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Department of the Treasury

# SCANNED OCT 02 20

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Open to Public Inspection

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. Internal Revenue Service For the 2011 calendar year, or tax year beginning July 1 2011, and ending 20 12 North Dakota Knights of Columbus Foundation D Employer identification number C Name of organization Check if applicable 45-0382102 Doing Business As Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 1150 Carroll Street, % Ronald H. Tessier 401 483.8753 Initial return City or town, state or country, and ZIP + 4 Terminated Dickinson, ND 58601-5480 G Gross receipts \$ Amended return Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? Yes Vo "same as C above" H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 501(c)(3) 501(c) ( Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust Association [ L Year of formation: M State of legal domicile ND Part I Summary Briefly describe the organization's mission or most significant activities: To provide financial assistance for religious, educational and charitable programs of the Catholic Church and the Knights of Columbus in North Dakota Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 30 Total unrelated business revenue from Part VIII, courping in Part VI 7a 7a 0 7b 0 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) . io 64,701 54,342 9 Program service revenue (Part VIII, line 2g) 12,954 14,202 10 Investment income (Part VIII, column (A), line\$ 3, Other revenue (Part VIII, column (A), lines 5, 6d, 8c 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 67,296 78,903 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 9,275 13 6,650 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) ▶ 674 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,162 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,949 11,812 19 Revenue less expenses. Subtract line 18 from line 12 57.347 67,091 Beginning of Current Year **End of Year** 738,596 811,893 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . . . . 0 22 Net assets or fund balances. Subtract line 21 from line 20 738,596 811,893 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. Signature of officer Date Sign 9-19-12 Here naul Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If Paid self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** Phone no Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part			Accomplishments	this Part III	П
1	Briefly describe the or	ganızatıon's mıssio	n:		
2				ing the year which were not li	
	If "Yes," describe thes	e new services on	Schedule O.		
3	services?			nges in how it conducts, an	
4	expenses. Section 50	tion's program ser 1(c)(3) and 501(c)(	vice accomplishments for e (4) organizations and section	ach of its three largest progra on 4947(a)(1) trusts are requi any, for each program service	red to report the amount of
4a	(Code:) (Ex	penses \$		) (Revenu	
4b	(Code:) (Ex	penses \$	including grants of \$	) (Revenu	e \$)
4c	(Code: ) (Ex	penses \$	including grants of \$	) (Revenu	e \$ )
4d	Other program service (Expenses \$	s (Describe in Scho		(Revenue \$ )	NP3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4-	Tatal was around comits			·	

Form **990** (2011)

Part	V 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	-	ļ
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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, VIII, IX, or X as applicable.	10		
а	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	,	-
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	1
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		1
14 a		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.	446		v
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.	14b 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 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		-
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ť

Part	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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		•
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? If "Yes," complete Schedule L, Part I	24d 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		•
С	Schedule L, Part IV	28b		v
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		·
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
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? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		,
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	35a		,
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	36		
20	Part VI	37		•
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	,	

	U (2011)			Page
Part				_
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	<u></u>	103	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	┪		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	-	<u> </u>
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
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:		1	
_	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		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ <u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		,
ь	organization solicit any contributions that were not tax deductible?	6a		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- OD		
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> </b>	_
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		<b></b>	
	required to file Form 82827	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		١
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		٧
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.	<u> </u>		
a	Did the organization make any taxable distributions under section 4966?	9a		4
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del>  </del>	1
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
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	4		
C	Enter the amount of reserves on hand	100		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	~

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	struct	tions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<u>9</u>		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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?			
3	any other officer, director, trustee, or key employee?  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 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	4		v
6 7a	Did the organization have members or stockholders?	6 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 b	The governing body?	8a 8b	7	ļ
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	,	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	<del> </del>
,			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?  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?	10a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	<b>v</b>	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b		,
13 14 15	Did the organization have a written whistleblower policy?	13 14	•	•
a b	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a 15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	130		
b	with a taxable entity during the year?	16a		•
Secti	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		
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year.		•	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Ronald H. Tessler, President, 1150 Carroll St., Dickinson, ND, 58601-5480; Ph. 701 483 8753	of the	!	

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

Officer the box in fictines the organization in	T arry rolate	<u> </u>	W1112		C)	onpo	1130	l	it officer, directo	, or trustee.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box, office or directo	unles	Pos neck ss pe	more more	than or the state of the state	an tee)	(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
(1) Ronald H. Tessler, President										_
Dickinson, ND	6	-	Н	<u> </u>	<u> </u>		<u> </u>	-0-	-0-	-0-
(2) Neil Zimmerman, Vice President Minot, ND	1	,						-0-	-0-	-0-
(3) Larry Katcher, Secretary	<del> </del>				$\vdash$		$\vdash$	<u>_</u>		
Washburn, ND	··  2	,			İ	i .		-0-	-0-	-0-
(4) Fredric G. Eldridge, Treasurer	┪	<b></b>	Н				_			
Fargo, ND	4	·				1		-0-	-0-	-0-
(5) Gib Bromenschenkel, Director		<u> </u>			$\vdash$					
Fargo, ND	·  1	<b>,</b>						-0-	-0-	-0-
(6) Wayne Link, Director Bismarck, ND	- 1	,						-0-	-0-	-0-
(7) Mike Steiner, Director					$\Box$					
Fargo, ND	1	, v						-0-	-0-	-0-
(8) Deacon Gary Mizeur, Director										
Mandan, ND	1	•						-0-	-0-	-0-
(9) Dr. Cory Badinger, Director										
Fargo, ND	1	•						-0-	-0-	-0-
(10)	-									
(11)	-								· · · · · · · · · · · · · · · · · · ·	
(12)										
(13)	-									
(14)	-									

Pari	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (	continu	ıed)		
	. (A) Name and trtle	(B) Average hours per	Average box, unless person is both an officer and a director/trustee) and the service of the ser											
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		s compensation		
(15)				<u> </u>										
(16)													•	
(17)								L,						
(18)						ļ <u>.</u>							<u> </u>	
(19)												•		
(20)								ļ					<del></del>	
(21)												• •		
(22)														
(23)														
(24)													3.0 1.1.1	
(25)														
1b c d	Sub-total	VII, Sectio	n A					<b>&gt; &gt; &gt;</b>	-0- -0-		-0- -0-			-0- -0-
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed a	above	e) w	ho received mo	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc							oloyee, or high			3		lo /
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	portal	ole d	com	per	nsatio					, 🥅		
5	individual													<u>/</u>
Section	on B. Independent Contractors	rir res, c	Unipi	- C C	3011		ile U i	0/ 5	such person	· · · ·	• • •	5		<u>/_</u> _
1	Complete this table for your five highest of compensation from the organization. Repyear.													
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens	ation	
														_
	Tatal number of independent and	na Bashirah						L.	- Park Park 1					<u></u>
2	Total number of independent contractor received more than \$100,000 of compens							th.	lose listed abo	ove) who				

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
ts	1a	Federated campaigns 1a	· · · · · · · · · · · · · · · · ·			<del></del>	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b		:			
D, G	С	Fundraising events 1c					
iffs ir A	d	Related organizations 1d	-				
n G	e	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,		•			
uti ie	•		(4.701	i			
£ 5			64,701				
P P	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		64,701			
Program Service Revenue	_	Bui	siness Code				
eve.	2a						<del> </del>
ě.	þ						
ViC.	C						····
Ser	d						
Ĕ	е						
	f	All other program service revenue.					
P	g	Total. Add lines 2a-2f	▶	0			
•	3	Investment income (including dividends					
		and other similar amounts)	▶	14,202			
	4	Income from investment of tax-exempt bond p	roceeds ►				· · . · · · · · · · · · · · · · · ·
	5	Royalties					· · · · · · · · · · · · · · · · · · ·
	_		ı) Personal				· · · · · · · · · · · · · · · · · · ·
	6a	Gross rents					
	b	Less. rental expenses					
	C	Rental income or (loss)					
	d	Material Programs of Grand	•	<del></del>			
	7a	\ <u></u>	(iı) Other			<del></del>	
	<i>,</i> a	assets other than inventory	(",) 56.				
	_	Less: cost or other basis					
	þ	and sales expenses .	j				
	_	Gain or (loss)					
	ن د						
	d	Net gain or (loss)	▶			<del></del>	<del></del>
ē	0.	Gross income from fundraising		j			
Ĕ	Qa	events (not including \$					
e V				i			
Œ		of contributions reported on line 1c). See Part IV, line 18 a				i	
Other Revenu							
ō		Less: direct expenses b					
		Net income or (loss) from fundraising even	ts . ▶				
	ya	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b					
	_	Net income or (loss) from gaming activities	s <b>&gt;</b>				
	10a	Gross sales of inventory, less					
į		returns and allowances a				1	
	b	Less: cost of goods sold <b>b</b>					
ļ	С	Net income or (loss) from sales of inventor					
		Miscellaneous Revenue Bus	siness Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	🕨				
	12	Total revenue. See instructions	<b>▶</b>	78 903			

# 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 respon	se to any question	in this Part IX		<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	900	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	5,750	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	3,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7	3		
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			0
7 8	Other salaries and wages	0	0	0	0
9 10 11 a b	Other employee benefits				
c d e f	Accounting				
9 12 13 14 15	Other	498	0	498	0
17 18	Travel				
19 20 21 22 23	Conferences, conventions, and meetings Interest				
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 b c d	Fundraising Expenses	4,664	0	0	4,664
25 26	All other expenses  Total functional expenses. Add lines 1 through 24e  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)	11,812	0	498	4,664

Part X **Balance Sheet** (A) (B) End of year Beginning of year 3,774 1 0 2 619.055 688.805 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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 7 8 8 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation . . . . 10b 10c b Investments—publicly traded securities . . . . . . . . . . 11 11 12 12 Investments—other securities. See Part IV, line 11 . . . . . . . . . 13 Investments - program-related. See Part IV, line 11 . . . . . . 13 14 14 15 115,767 15 123,088 738,596 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 811,893 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Pavables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . . . . 0 26 O Organizations that follow SFAS 117, check here ▶ ☑ and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 738,596 27 27 811,893 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 738,596 811.893 Total net assets or fund balances . . . . . . . . . . . . . . . . . 33 Total liabilities and net assets/fund balances . . . . . . . 738,596 34 811.893

Page	1	2
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Part	rt XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		<u> </u>	. 🗹
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			78,903
2	Total expenses (must equal Part IX, column (A), line 25)	2			11,812
3	Revenue less expenses. Subtract line 2 from line 1	3			67,091
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	38,596
5	Other changes in net assets or fund balances (explain in Schedule O)	5			6,206
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 3	3,			
	column (B))	6		8	11,893
Part	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		·		<u>. 🗆</u>
				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	· · · · · · · · · · · · · · · · · · ·	ınt?			1
b	There are digural and the same			2	1
C	,		_		
	of the audit, review, or compilation of its financial statements and selection of an independent		LI	<u> </u>	ļ,
	If the organization changed either its oversight process or selection process during the tax ye	ar, explain	in		
	Schedule O.			ł	
d		ie year we	re		
	issued on a separate basis, consolidated basis, or both:		ŀ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_	_	_
3a	-	set forth	1		
	the Single Audit Act and OMB Circular A-133?		3	a	<u>'</u>
b	,	_	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo s	ich audits	31	·	<u></u>
			F	om <b>99</b>	<b>0</b> (2011)

### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	ime of the organization Employer identification number								
North Dakota Knights of Columbus		45-0382102							
	Charity Status (All orga			<del></del>		<del></del>	instructio	ns.	
The organization is not a private for  1	nurches, or association of tion 170(b)(1)(A)(ii). (Attac e hospital service organiza zation operated in conjun	f churche ch Sched ation des	s describe lule E.) cribed in	ed in sec section	etion 170 170(b)(1)	(b)(1)(A)( (A)(iii).		(iii). Ente	er the
5 An organization operated section 170(b)(1)(A)(iv). (0	for the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vernment	al unit d	lescribed in
6 ☐ A federal, state, or local go 7 ☑ An organization that norm described in section 170(	overnment or government ally receives a substantia	al part of					nit or from	n the ger	neral public
8 A community trust describ 9 An organization that norm receipts from activities re support from gross inves acquired by the organization	ally receives: (1) more th lated to its exempt funct tment income and unre	an 33¹/₃% tions—su elated bu	6 of its subject to object to siness tax	upport fr certain e xable in	xceptions come (les	s, and (2 ss section	) no more	than 3	31/3% of its
10 An organization organized 11 An organization organized purposes of one or more 509(a)(3). Check the box t	d and operated exclusive publicly supported organish describes the type of	ely for th nizations supportin	ne benefi described ng organiz	t of, to d in sect zation an	perform tion 509(a d comple	the funct a)(1) or se ete lines 1	tions of, o	9(a)(2). S	
<ul> <li>a ☐ Type I</li> <li>b</li> <li>e ☐ By checking this box, I ce other than foundation mar or section 509(a)(2).</li> <li>f If the organization received organization, check this box</li> </ul>	rtify that the organization nagers and other than on ed a written determinate	is not co e or more	e publicly	lirectly of support	r ındirectl ed organ	y by one izations o	or more o described	in section	ied persons on 509(a)(1)
g Since August 17, 2006, h following persons?		pted any	gift or co	ontributio	n from a	iny of the			⊔
(i) A person who directly	or indirectly controls, est g body of the supported							11g(i)	Yes No
(ii) A family member of a p (iii) A 35% controlled entity h Provide the following inform	person described in (i) about of a person described in	ove? n (i) or (ii) :	 above? .					11g(ii	
(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 o	organization	(v) Did y the orga col (i) sup	you notify nization in of your port?	organiza (i) organi U.	Is the tion in col. ized in the S.?		Amount of apport
		Yes	No	Yes	No	Yes	No		
(A)	<del> </del>					-			
(B)									
(C)									
(D)									
(E)									
									-,

Page 2

Part	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	organization	n failed to qua	
Cook	Part III. If the organization fails to	qualify unde	r the tests list	ted below, ple	ease comple	te Part III.)	
	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62,179	52,049	54,025	54,342	64,701	287,296
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	<u> </u>	32,317	0,,020	5 1/5 I.Z	<b>9</b> 17.07	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	62,179	52,049	54,025	54,342	64,701	287,296
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.						287,296
	ion B. Total Support	( ) 0007 T	# > 0000	(.)	(1) 0010	(-) 0014	(0 T-1-1
Calen	idar year (or fiscal year beginning in)  Amounts from line 4	(a) 2007 62,179	<b>(b)</b> 2008 52,049	(c) 2009 54,025	(d) 2010 54,342	(e) 2011 64,701	(f) Total 287,296
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,222	12,122	11,816	12,954	14,202	73,316
9	Net income from unrelated business activities, whether or not the business is regularly carried on	22,222	12,122	11,810	12,734	14,202	73,310
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	360,612
13	First five years. If the Form 990 is for the organization, check this box and stop her						
Secti	ion C. Computation of Public Suppor						<u></u>
14	Public support percentage for 2011 (line 6	<del></del>		I, column (f))		14	79.7 %
15 16a	Public support percentage from 2010 Sch 331/3% support test—2011. If the organization qual	ation did not o	check the box	on line 13, and	line 14 is 331		75.3 % neck this . ► ☑
b	33 <sup>1</sup> / <sub>3</sub> % support test—2010. If the organ check this box and stop here. The organi	ization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a	and-circumstar mstances" tes	nces" test, che	ck this box an	d <b>stop here.</b> E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m	ion meets the eets the "facts	facts-and-cir: and-circumst-	cumstances" fances" f	test, check th	is box and ste	and line op here. publicly
18	supported organization		box on line 13,		or 17b, checl	this box and	see

# 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.)

Coot	if the organization falls to qualify	under the te	ests listed bei	ow, piease co	omplete Part	II.)	
	on A. Public Support  dar year (or fiscal year beginning in)	(-) 2007	(h) 2009	(-) 2000	(4) 0010	(-) 0011	(6) Total
1	Gifts, grants, contributions, and membership fees	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	received. (Do not include any "unusual grants.")					İ	
2	Gross receipts from admissions, merchandise		<del>                                     </del>		<del> </del>		<del>                                     </del>
	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	<del></del>			<del></del>		<del>                                     </del>
	unrelated trade or business under section 513						
4	Tax revenues levied for the						<del> </del>
	organization's benefit and either paid		ļ				
	to or expended on its behalf		Ì		i		
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				<u></u>		
6	Total. Add lines 1 through 5		ļ				
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		-				ļ
b	Amounts included on lines 2 and 3		1				
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		·····				
8	Public support (Subtract line 7c from		· · · · · · · · · · · · · · · · · · ·				+
	line 6.)		1				
Secti	on B. Total Support			<u> </u>			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</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						
_							<del> </del>
C 11	Add lines 10a and 10b					-	
••	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.)		<u> </u>				<u></u>
14	First five years. If the Form 990 is for the				-		
Saati	organization, check this box and stop her			· · · · ·	<del></del>	<del> </del>	· · · • 📗
15	on C. Computation of Public Suppor Public support percentage for 2011 (line 8			3 column (fl)		15	%
16	Public support percentage from 2010 Sch					16	<del>%</del>
-	on D. Computation of Investment Inc			· · · · · · · · · · · · · · · · · · ·		7 .01	
17	Investment income percentage for 2011 (I			y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2010			-	, ,,,	18	%
19a	331/3% support tests-2011. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2010. If the organiz						
	line 18 is not more than 331/8%, check this b						
20	Private foundation. If the organization die	d not check a	box on line 14	, 19a, or 19b, c	check this box	and see instru	uctions 🕨 🔲

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number North Dakota Knights of Columbus Foundation 45-0382102 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 . . . . . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year . . . . 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? . . . . . . 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 ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 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 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No 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: 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: Assets included in Form 990, Part X . . . . . . . . . .

Part	III Organizations Maintaining	<b>Collections of</b>	Art, His	torical 1	reasures,	or Ot	her Similar A	ssets (c	ontin	ued)
3	Using the organization's acquisition,	accession, and o	ther reco	rds, chec	k any of the	follov	ving that are a	significar	nt use	of its
	collection items (check all that apply):									
а	☐ Public exhibition		d	☐ Loan	or exchange	e prog	rams			
ь										
С	☐ Preservation for future generations	;								
4	Provide a description of the organizat	ion's collections	and expl	ain how t	hey further t	he org	anization's exe	mpt purp	ose ii	n Part
	XIV.									
5	During the year, did the organization									
	assets to be sold to raise funds rather									
Part	IV Escrow and Custodial Arra	ingements. Co	mplete i	f the org	anization a	nswe	red "Yes" to F	orm 990	), Par	t IV,
	line 9, or reported an amoun									
1a	Is the organization an agent, trustee,							ot		
	included on Form 990, Part X?						· • • • • ·	□ Y	∕es 🗆	] No
þ	If "Yes," explain the arrangement in Pa	art XIV and compl	lete the fo	ollowing t	able:		= 1			
							,	Amount		
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e	· <del>  · · · · · · · · · · · · · · · · · · </del>			
f	Ending balance					1f	<u> </u>			
2a	Did the organization include an amour	•	art X, line	21? .				L Y	∕es 🗆	J No
	If "Yes," explain the arrangement in Pa				<i>"</i> '' "	-	20.5	40		
Par	V Endowment Funds. Comple						90, Part IV, III (d) Three years ba			
4	Danish a standard and	(a) Current year	(B) Pri	or year	(c) Two years	васк	(a) Three years ba	CK (e) FOL	ur years	Dack
1a	Beginning of year balance	<del></del>						<del></del>		
b	Contributions		-							
С	Net investment earnings, gains, and losses				ĺ					
		<del></del>								
a e	Grants or scholarships Other expenditures for facilities and	<del> </del>	<del></del>		<del></del>		<del></del>			
e	programs									
	Administrative expenses	············					<del></del>			
f	End of year balance						_			
g 2	Provide the estimated percentage of the	he current vear er	d balanc	o (line 1a	Column (a)	held :				
a	Board designated or quasi-endowmer	ne current year er	04	e (iiile ig	, coluitin (a)	i ilolu a	13.			
h	Permanent endowment	%	/0							
c	Permanent endowment ►  Temporarily restricted endowment ►	′0								
	The percentages in lines 2a, 2b, and 2	c should equal 10	00%.							
3a	Are there endowment funds not in the	•		zation tha	at are held a	ind adi	ministered for t	he		
	organization by:	•	•						Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii		$\vdash$
b	If "Yes" to 3a(ii), are the related organi							3b	1	$\vdash$
4	Describe in Part XIV the intended uses									
Part	VI Land, Buildings, and Equip	ment. See Forn	n 990, P	art X, lin	e 10.					
-	Description of property	(a) Cost or of		(b) Cost o	or other basis		Accumulated	(d) Bo	ok valu	
		(investm	ent)	(0	ther)	de	preciation			
1a	Land									
b	Buildings						<u> </u>			
C	Leasehold improvements			ļ						
đ	Equipment									
е	Other			<u> </u>						
Total	Add lines 1a through 1e (Column (d) m	iust equal Form 9	90 Part )	x column	(R) line 10/	(d)	<b>&gt;</b>			

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 valu	ue
(1) Financial	derivatives			
	neld equity interests			·
(3) Other				
(A)				
(B)				
(C)				
(D)				· · · · · · · · · · · · · · · · · · ·
(E)				
(F)				
(G)				
(H) (l)				
	1)			
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related	See Form 000 Port V	line 12	
	(a) Description of investment type	(b) Book value	· · · · · · · · · · · · · · · · · · ·	
	a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	ne
(1)				
(2)				
(3)				
(4)				·
(5) (6)	<del></del>			
(7)		- · · · · - · · · - · · · · · · · · · ·		
(8)		<u> </u>		
(9)		- · · · · · · · · · · · · · · · · · · ·		
(10)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	art X, line 15.		
	(8	a) Description	(l	) Book value
(1) Cash V	alue of Life Insurance Policies - North D	akota Knights of Columbus	Foundation Owner	123,088
(2)				
(3)				
(4)		····		·
(5)		· · · · · · · · · · · · · · · · · · ·		<del></del>
(6)				<del></del>
(7)	<del>.</del>			
(8)		<del></del>		- w
(9)				<del></del>
(10)	mn (b) must equal Form 990, Part X, co	ol (R) line 15 )		122.000
Part X	Other Liabilities. See Form 990,		· · · · · · · · · · · · · · · · · · ·	123,088
1.	(a) Description of liability	(b) Book value	1	
	income taxes	(4) = 00.114		
(2)			-	
(3)			4	
(4)			1	
(5)			4	
(6)			1	
(7)	•		†	
(8)			1	
(9)			-	
(10)			1	
(11)			1	
	b) must equal Form 990, Part X, col (B) line 25)		1	
		the text of the footnote to	the organization's financial statements th	at reports the
	's liability for uncertain tax positions u		-	•

Par	Reconciliation of Change in Net Assets from Form 990 to Audited Fig.	nancial Stateme	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments	<del> </del>	4
5	Donated services and use of facilities	<b> </b>	5
6	Investment expenses	<u> </u>	6
7	Prior period adjustments	<u> </u>	7
8	Other (Describe in Part XIV.)	<u> </u>	8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10
Part			
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		1
C	Recoveries of prior year grants		1 1
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		1
C	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part	XIII Reconciliation of Expenses per Audited Financial Statements Wit		r Return
1	Total expenses and losses per audited financial statements	<del></del>	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		•
b	Prior year adjustments		]
C	Other losses		
d	Other (Describe in Part XIV.)		]
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		<u> </u>
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· · · · ·	5
Part			
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4; Pa	art IV, lines 1b and 2b;
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a	ind 4b. Also comp	olete this part to provide
any a	dditional information.		

Schedule D (Form 990) 2011 Page							
Part XIV	Supplemental Information (continued)						
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

<b>*</b>
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OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2011) **%**□ (h) Purpose of grant or assistance 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. 45-0382102 √ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes' Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . (g) Description of non-cash assistance . (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (e) EIN North Dakota Knights of Columbus Foundation 1 (a) Name and address of organization or government Part I Part N Ξ **4** ල 8 2 9 9 Ε 8 5 (12) 9

Page 2

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. Schedule I (Form 990) (2011)

Part III Grants an

(f) Description of non-cash assistance								itional information.	Catholic Diocese Vocations Director's within the State of North Dakota to determine the number of Individuals	n's Board of Directors					
(e) Method of valuation (book, FMV, appraisal, other)								line 2, and any other add	State of North Dakota to detern	nd approved by the Foundatio					
(d) Amount of non-cash assistance								required in Part I,	Director's within the	nt given is voted on a					
(c) Amount of cash grant	3,750							vide the information	olic Diocese Vocations	n expenses The amou					, , , , , , , , , , , , , , , , , , ,
(b) Number of recipients	7							e this part to pro		r religious formatio					T + + + + + + + + + + + + + + + + + + +
(a) Type of grant or assistance	Scholarships awarded to seminarians							Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	The North Dakota Knights of Columbus Foundation works with the two	to receive scholarships to help the seminarians with their religious formation expenses. The amount given is voted on and approved by the Foundation's Board of Directors					
	1 Sch	8	က	4	သ	9	7	Part IV	The Norti	to receive			i 1 1 1 1 1 1		

Schedule I (Form 990) (2011)

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization
North Dakota Knights of Columbus Foundation

Employer identification number
45-0382101

Form 990 - Part VI - Section A, Governing Body and Managm	ent - Line 9
Neil Zimmerman, 1406 31st Ave. SE, Minot, ND 58701; Larry	Katcher, P.O. Box 536, Washburn, ND 58577; Fredric G. Eldridge, 1516 34th
Street S., Fargo, ND 58103; Gib Bromenschenkel, 509 21st	Ave. N., Fargo, ND 58102; Wayne Link, 1413 35th Street N., Bismarck, ND 58501;
Mike Steiner, 2938 Southgate Drive, Fargo, ND 58103;; Dea	con Gary Mizeur, 4016 38th Ave. NW, Mandan, ND 58554; and Dr. Cory Badinger,
3221 46th Ave. SW, Fargo, ND 58104	
Form 990 - Part VI - Section B, Policies - Line 11b	
All Board of Directors are provided a completed copy of the	e 990 return to be reviewed before the form is filed.
Form 990 - Part VI - Section C, Disclosure - Line 19	
Upon request, any interested party that may have any conc	erns or questions regarding documents, policies, financial statements, etc.,
will be provided such information. The North Dakota Knigh	its of Columbus Foundation also puts together an annual report detailing the
financial status, list of donors and other pertinent informati	on concerning the Foundation. The report is made available to all individuals
attending the North Dakota Knights of Columbus annual me	eeting as well as any other interested parties.
Form 990 - Part XI - Reconciliation of Net Assets - Line 5	
Increase in the cash value of life insurance policies	7,321
Transfer from affiliate	(1,115)
Net Change (reported on line 5)	6,206
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