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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2011 calendar year, or tax year beginning 2011, and ending 2012	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization THE NORTH DAKOTA COMMUNITY FOUNDATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 387 City or town, state or country, and ZIP + 4 BISMARCK, ND 58502-0387 F Name and address of principal officer
D Employer identification number 45-0336015 E Telephone number 701-222-8349 G Gross receipts \$ 4,708,029	
H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates 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.NDCF.net	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1976 M State of legal domicile ND	

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE FOR NORTH DAKOTA'S CITIZENS THROUGH CHARITABLE GIVING AND PROMOTING PHILANTHROPY.	
	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 14.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14.
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 4.
	6	Total number of volunteers (estimate if necessary)	6 475.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,768,692. Current Year 3,798,103.
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	939,132. 832,510.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,500. 4,500.
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,714,324. 4,635,113.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-10)	2,047,387. 3,118,341.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	370,569. 372,075.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 111,150.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	99,415. 113,832.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,517,371. 3,604,248.
	19	Revenue less expenses Subtract line 18 from line 12	196,953. 1,030,865.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	859,113. 985,157.
22		Net assets or fund balances. Subtract line 21 from line 20	40,270,500. 39,863,571.

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 08/7/2012	
	Kevin J. Dvorak, President & CEO	8/7/2012	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶	Firm's EIN ▶	Check ☐ if self-employed
	Firm's address ▶	Phone no	PTIN
	May the IRS discuss this return with the preparer shown above? (see instructions)		

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1** Briefly describe the organization's mission:
TO IMPROVE THE QUALITY OF LIFE FOR NORTH DAKOTA'S CITIZENS THROUGH CHARITABLE GIVING AND PROMOTING PHILANTHROPY
-
- 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 and section 4947(a)(1) trusts 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 \$ 3,118,341. including grants of \$) (Revenue \$)
THE FOUNDATION RECEIVES ENDOWMENT GIFTS AND GRANTS AND IN TURN MAKES GRANTS AND DONATIONS IN ACCORDANCE WITH THE TERMS OF THE ENDOWMENT GRANT. THE PROGRAMS BENEFIT CITIZENS, CITIES, AND COMMUNITIES IN NORTH DAKOTA.

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

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

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

4e Total program service expenses **▶** 3,118,341.

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 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 ✓	
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	✓
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	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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 ✓	
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21; 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	✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
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 ✓	
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	✓
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	✓
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 ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
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	✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a ✓	
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, XII, and XIII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	✓
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	✓
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	✓
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	✓
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 ✓	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 ✓	
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? <i>If "Yes," complete Schedule J</i>	23	✓
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	✓
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 9.		
b Enter the number of Forms W-2G included in 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	✓	
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 4.		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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		✓
b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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?	6a		✓
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	✓	
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	✓	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 1.		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		✓
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		✓
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? 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		✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 14. 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 in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 14.		
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		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		✓
6 Did the organization have members or stockholders? 6		✓
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		✓
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		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	✓	
b Each committee with authority to act on behalf of the governing body? 8b	✓	
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 in Schedule O. 9		✓

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		✓
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	✓	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	✓	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	✓	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done SEE SCHEDULE O 12c	✓	
13 Did the organization have a written whistleblower policy? 13	✓	
14 Did the organization have a written document retention and destruction policy? 14	✓	
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	✓	
b Other officers or key employees of the organization 15b	✓	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). SEE SCHEDULE O		
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		✓
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in 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. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **KEVIN DVORAK - PO BOX 387 - BISMARCK, ND 58502-0387**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AARON SCHMIT CHAIRMAN	1	✓		✓				0.	0.	0.
(2) DAVID TROTIER VICE-CHAIRPERSON	1	✓		✓				0.	0.	0.
(3) CHAD PETERSON SECRETARY-TREASURER	1	✓		✓				0.	0.	0.
(4) JENNIFER RASCH DIRECTOR	1	✓						0.	0.	0.
(5) LOUANN WALISER DIRECTOR	1	✓						0.	0.	0.
(6) ANNE RISKE DIRECTOR	1	✓						0.	0.	0.
(7) DENNIS JOHNSON DIRECTOR	1	✓						0.	0.	0.
(8) CHRISTIE OBENAUER DIRECTOR	1	✓						0.	0.	0.
(9) JOHN BOTSFORD DIRECTOR	1	✓						0.	0.	0.
(10) DOUGLASS PRCHAL DIRECTOR	1	✓						0.	0.	0.
(11) DIANE PEYERL DIRECTOR	1	✓						0.	0.	0.
(12) DONALD OPPEGARD DIRECTOR	1	✓						0.	0.	0.
(13) STEVE OTTMAR DIRECTOR	1	✓						0.	0.	0.
(14) BECKY MEIDINGER DIRECTOR	1	✓						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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KEVIN J DVORAK PRESIDENT & CEO	40			✓				115,947.	0.	27,800.
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								115,947.	0.	27,800.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								115,947.	0.	27,800.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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? <i>If "Yes," complete Schedule J for such individual</i>		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

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

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 **▶**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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	3,798,103.			
	g	Noncash contributions included in lines 1a-1f \$		378,082.			
	h	Total. Add lines 1a-1f . . . ▶		3,798,103.			
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) . . . ▶		832,510.			832,510.
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties . . . ▶					
		(i) Real	(ii) Personal				
	6a	Gross rents . . .					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . ▶					
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses . . .					
	c	Gain or (loss) . . .					
	d	Net gain or (loss) . . . ▶					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . ▶ a					
	b	Less: direct expenses . . . ▶ b					
	c	Net income or (loss) from fundraising events . . . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 . . . ▶ a					
	b	Less: direct expenses . . . ▶ b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . . . ▶ a					
b	Less: cost of goods sold . . . ▶ b						
c	Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS		900099	4,500.		4,500.	
b							
c							
d	All other revenue . . .						
e	Total. Add lines 11a-11d . . . ▶			4,500			
12	Total revenue. See instructions. . . ▶			4,635,113.	0.	0.	837,010.

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	2,628,945.	2,628,945.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	489,396.	489,396.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	143,747.	57,499.	50,311.	35,937.
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	146,853.	66,084.	51,399.	29,370.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,736.	7,981.	6,208.	3,547.
9 Other employee benefits	43,459.	19,556.	15,211.	8,692.
10 Payroll taxes	20,280.	9,126.	7,098.	4,056.
11 Fees for services (non-employees):				
a Management				
b Legal	480.	0.	480.	0.
c Accounting	6,575.	1,644.	3,945.	986.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	4,046.	2,023.	0.	2,023.
13 Office expenses	18,057.	7,042.	8,306.	2,709.
14 Information technology	888.	346.	364.	178.
15 Royalties				
16 Occupancy	15,684.	6,274.	5,489.	3,921.
17 Travel	13,138.	4,598.	2,628.	5,912.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,220.	3,963.	1,472.	1,785.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,803.	5,761.	3,841.	3,201.
23 Insurance	5,956.	2,680.	1,787.	1,489.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING & PUBLICATIONS	17,443.	10,912.	1,075.	5,456.
b MEMBERSHIPS & SUBSCRIPTIONS	8,600.	2,150.	5,160.	1,290.
c CONTINUING PROFESSIONAL EDUCATION	1,367.	343.	819.	205.
d MISCELLANEOUS	1,575.	709.	473.	393.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,604,248.	3,327,032.	166,066.	111,150.
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,651,269.	1	3,860.
	2 Savings and temporary cash investments	29,549.	2	3,742,586.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 322,511		
	b Less: accumulated depreciation	10b 55,333.	38,758.	10c 267,178.
	11 Investments—publicly traded securities	21,938.	11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	38,388,099.	15	36,835,104.
16 Total assets. Add lines 1 through 15 (must equal line 34)	41,129,613	16	40,848,728.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	859,113.	25	985,157.
	26 Total liabilities. Add lines 17 through 25	859,113.	26	985,157.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	40,270,500.	27	39,863,571.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	40,270,500.	33	39,863,571.
	34 Total liabilities and net assets/fund balances	41,129,613.	34	40,848,728.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,635,113.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,604,248
3	Revenue less expenses. Subtract line 2 from line 1	3	1,030,865.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,270,500.
5	Other changes in net assets or fund balances (explain in Schedule O) <u>SEE SCHEDULE O</u>	5	-1,437,794
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	39,863,571

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	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 in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		✓
b Were the organization's financial statements audited by an independent accountant?	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
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 in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

THE NORTH DAKOTA COMMUNITY FOUNDATION

Employer identification number

45-0336015

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 11, 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.)
- 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 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,230,292	3,484,818.	2,632,381.	1,768,692.	3,798,103	17,914,286
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	6,230,292	3,484,818.	2,632,381.	1,768,692.	3,798,103.	17,914,286.
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)						3,395,606
6 Public support. Subtract line 5 from line 4.						14,518,680.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,230,292.	3,484,818	2,632,381.	1,768,692.	3,798,103	17,914,286.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	970,573.	956,558.	803,200.	939,132.	832,510.	4,501,973.
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 IV.) SEE PART IV	1,275.	1,145.	5,571.	6,500.	4,500.	18,991.
11 Total support. Add lines 7 through 10						22,435,250.
12 Gross receipts from related activities, etc (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	64.7 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	62.1 %
16a 33¹/₃% support test—2011. 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 33¹/₃% support test—2010. 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—2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2010. 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 IV 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 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **33¹/₃% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33¹/₃%, and line 17 is not more than 33¹/₃%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

b **33¹/₃% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and line 18 is not more than 33¹/₃%, 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 – OTHER INCOME -- NATURE AND SOURCE

2011 - \$4500 - MISCELLANEOUS

2010 - \$6500 - MISCELLANEOUS

2009 - \$5571 - MISCELLANEOUS

2008 - \$1145 - MISCELLANEOUS

2007 - \$1275 - MISCELLANEOUS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

THE NORTH DAKOTA COMMUNITY FOUNDATION

Employer identification number

45-0336015

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	16.	
2 Aggregate contributions to (during year)	233,610.	
3 Aggregate grants from (during year)	237,841.	
4 Aggregate value at end of year	1,331,708.	
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?	☒ 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?	☒ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in 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 are a 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 programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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" to 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 XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	37,162,623.	34,454,083.	28,067,897.	33,746,618.	
b Contributions	1,395,132.	960,070.	1,803,929.	2,646,702.	
c Net investment earnings, gains, and losses	-557,515	3,537,414.	5,802,616	-6,955,795.	
d Grants or scholarships	1,236,841.	1,408,060.	874,222.	1,098,803.	
e Other expenditures for facilities and programs					
f Administrative expenses	363,494.	380,884.	346,137.	270,825.	
g End of year balance	36,399,905.	37,162,623.	34,454,083.	28,067,897.	

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

- a Board designated or quasi-endowment ☒ 9 %
 b Permanent endowment ☒ 89 %
 c Temporarily restricted endowment ☒ 2 %

The percentages in 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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		☒
3a(ii)		☒
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds. SEE PART XIV

Part VI Land, Buildings, and Equipment. 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		237,500.		237,500.
b Buildings				
c Leasehold improvements				
d Equipment		85,011.	55,333.	29,678.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				267,178.

Part VII Investments—Other Securities. 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) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

36,835,104.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO ANNUITANTS	985,157.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

985,157.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,635,113.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,604,248.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,030,865.
4	Net unrealized gains (losses) on investments	4	(1,437,794.)
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	(1,437,794.)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(406,929.)

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	5,013,857.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.) SEE PART XIV	2d	378,744
e	Add lines 2a through 2d	2e	378,744.
3	Subtract line 2e from line 1	3	4,635,113.
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 XIV.)	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	4,635,113.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	3,982,992.
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 XIV.) SEE PART XIV	2d	378,744.
e	Add lines 2a through 2d	2e	378,744.
3	Subtract line 2e from line 1	3	3,604,248.
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 XIV.)	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	3,604,248.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE D, PART V - LINE 4: INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

ALL OF THE ENDOWMENT FUNDS HELD BY THE NDCF ARE TO SUPPORT THE MISSION OF THE FOUNDATION WHICH IS

STATED ON 990 PART III - LINE 1.

Part XIV Supplemental Information (continued)**SCHEDULE D, PART IX – OTHER ASSETS**

• DESCRIPTION	BOOK VALUE
COMMON STOCK	12,689,800.
FIXED INCOME SECURITIES	7,783,660.
CORPORATE AND OTHER BONDS	7,665,261.
MUTUAL EQUITY FUNDS	3,985,198.
HEDGED FUND	1,788,405.
REAL ESTATE AND SPECIALTY ASSETS	1,104,145.
OTHER	552,482.
CASH EQUIVALENTS	527,640.
CHARITABLE REMAINDER TRUSTS	232,588.
INVESTORS REAL ESTATE TRUST	187,474.
US GOVERNMENT AND AGENCY SECURITIES	175,880.
MINERAL RIGHTS	142,571.
TOTAL:	36,835,104

SCHEDULE D, PART XII, LINE 2D – OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

AMOUNTS NET ON 990 BUT GROSS ON AUDIT..... \$ 378,744.

TOTAL: \$ 378,744

SCHEDULE D, PART XIII, LINE 2D – OTHER EXPENSES AND LOSSES PER AUDITED F/S

AMOUNTS NET ON 990 BUT GROSS ON AUDIT..... \$ 378,744.

TOTAL: \$ 378,744.

SCHEDULE I
(Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE NORTH DAKOTA COMMUNITY FOUNDATION

Employer identification number

45-0336015

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VARIOUS SEE ATTACHED SHEETS	SEE ATTACH	SEE ATTACHED	SEE ATTACHED				SEE ATTACHED
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	62
3	Enter total number of other organizations listed in the line 1 table	0

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

Cat. No 50055P

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance
1 SCHOLARSHIPS	234	282,685.			
2 ROUGHRIDER HONOR FLIGHT TRAVEL PROGRAM	178	206,711.			
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE U.S.

FOLLOW UP WITH RECIPIENTS ON PROJECTS COMPLETED; THE EXECUTIVE DIRECTOR AND THE DEVELOPMENT DIRECTORS

REGULARLY VISIT THE COMMUNITIES RECEIVING AWARDS TO SEE THE PROJECTS AND FOLLOWUP WITH GRANTEEES DIRECTLY.

PART III, LINES 1 & 2 - PROCEDURE FOR ESTIMATING THE NUMBER OF INDIVIDUALS WHO HAVE BENEFITED FROM GRANTS OR ASSISTANCE

INDIVIDUALS RECEIVING SCHOLARSHIPS ARE CALCULATED BASED ON THE ACTUAL NUMBER OF SCHOLARSHIPS GIVEN

THE NUMBER OF INDIVIDUALS RECEIVING SUPPORT THROUGH THE ROUGHRIDER HONOR FLIGHT IS CALCULATED BASED ON THE FLIGHT ROSTER OF THE PROGRAM

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
All Hands Volunteers, PO Box 546 Carlisle, MA 01741	20-3414952	501(c)3	25,000	0			Disaster Recovery Efforts
Anne Carlsen Center, 701 3rd St NW PO Box 8000 Jamestown, ND 58402	87-0694180	501(c)3	14,300	0			Program Support
Arthur Fire Protection District, PO Box 124 Arthur, ND 58006	45-0377656	501(c)3	15,000	0			Building Updates
Arthur Good Samaritan Society, 150 County Road 34 Arthur, ND 58006	45-0228055	501(c)3	21,900	0			Equipment Purchase
Ashley Job Development Authority, PO Box 154 Ashley, ND 58413		GOV	10,000	0			Community Programs
Bismarck Art & Galleries Association, 422 E Front Ave Bismarck, ND 58504	45-0372046	501(c)3	7,200	0			Program Support
Bismarck State College Foundation, PO Box 5587 Bismarck, ND 58506-5587	45-0358929	501(c)3	34,275	0			Health Promotion
Bismarck/Mandan Symphony Orchestra, PO Box 2031 Bismarck, ND 58502-2031	51-0188161	501(c)3	6,000	0			Program Support
Bonanzaville, USA, PO Box 719 West Fargo, ND 58078-0719	45-0306858	501(c)3	34,600	0			Exhibit Support
Carrington Health Center, 800 N 4th St PO Box 461 Carrington, ND 58421	45-0227311	501(c)3	20,758	0			Equipment Purchase
Cathedral of the Holy Spirit, 519 Raymond St Bismarck, ND 58501		501(c)3	6,000	0			Program Support
Catholic Charities ND, 5201 Bishops Blvd, Suite B Fargo, ND 58104-7605	45-0226416	501(c)3	12,750	0			Program Support
Chaseley Methodist Church, 34th Avenue & Central Chaseley, ND 58423		501(c)3	6,000	0			Program Support
City of Anamoose, PO Box 69 Anamoose, ND 58710	45-6002031	GOV	6,400	0			Historic Preservation Project
City of Arthur, PO Box 161 Arthur, ND 58006	45-6007247	GOV	9,000	0			Community Programs
Community of Care, PO Box 187 Arthur, ND 58006		501(c)3	6,100	0			Program Support
Dakotas United Methodist Foundation, 1331 University Ave PO Box 460 Mitchell, SD 57301	26-1488596	501(c)3	80,000	0			Program Support
De Sour Valley Economic Development Corporation, PO Box 10 Burlington, ND 58722		GOV	50,000	0			Disaster Recovery Efforts
Dollars for Scholars - Northern Cass, PO Box 98 Arthur, ND 58006	91-1850939	501(c)3	17,500	0			Education Programs
Ellendale Public School, 321 N 1st St PO Box 400 Ellendale, ND 58436-0400		GOV	63,000	0			Education Programs
Fairmount Park Board, PO Box 254 Fairmount, ND 58030		GOV	6,000	0			Community Programs
First Care Health Center, PO Box 1115 Vivian St Park River, ND 58270	45-0232743	501(c)3	31,487	0			Health Promotion
FirstLink, 4357 13th Ave S #107L Fargo, ND 58103	45-0419491	501(c)3	9,500	0			Program Support
Geographical Center Historical Society, PO Box 232 Rugby, ND 58368	23-7090883	501(c)3	5,600	0			Historic Preservation
Great Plains Assistance Dogs Foundation, PO Box 513 Jud, ND 58454-0513	45-0427665	501(c)3	6,600	0			Building Updates

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Icelandic State Park Gift Account,		GOV	5,956	0			Program Support
Job Development Authority of Arthur, PO Box 98 Arthur, ND 58006	20-3064959	501(c)3	71,900	0			Community Programs
Kiddie Korner Preschool & Daycare, Inc ,421 Hill Ave S Park River, ND 58270	91-1848490	501(c)3	5,775	0			Childrens Programs
Lake Region Community Fund, PO Box 154 Devils Lake, ND 58301	45-0357957	501(c)3	26,000	0			Disaster Recovery Efforts
Larimore Park District, PO Box 766 Larimore, ND 58251		GOV	10,567	0			Building Updates
Larimore Public Schools, PO Box 769 Larimore, ND 58251	45-6000641	501(c)3	13,106	0			Education Programs
Legal Services of ND, PO Box 1893 Bismarck, ND 58502	45-0336235	501(c)3	6,400	0			Program Support
Library Foundation, Inc ,515 North Fifth Street Bismarck, ND 58501	51-0178024	501(c)3	9,021	0			Program Support
Lutheran Social Services of ND, 1325 11th St S Fargo, ND 58103	45-0226421	501(c)3	115,000	0			Disaster Recovery Efforts
Martin's Lutheran Church, PO Box 587 Casselton, ND 58012	45-0250537	501(c)3	10,000	0			Program Support
MedCenter One Foundation, PO Box 5505 Bismarck, ND 58506-9982	45-0397196	501(c)3	6,000	0			Program Support
Mid-Dakota Chapter-American Red Cross, PO Box 456 Minot, ND 58702	45-0227006	501(c)3	7,443	0			Disaster Recovery Efforts
Minot Area Community Foundation, 15 2nd Ave SW, Suite 102 Minot, ND 58701	01-0589927	501(c)3	10,000	0			Disaster Recovery Efforts
Minot Commission on Aging, Inc ,21 1st Ave SE OFC Minot, ND 58701-3910	45-0318382	501(c)3	7,500	0			Program Support
Minot Family YMCA, PO Box 69 Minot, ND 58702-0069	45-0237612	501(c)3	12,000	0			Equipment Purchase
Missouri Slope Areawide United Way, PO Box 2111 Bismarck, ND 58502	45-0387741	501(c)3	200,000	0			Disaster Recovery Efforts
New Rockford Municipal Golf Course, PO Box 808 New Rockford, ND 58356-0808		GOV	75,806	0			Building Updates
North Dakota Teen Challenge, 1406 2nd St NW Mandan, ND 58554	45-0460831	501(c)3	12,009	0			Program Support
North Dakota Veterans Home Foundation Inc , 1527 72nd St SE Minot, ND 58701-9333	36-3615756	501(c)3	27,000	0			Building Updates
Northern Cass School District, 16021 18th St SE Hunter, ND 58048	91-1762623	501(c)3	122,054	0			Education Programs
Northwest Venture Communities, Inc , PO Box 2024 Minot, ND 58702	83-0350216	501(c)3	14,333	0			Health Promotion
Ox Cart Trails Historical Society, PO Box 213 Drayton, ND 58225	45-0457919	501(c)3	6,000	0			Building Updates
Pembina Community Center, 152 W Rolette St Pembina, ND 58271	45-6002144	501(c)3	10,000	0			Community Programs
Pembina Rural Fire Department, PO Box 493 Pembina, ND 58271	45-0458143	GOV	7,325	0			Equipment Purchase
Plains Art Museum, PO Box 2338 Fargo, ND 58108	41-1260780	501(c)3	36,000	0			Art Programs

Name, address, and zip	EIN	IRC Code	Cash Grant	Non-Cash Grant	Valuation Method	Descr Non-cash Assistance	Purpose of Grant or Assistance
Prarie Public Television, 4500 S University PO Box 3240 Fargo, ND 58108	45-0276899	501(c)3	9,705	0			Program Support
Richardton Health Center, Inc, PO Box H 212 3rd Ave W Richardton, ND 58652	45-0408291	501(c)3	6,403	0			Equipment Purchase
Salvation Army, Minot, ND		501(c)3	160,000	0			Disaster Recovery Efforts
Sargent Central Public Schools, 575 5th St SW Forman, ND 58032	E-5075	GOV	7,750	0			Education Programs
Souris Valley United Way, 15 2nd Ave SW Ste 102 Minot, ND 58701	45-0308679	501(c)3	464,925	0			Disaster Recovery Efforts
St Alexius Medical Center, 900 E Broadway Bismarck, ND 58506	45-0226711	501(c)3	7,500	0			Disaster Recovery Efforts
Stanley Ambulance, PO Box 203 Stanley, ND 58784	30-0470787	GOV	30,555	0			Health Promotion
The Village Family Service Center, 1201 25th St S Fargo, ND 58103	45-0226423	501(c)3	16,000	0			Program Support
United Methodist Church, PO Box 8 Arthur, ND 58006		501(c)3	10,000	0			Program Support
University of Mary, 7500 University Dr Bismarck, ND 58504	45-0273403	501(c)3	24,500	0			Education Programs
Wing Rural Ambulance, 25401 227th Ave NE Wing, ND 58494	45-0342960	501(c)3	5,425	0			Equipment Purchase
YWCA of Minot, 205 3rd Ave SE Minot, ND 58701	45-0227018	501(c)3	101,000	0			Equipment Purchase
TOTALS			#####	62 Grantees Receiving > \$5000			

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

► Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2011

**Open To Public
Inspection**

THE NORTH DAKOTA COMMUNITY FOUNDATION

Employer identification number

45-0336015

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	✓	2	219031.	Fair Market Value
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	✓	1	69,871.	Appraised Value
17 Real estate—Other	✓	1	9,180.	Valued at Sale Price
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Mineral Interests)	✓	1	80,000.	Opinions of Expert
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	2
----	--	----	---

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	✓	
b If "Yes," describe in Part II.		
33 If the organization did not 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.** Complete this part to 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.

Part I Line 32b -

The organization rarely receives non-standard contributions. The one time real estate donations were received, a broker and legal counsel was used to enact the receipt and later sale. In the future, when non-standard contributions are received, a broker or other expert will again be consulted.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

THE NORTH DAKOTA COMMUNITY FOUNDATION

Employer identification number

45-0336015

FORM 990, PART VI, LINE 11B – FORM 990 REVIEW PROCESS

EXECUTIVE BOARD WILL REVIEW THE 990 BEFORE FILING

FORM 990, PART VI, LINE 12C – EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL BOARD MEMBERS RECEIVE POLICY PRIOR TO SERVICE ON THE BOARD AND DURING ANY NOMINATIONS OR

VOTING ALL BOARD MEMBERS NOTE THEIR CONFLICTS AND ABSTAIN FROM VOTING

FORM 990, PART VI, LINE 15B – COMPENSATION REVIEW AND APPROVAL PROCESS FOR OFFICERS AND KEY EMPLOYEE

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS INFORMATION FROM THE COUNCIL ON FOUNDATIONS SALARY AND BENEFIT

SURVEY WHICH CONTAINS DETAILED INFORMATION ON COMPENSATION BASED ON AN ANNUAL SURVEY OF LIKE ORGANIZATIONS

ALSO, THE EXECUTIVE COMMITTEE REVIEWS COST OF LIVING DATA AS PUBLISHED BY THE FEDERAL GOVERNMENT. FINALLY,

PERFORMANCE OF STAFF IS REVIEWED WITH THE PRESIDENT TO SET THE FINAL COMPENSATION AMOUNT.

FORM 990, PART VI, LINE 19 – OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE PUBLISHED ANNUAL REPORT CONTAINS FINANCIAL STATEMENTS AND A STATEMENT THAT THE INFORMATION IS

AVAILABLE AT THE OFFICE BY APPOINTMENT. ALSO, THE ANNUAL REPORT WITH FINANCIALS IS PUBLISHED ON THE

WEBSITE ALONG WITH THE STATEMENT THAT THE FULL AUDIT AND OTHER INFORMATION IS AVAILABLE FOR INSPECTION

AT THE OFFICE BY APPOINTMENT.

FORM 990, PART XI, LINE 5 – OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS \$ -1,437,794

Name of the organization

Employer identification number