 				
2 €	0	•		n sale of assets other than inv	• •		-		5c		
ヹヹ	6	Special events	s and act	wities (complete applicable parts of S	chedule G). If any amour	t is from gamir	ıg, check here l	▶ 🗆			
∰ © 2010 Revenue	E	Gross reve	nue (no	ot including \$	of contribution	ons					
ě		reported or	n line 1)		. 6a					
>	l t	b Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a)									
									6c		
	78										
	l t	_		=		. 7b]		
乭	(ss) from sales of inventory (Su	btract line 7b from	line 7a) .			7c		
3	8	Other reve				,		, [8	······································	
OUNTER	9		•	dd lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8				9		65,841
(F)	10			r amounts paid (attach schedi		3ECEI	VFD.	. I.	10	·,	9,575
	11			r for members			· · · · · · · · · · · · · · · · · · ·	ا . اد	11		
Ø		Colomon of		managedian and ample on be	M			2	12		
38	13	Profession	al fees	and other payments to indepe	endent contractors	NOV 0 1	2010	인 :	13		
Expenses	14	Occupancy	v. rent.	utilities, and maintenance .					14		
Щ	15			ons, postage, and shipping .		CDE	LIT	=	15		2,274
	16			describe Miscellaneous		CULEN	L UT		16		75
	17								17		11,924
_	18			for the year (Subtract line 17				•	18		53,917
Net Assets	19			d balances at beginning of y							
SS				reported on prior year's retui					19		616,137
4	20	-	-	net assets or fund balances (a				- F	20		4,420
ž	21		_	balances at end of year. Cor	•			-	21		674,474
	art I			ts. If Total assets on line 25,							
	art l	Dalance	. 0.100	(See the instructions for Pa				inning of		(B) End of y	
^		Sook ondere	and :-	•	-		<u> </u>		1,010 22		566,058
2				vestments				517	23		300,038
2							` 	46-		+	100 440
24				e ► Cash Value of Life Insura			-)		5,127 24	+-	108,416
2!		Total assets .					·	616	3,137 25		674,474
20		Total liabilitie		ribe ► alances (line 27 of column (8	\	no 21\	->		26 3.137 27	+	674.474
• • • • • •	, ,	vol daabla Or	THE COURT	ministration in the first of the control of the con	I IIIUSL AUIEE WIIII I	1107 / II		DIL	1. 13/17/		u/4.4/4

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Cat. No 10642

Par	Statement of Program	Service Accom	nlishments (See the instr	uctions for Part I	<u> </u>	1	Expenses	
	Part III Statement of Program Service Accomplishments (See the instructions for Part III.) What is the organization's primary exempt purpose?							
vvna	t is the organization's primary exer	npt purpose?	anization's avenue avenue					
			anization's exempt purposes. In a clear and concise of persons benefited, and other relevant information for)(3) and 501(c)(4) nizations and section	
	•	ea, the number o	or persons benefited, and t	otner relevant into	irmation for		a)(1) trusts; optional	
eacn	program title.					for ot	hers.)	
28								
						į l		
	(Grants \$ 9,575) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	11,924	
29								
						} '		
	(Grants \$) If this amount	includes foreign grants, ch	ock here	▶ □	29a		
30	<u>toranto</u> ϕ	j ir tillo arrioarit	morados roroign granto, on	CORTIOIO	<u> </u>			
50								
	(Grants \$	\ If this amount	maludas foreign avents ab		N (7)	000		
24			ıncludes foreign grants, ch			30a		
31	Other program services (attach so							
20	(Grants \$) If this amount	includes foreign grants, ch	eck nere	<u>. ▶ Ų</u>	31a	44.004	
	Total program service expenses	s (add lines 28a t	nrough 31a)	· · · · · · · ·	•	32	11,924	
Par	List of Officers, Directors,	rustees, and Key	Employees. List each one e					
	(a) Name and address		(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	plans &		
			devoted to position	enter -0)	deferred compe	nsation	other allowances	
Rona	ald H. Tessier		President 7	Į	Į			
Dick	inson, ND				<u> </u>			
Fred	ric Eldridge		Vice President 1					
Larin	more, ND		Vice Fresheric 1	<u> </u>				
Way	ne Link		Treasurer 4					
Lefo	r, ND		Treasurer 4					
Larry	y Katcher		0					
Was	hburn, ND		Secretary 2					
Clare	ence J. Fischer							
Bisn	narck, ND		Director 1					
Gib I	Bromenschenkel							
Faro	o, ND		Director 1					
	Zimmerman	······································			<u> </u>			
	t, ND		Director 1					
	Steiner							
	o, ND	,	Director 1					
	Cory Badinger				ļ			
	o, ND		State Deputy 2					
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			<u> </u>
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	250		1
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35a 35b		
ъ 36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved]		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	↓		
b	Gross receipts, included on line 9, for public use of club facilities	∤		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		√
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		√
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Ronald H. Tessier Telephone no. ▶	701.483	3.8753	}
	Located at ► 1150 Carroll Street, Dicklnson, ND ZIP + 4 ►	58601	-5480	
þ	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		Yes	<u>No</u>
	account)?	42b		<u> </u>
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		,	
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
	If "Yes," enter the name of the foreign country: ▶			<u> </u>
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. ,	► 니
		<u> </u>	Yes	No
	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			لبِـــ
	Form 990-EZ	44		✓,
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		<u>✓</u>
	Forr	n 990	-EZ	(2009)

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	xempt charita itable trusts m	able trusts only. A ust answer question	II secti ns 46-	on -49b
46	Did the organization engage in direct or indirect	t political campaign activiti	es on behalf of	or in opposition to	1	es No
	candidates for public office? If "Yes," complete				46	1
47	Did the organization engage in lobbying activitie	s? If "Yes." complete Sche	dule C. Part II		47	1
	Is the organization a school as described in section				48	1
	Did the organization make any transfers to an ex				49a	1
	If "Yes," was the related organization a section 5		_		49b	1
50	Complete this table for the organization's five hi employees) who each received more than \$100,	ighest compensated emplo	yees (other than	officers, directors, t		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	n (d) Contributions to employee benefit plans & deferred compensation	acco	xpense unt and llowances
None						
	Complete this table for the organization's five \$100,000 of compensation from the organizatio	n. If there is none, enter "N	one."			
	(a) Name and address of each independent contractor	paid more than \$100,000	(b)	Type of service	(c) Com	pensation
None						
						
d	Total number of other independent contractors e	each receiving over \$100,0	00▶			
 ,	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including accompant of preparer (other than officer) is b	lying schedules and spased on all information	statements, and to the bes	t of my k any know	nowledge ledge.
Sign Here	Signsture of officer Ronald H. Tessier, Foundation President	iur		10/18/1	0	
	Type or print name and title					
Paid December	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	nber (See i	nstructions)
Prepare Use On	Firm s name (or	1		EIN ► Phone no ►		
May th	e IRS discuss this return with the preparer show	n above? See instructions			Yes	□ No
						EZ (2009)

SCHÈDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

144111	6 OI (ne organización							pioy	or identifica	
Nor	th D		ts of Columbus						45		382102
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	orga	anization is n	ot a private four	ndation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box	.)	
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	nbed in s	ection 1	70(b)(1)(A)(i).	
2		A school de	scribed in secti o	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital of	r a cooperative i	hospital service organ	nization d	escribed	in sectio	n 170(b)	(1)(A)(iii).	i	
4			_	ation operated in conj	unction v	with a ho	spital de	scribed I	n sectior	170(b)(1)(A)(iii). Enter the
			ame, city, and st								
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, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v).	
7	\mathbf{Z}	-		y receives a substantia	•	its suppo	ort from a	governn	nental un	it or from	the general public
_				(1)(A)(vi). (Complete F			D 4 11 3				
8			•	d in section 170(b)(1) / receives: (1) more th					udiana n		in food, and aroon
9	Ш			ed to its exempt func							
				ent income and unre							
			•	after June 30, 1975.				•		,	
10			-	nd operated exclusive						(a)(4).	
11				and operated exclusive							r to carry out the
• •	_			blicly supported organ							
		509(a)(3). Cl	neck the box tha	at describes the type	of suppo	rting orga	anızatıon	and com	plete line	es 11e thi	ough 11h.
		a 🗌 Type	1 b 🗆] Type II c	: 🗆 Typ	e III–Fun	ctionally	integrate	d	d□	Type III-Other
e				tify that the organizat							
		persons other	er than foundation	on managers and othe	r than on	e or more	publicly	supporte	ed organi:	zations de	scribed in section
		509(a)(1) or	section 509(a)(2)								
f		If the organi	ization received	a written determinati	ion from	the IRS	that it is	a Type	i, Type li	, or Type	Ill supporting
		•	, check this box								🗆
9		Since Augus following pe		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	•	
				r indirectly controls, e	oithar ala	no or too	other wil	h norcor	e docori	had in (ii)	Yes No
				ning body of the sup							11g(i)
			_	erson described in (i) a							11g(ii)
				of a person described							11g(iii)
h				ation about the suppo							
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		ls the	(vii) Amount of
	org	ganization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your			support
				(see instructions))	govoning	docament		ort?		S ?	
					Yes	No	Yes	No	Yes	No	
									ļ	ļ	
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						1		•			
									 	 	
					<u> </u>			<u></u>		<u> </u>	
						 			<u> </u>		
Tota	al										

	(Complete only if you chection A. Public Support						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,923	27,560	62,179	52,049	54,025	235,736
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	39,923	27,560	62,179	52,049	54,025	235,736
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.			*			235,736
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	39,923	27,560	62,179	52,049	54,025	235,736
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,179	23,060	22,222	12,122	11,816	84,399
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						320,135
12	Gross receipts from related activities, etc	. (see instructio	ns)		!	12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	d, third, fourth,			
	tion C. Computation of Public Su						70.0
14	Public support percentage for 2009 (line					14	73.6 % 72.8 %
15	Public support percentage from 2008 Sci					15	
16a	331/4 % support test — 2009. If the organiand stop here. The organization qualifies	as a publicly s	upported organ	nization			▶ 🛭
	33%% support test—2008. If the organization quality box and stop here. The organization quality	ilifies as a publi	cly supported o	organization .			▶ 🗆
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circums"	acts-and-circum	nstances" test,	check this box a	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circum inces" test. The	stances" test, c organizati <mark>on q</mark> ua	heck this box a lifies as a public	nd stop here. ly supported or	Explain in Part ganization	IV how the▶ □

Par	t III Support Schedule for Organ				1)(2)		
	(Complete only if you checke	d the box o	n line 9 of Pa	ırt I.)			
	tion A. Public Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
08	, , , , , , ,	(a) 2003	(6) 2000	(0) 2001	(4) 2000	(6) 2003	(i) 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.)						
_	tion B. Total Support	(.) 0005	#1 0000	(.) 000 7	(4) 0000	1 () 0000	10 T ++1
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 0a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 1	Add lines 10a and 10b						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	· · · · · · · · · · · · · · · · · · ·					
3	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First five years. If the Form 990 is for torganization, check this box and stop to the first five years.	nere	<u> </u>	nd, third, fourth			
	Rublic support persentage for 8000 /lim			- 40	(A)	45	61
5 6	Public support percentage for 2009 (line Public support percentage from 2008 Stion D. Computation of Investmen	chedule A, Pa	art III, line 15			15	<u>%</u>
							
7	Investment income percentage for 2009		lumn (f) divide		olumn (f)) .	17	<u>%</u>

ichedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this I Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
			· · · · · · · · · · · · · · · · · · ·		
					•
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NORTH DAKOTA KNIGHTS OF COLUMBUS FOUNDATION

FORM 990-EZ - 2009

ID: 45-0382102

DESCRIPTION: Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Class of Activity	Donee's Name and Address	Relationship	Amount
Religious	Assumption Abbey	N/A	1,000
Educational	Richardton, ND Christopher Markham	N/A	1,000
Educational	Fargo, ND Troy Simonsen	N/A	500
Educational	Fargo, ND Micah Goebel	N/A	500
Educational	Bismarck, ND Michael Weisback	N/A	500
Educational	Bismarck, ND Adam Maus	N/A	500
Educational	Bismarck, ND Adam Weisbeck	N/A	500
Educational	Bismarck, ND Doug Krebs	N/A	500
Educational	Bismarck, ND Gregory Evinger	N/A	1,000
Educational	Bismarck, ND Gregory Luger Bismarck, ND	N/A	500
Educational	Derrick Nagel Bismarck, ND	N/A	500
Educational	Matthew Charley Bismarck, ND	N/A	500
Educational	Daniel Musgrave Fargo, ND	N/A	1,000
Educational	Matthew Kramer Fargo, ND	N/A	500
Educational	Greg Haman Fargo, ND	N/A	500
Educational	Hospice of the Red River Valley Fargo, ND	N/A	75

9,575

DETAIL SHEET

NORTH DAKOTA KNIGHTS OF COLUMBUS FOUNDATION

FORM 990-EZ - 2009 ID: 45-0382102

4,420

DESCRIPTION: Page 1, Part I, Line 20 - Other Changes in Net Assets

Increase In Cash Value of Life Insurance 3,289

Transfer from Affiliate 1,131