(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

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

■ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the 2	2019 calen	dar year, or tax year be	eginning	July 1	,	2019, and end	ling	June	30	, 20 20	
В	Check if a	pplicable	C Name of organization N	lorth Dak	ota Knights of Co	lumbus	Foundation			D Empl	loyer identificatio	n number
	Address c	hange	Doing business as					<u></u>		l	45-0382102	
	Name cha	nge	Number and street (or F	PO box if	mail is not delivered to	street ac	ddress)	Room/su	ite	E Telep	hone number	
	Initial retu	rn	3221 46th Ave S								701-730-2130	0
\Box	Final return	n/terminated	City or town, state or pr	rovince, co	ountry, and ZIP or fore	an postal	code					
百	Amended	return	Fargo, ND 58104	·		• .				G Gross	s receipts \$	
〒	Applicatio		F Name and address of pr	rincipal offi	cer Brian Kingsley			H	a) is this a or		for subordinates?	Yes 🗸 No
_	, .pp.,.cac	pozg	4248 41st Ave S, Far				,	·		•	tes included?	
1	Tax-exem	ot status		1(c) () ◀ (insert no)	1 4947	(a)(1) or 527				ist (see instruction	
J		•	-foundation.com		, (,		,(,,)	K			number >	,
ĸ			Corporation Trust	Associat	tion Other >		L Year of for		5, G , GG		of legal domicite	
_	art I	Summa				-	1	mation		I III Olato	ron logal donniono	
			cribe the organization	n'e mieei	on or most signif	cant ac	tivities: To b	tovida fii	nancial e	ecictan	ce for religious	
a	' '											
Activities & Governance	-	education	nal and charitable prog	rairis or	the Catholic Churc	in and u	ie Kriigrits or	Columbi	12 III MOL	in Dako	la	
Ĕ	2 7	hack this	box ▶ ☐ if the organ	nization	discontinued its	poratio	ne or dienoe	ad of mo	re than	25% 0	f ite not accate	
8	3 1	Jumbar of	voting members of the	he gover	rning hady /Part \	/Lline 1	a) DEOE	or or me	ne triari	3		
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Sa	5	Tatal aumh	ndependent voting i	olovod in	s of the governing	110 (B3	- ан уу, ше - + \/ line ?e\	- W)	၂၇	5		0
į	6 7	Total numb	r independent voting r per of individuals emp per of volunteers (esti	moto if r	calelluar year 20	13 18	```NOV 11 2	2 2020	ő	6		0
र है	•		ated business revenu		,	· IOI			· Š	7a		30
j ~	1								그뜨			0
_	b 1	vet unrelat	ted business taxable i	income	irom Form 990-1	, line 39		<u> 1; U 1:</u>	Prior-Yea	7b	C	0
	, ,	ماندر والمعمود	and areata (Bort)	/III line i	1 h\			——			Current Y	
3	8 (ons and grants (Part V		·					105,323		76,241
Į Ę	9 F	-	ervice revenue (Part V		0	-	0					
Revenue	10 1		t income (Part VIII, co					ļ		39,693		37,564
_	11 (nue (Part VIII, column				-	<u> </u>		0	† 	0
			ue-add lines 8 through	*				 		145,016	1	113,805
	1		d similar amounts paid	-						28,350		30,550
	1		aid to or for members		0		0					
es	15 8		her compensation, em		•	-				0		0
Expenses	16a F		al fundraising fees (Pa							0		0
×	b 1		raising expenses (Part				8181	<u> </u>				
ш	17		enses (Part IX, column							12,984		9,697
	18 7	otal expe	nses. Add lines 13-17	7 (must e	equal Part IX, colu	ımn (A),	, line 25) .			41,334		40,247
		<u>Revenue le</u>	ess expenses. Subtrac	ct line 18	3 from line 12 .				•	103,682		73,558
5 8								Beginni	ng of Curr	ent Year	End of Y	ear
age to	20 T	otal asset	ts (Part X, line 16) .						1,:	393,681		1,465,491
Net Assets of Fund Balance	21 ⊺	otal liabili	ties (Part X, line 26) .							0		0
<u> 2 5</u>	22 N		or fund balances. Su	ıbtract li	ne 21 from line 20	<u>) .</u>	. <u></u>		1,:	393,681		1,465,491
P	art II	Signatu	re Block									
Un	der penalti	es of perjury,	, I declare that I have exami	ined this re	eturn, including accom	panying s	schedules and st	atements,	and to the	best of r	ny knowledge an	d belief, it is
tru	ie, correct,	and complete	e Declaration of preparer (c	other than	oπicer) is based on all	informatio	on of which prepared	arer nas ar	ny knowiec	-		
۵.		12	ur tak							10/21	6/2020	
Sig	- 1	Sighatu	ure of officer						Date	•		
He	ere	<u> </u>	resident									
		Type o	r print name and title									
Pa	id	Print/Type	preparer's name		Preparer's signature			Date		Check		
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	eparer se Only	Firm's nam	ne ►						Firm's	EIN ►		
	<u></u>	Firm's add	Iress ►						Phone	e no		
Ma	y the IRS	discuss t	this return with the pre	eparer s	hown above? (se	e instru	ctions)	<u> </u>		<u> </u>	. □Yes	□No
For	Paperwo	rk Reducti	ion Act Notice, see the	separat	e instructions.		Ca	t No 1128	32Y		Form	990 (2019)

Part IV Checklist of Required Schedule
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			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? <i>If "Yes," complete Schedule C, Part II</i>	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		<u> </u>
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		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		✓
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.			
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		✓
С	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	1	
е	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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		✓
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		<u>✓</u>
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		<u>√</u>
20a	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		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>✓</u>
	· · · · · · · · · · · · · · · · · · ·	_	000	(0040)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
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		1
04-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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		24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		√
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		√
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <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? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			·
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a (c) Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (c)			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c		

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Part	Statements negarding other ins Filings and Tax Compliance (continued)			
		STIDATES	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	m.r.		
	Statements, filed for the calendar year ending with or within the year covered by this return [2a]	0 9		
þ	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 <i>e-file</i> (see instructions)	2b	J. CATONE	1.44
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	2 2 2	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	\vdash	┪
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	00		\vdash
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶		44	PE APE
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4.5		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
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 as charitable contributions?	6a		1
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).	7. 虚型 1.3.3 传	4	(整)
а	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	3 31.3 2 4 5 CS	
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	ŀ		
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	1994	<u> Andrie</u>	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	}	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ng peperna Zanta Hereagen	, 11g,17g	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	3° 100	1
9	Sponsoring organizations maintaining donor advised funds.		hijy militaya sali merili isi	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:		Jamas Canal	
а	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]		(A	
11	Section 501(c)(12) organizations. Enter:			1
a	Gross income from members or shareholders			
р	Gross income from other sources (Do not net amounts due or paid to other sources 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	2 13 13 larents	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	ii de la companya de	- 11 J	43.5
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	The Raines	
	Note: See the instructions for additional information the organization must report on Schedule O.		Ka (4	
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			
C	Enter the amount of reserves on hand	THE STATE OF THE PARTY.	ju lojak	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	[FE-K]	1
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> Aleita</u>	
	If "Yes," complete Form 4720, Schedule O.	4	\$ <u>.</u> \$. , \$	COLUMN TO SERVICE SERV
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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 on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ins		
Secti	on A. Governing Body and Management			
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	9	Yes	No
	committee, explain on Schedule O.			
ь 2	Enter the number of voting members included on 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?	2		<u> </u>
3 4 5 6	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . 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? . Did the organization have members or stockholders?	3 4 5 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		✓
_	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	j.,~ <u>a</u> *eh. I.	/ Pag 42080
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	8a		
a b	Each committee with authority to act on behalf of the governing body?	8b	<u> </u>	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9	/	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever			
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No /
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		<u> </u>
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.	- المتشفقة		印心局
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b		<u>✓</u>
13 14	Did the organization have a written whistleblower policy?	13	1	<u></u>
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 b	The organization's CEO, Executive Director, or top management official	15a 15b		
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	- <u>1</u> (-g-	<u>√</u>
	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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	•		. ,
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		•	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords •	•	

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	ane
	Independent Contractors	•
	Check if Schedule O contains a response or note to any line in this Part VII	. [

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

☐ Check this box if neither the organization not			aniz	atio	n c	omne	nea	ited any current	officer director	or trustee
Officer this box in fictines the organization flor	any relate	l org	ai iiz)) (2)	ompe	1130	lted any current		or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er and	Pos neck ss pe	ition more	e us or/trusi en us or/trusi en us or/trusi en us or/trusi	an	(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
/4\ = 1 111 1 = 1 11			<u> </u>	ļ		<u> </u>	<u> </u>			
(1) Brian Kingsley, President	10	,								
Fargo, ND		✓		✓	 					
(2) Dean Rubbelke, Vice President	11	1		/						
Minot, ND	10	-		V	-					
(3) Dr. Cory Badinger, Treasurer Fargo, ND	10	1		 						
(4) Michael Bannach, Secretary	2	<u> </u>	-	 		-	-			
Fargo, ND 58104	-	1		 						
(5) Jake Werner	1	Ť		Ť						
Leonard, ND	-	1								
(6) Duane Zwinger	1									
Fargo, ND		1								
(7) Brian Dukart	1									
Dickinson, ND		1								
(8) Mike Steiner	1									
Fargo, ND		✓								
(9) Dr. Steve Kourajian	1								, , , , ,	
Harvey, ND		✓								
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emj	plo	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (continued)
					(0	C)						1
	(A)	(B)	/do n	ot of		ition	e than o	nna	(D)	(E)		(F)
	Name and title	Average					is both		Reportable	Report		Estimated amount
		hours per week	\vdash	т —	•	1	or/trust	-	compensation from the	compens from rel		of other compensation
		(list any	or di	Insti	Officer	Key employee	emp High	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		from the
		hours for related	rect	lutio	ğ	emp	est c	<u>e</u>	(00-2/1099-10113C)	(44-2/1098	r-10(13C)	organization and related organizations
		organizations below	Q Z	nal t		loye	T Om					
		dotted line)	Individual trustee or director	Institutional trustee		œ	Highest compensated employee					
				l iii			ated					
(15)												
								ļ				
(16)												
44.50				_	<u> </u>	ļ		-				
<u>(17)</u>		 -	1					ļ				
(18)				-	 			\vdash	-			
1			1									
(19)					1							
(20)												
-			ļ					ļ				
(21)		ļ	-									
(00)			-	├	-	 	-	┢	-			
(22)		 	1					İ				
(23)				-		 		\vdash				
3=27		·	1									1
(24)												
(25)		ļ		ľ								
						<u> </u>	L	Ļ				
1b	Subtotal			•	•	•						
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	•		٠	•	•						
2	Total number of individuals (including but							e) w	ho received mor	e than \$1	00.000) of
_	reportable compensation from the organi							٠, ٠٠			,	
												Yes No
3	Did the organization list any former							mp	loyee, or highes	st compe	nsated	
	employee on line 1a? If "Yes," complete							•				3
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio	on a	and other compe	nsation fr	om the	
	organization and related organizations individual	greater th	an \$	150,	,000)? [t "Ye	s, "	complete Sche	auie J to	r sucn	' 4
_	Did any person listed on line 1a receive of				+.an	· ·	 		· · · · · · ·	· · ·	 Hividual	
5	for services rendered to the organization	or accrue co ? If "Yes " c	compe	nsa lete	Sch	hedi	ule Ji	or s	such person			' 5
Section	on B. Independent Contractors	. ,, ,,,,,	· · · · · · · · · · · · ·						, , , , , , , , , , , , , , , , , , , ,			
1	Complete this table for your five high	nest comp	ensat	ed	inde	epe	ndent	CC	ontractors that i	eceived	more	than \$100,000 of
-	compensation from the organization. Rep	ort compen	satio	n fo	r the	e ca	lenda	r ye	ear ending with or	within th	e orgar	nızatıon's tax year.
	(A)								(B)			(C)
	Name and business add	dress						_	Description of sen	vices		Compensation
								▙				
								\vdash				
								\vdash				
						_		\vdash				
	Total number of independent contractor	ore (include	na bi	j† m	not	lımi	ted to	1 +	nose listed above	e) who		
~	received more than \$100,000 of compens							, LI	Hateu abov	J, 11.10		

r ai	VIII	Check if Schedule O contains a re	spor	se or note to ar	ny liné in this Pa	art VIII		🗆
	•		,	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
इ इ	୍1a	Federated campaigns	<u>l</u> a		diniditalisis (Iliginos Comunicidade) Pedicinal diniditalista (Iliginos Comunication)			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Ę,'n	С	Fundraising events	1c	19,365		The Market Land	The state of the s	
ii i	d	Related organizations	1d	<u> </u>				
Ω. Έ	е	Government grants (contributions)	1e					
S. S.	f	All other contributions, gifts, grants,						
돌	,	and similar amounts not included above	1f	56,876				
はいる	g	Noncash contributions included in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a–1f	_1g					
<u> </u>	<u>h</u>	Total. Add lines 1a-1f			76,241	ASSESSED FOR PROPERTY OF THE P	SHE ALT THROUGH THE SECOND	AND THE SECOND STATES OF THE SECOND S
o	0-			Business Code				
Program Service Revenue	2a							
gram Ser Revenue	b			r		<u> </u>		, ,
E S	٦			·		·		
E &	_ u							,
<u>Š</u>		All other program service revenue				<u></u>		
<u>. </u>	g	Total. Add lines 2a–2f				NATIONAL TRANS	MINTERNAL EVAL	
	3	Investment income (including divi				Sealer of Carlotte ambient of a seal about the	And the new telegraph, being hander	There's to a first the state of the second o
r	•				37,564			* ¢
	4	Income from investment of tax-exen	npt bo	ond proceeds ►				
	5	Royalties		>				
		(i) Rea	1	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b		,				
	Č	Hental income or (loss) 6c						
	d	Net rental income or (loss)		<u> </u>		11 11 11 11 11 11 11 11 11 11 11 11 11	101 N 1 2 7 1/00 1 101 1000	
	7a	Gross amount from (i) Securit	ies	(II) Other				
		sales of assets						
		other than inventory 7a						
Ę	b	Less: cost or other basis						
evenue		and sales expenses . 7b						
Fe	C.	Gain or (loss) 7c				A STATE OF THE PARTY OF THE PAR		dar " " " " " " " " " " " " " " " " " " "
ē	a	Net gain or (loss)		· · · · P	ZO GRESSINETE ANGRES	新城市市市地域共產市地域		
Other	8a	Gross income from fundraising						
•		events (not including \$ of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraisin		nts 🕨	strate significantings of metioner ringstone		lor non mensus mensus and presentable	deliner in the configuration of the resident front
, -	9a	Gross income from gaming	9 0 1 0					
		activities. See Part IV, line 19 .	9a					
,	b	Less: direct expenses	9b			建设温光线		
	С	Net income or (loss) from gaming ac	tivitie	es >				
	10a	Gross sales of inventory, less		•				
	1	returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	Ċ	Net income or (loss) from sales of in	vento	ory >				
St		,		Business Code				
eo Pe	11a							
scellaned Revenue	b					·		
Miscellaneous Revenue	С						·	
Ais F	d	All other revenue				SANDA ST. HA ME TONG L R. COM	22. 33. NT MINISTER	NEW VO ST TENN, RESIDENCE TO THE PROPERTY OF
2 ,	е	Total. Add lines 11a-11d		🛌	, ,		fur in the Colonic of the	
	12	Total revenue. See instructions			112 005			

Part IX	Statement of Functional Exp	enses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,550			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	27,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			花瓣瓣 螺旋形弹桨瓣 华州	製造がおります。
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				<u> </u>
7 8	Other salaries and wages				:
9 10	Other employee benefits		1121		
11 a	Fees for services (nonemployees): Management		7		
b b	Legal	10	0	10	
d e	Lobbying				
, f g	Investment management fees				
12 13	Advertising and promotion	1,256	0	1,256	
14 15	Information technology	,			
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest	250	0	250	•
21 22	Payments to affiliates				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
a b	(A) amount, list line 24e expenses on Schedule O.) Fund Raising	8,181			8,181
c d	All other evenesses				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	40,247		1,516	8,181
	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)				

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32

33

Forn	n 990 (2	019)	<u> </u>		Page 11
Р	art X		<u> </u>		
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	1,263,395	2	1,336,953
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	17 (12.17.27.18.18.18.18.18.18.18.18.18.18.18.18.18.	5	1995-sepplace that the control of th
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	-	8	
ď	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		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			128,538
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,393,681	16	1,465,491
	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	to to the last of the control of the
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	Amilian program and the second	22	
<u>E</u>	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ces		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
ğ	27	Net assets without donor restrictions	1,393,681	27	1,465,491
Ba	28	Net assets with donor restrictions	1,393,001	28	1,400,491
ğ		Organizations that do not follow FASB ASC 958, check here ▶ □			Sing of a support of the support of
ets or Fund Balances	00	and complete lines 29 through 33.		200	
ts (29	Capital stock or trust principal, or current funds		29 30	
Ü	30	Paid-in or capital surplus, or land, building, or equipment fund	1	3 0	I _

Retained earnings, endowment, accumulated income, or other funds . . .

Total liabilities and net assets/fund balances . .

Form **990** (2019)

1,465,491

1,465,491

31

32

1,393,681

1,393,681 33

1		
	Page 12	

Form	990	(201	٩١
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0	(2010)				9
Part					
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)			11	3,805
2	Total expenses (must equal Part IX, column (A), line 25)			4	0,247
3	Revenue less expenses. Subtract line 2 from line 1			7	3,558
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			1,39	3,681
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)			(1,748)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))			1,46	5,491
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other		1		- 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ain in			ŀ
	Schedule O.	[
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or			
	reviewed on a separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	,			
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				J
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	7	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	ain on			
	Schedule O.				
3a		in the			
	Single Audit Act and OMB Circular A-133?		3a		
b			_		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audi	ts.	3b		
			Forn	, <u>990</u>	(2019)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2019

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

North Dakota Knights of Columbus Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ 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: 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.) ☐ 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 337/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (iv) Is the organization (ii) FIN (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes Nο (A) (B) (C) (D) (E) **電影響のは、数数数・変数をは、13を変**

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Part	(Complete only if you checked the Part III. If the organization fails to	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
Secti	on A. Public Support	- qua, <u></u>		, р.		,	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	147,317		50,515	105,323		460,156
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	147,317	80,760	50,515	105,323	76,241	<u></u>
4	Total. Add lines 1 through 3	and the second s	Jon of notes in Nicholary M. o. 1987	An in a second second constitution of the second se	he day a non-constructed but 1988	And his fasturane, on a draw (1984 the An	<u> </u>
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						460,156
	on B. Total Support			,		· · · · · · · · · · · · · · · · · · ·	
Calen	idar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) -2019	(f)-Total
7	Amounts from line 4	147,317	80,760	50,515	105,323	75,241	460,156
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,112	23,708	27,393	39,693	37,564	149,470
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		TET WOR		以此的政治	L'AMPLEATE !	609,626
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>	· · · · ·	<u> </u>	▶ □
<u>Sect</u>	ion C. Computation of Public Suppo						
14	Public support percentage for 2019 (line					14	75.5 %
15	Public support percentage from 2018 Sc	hedule A, Part	II, line 14 .			15	74.8 %
16a	331/3% support test—2019. If the organ box and stop here. The organization qua	lization did not	check the box	con line 13, ar	na line 14 is 3	31/3% or more,	Check this
	331/3% support test—2018. If the organ						
b	this box and stop here. The organization	nzation did not	nublicly suppo	rted organizati	ia, and line 15	15 33 73 70 OI III	ore, crieck
4-		-		=			
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts "facts-and-circ	-and-circumstaumstances" te	ances" test, ch st. The organi	neck this box a zation qualifie	and stop here. s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organize Explain in Part VI how the organization supported organization	ation meets th meets the "fac	ne "facts-and-d ts-and-circum:	circumstances stances" test.	" test, check The organizat	this box and s ion qualifies as	a publicly

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

Part							
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.) <u>/</u>	
	on A. Public Support	1 1 1 2 2 2	1				
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	l \		`		/ I	
	furnished in any activity that is related to the	l \			/	'	
	organization's tax-exempt purpose	L\				!	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	\ \					
4	Tax revenues levied for the	1					
	organization's benefit and either paid to		١				
	or expended on its behalf		[\	<i>[</i>			
5	The value of services or facilities		\				
•	furnished by a governmental unit to the		\				
	organization without charge		\				
6	Total. Add lines 1 through 5	 	 \ 			 	
	Amounts included on lines 1, 2, and 3	,	 	/		 	
, a	received from disqualified persons .		\ .				,
L	Amounts included on lines 2 and 3		 \ /				
þ	received from other than disqualified		X				
	persons that exceed the greater of \$5,000		/ \	•			1
	or 1% of the amount on line 13 for the year		/ /				
_			<u> </u>		-		
C	Add lines 7a and 7b	formette enemant enemante	CONTRACTOR PROPERTY CONTRACTOR	ter terms, it aritem a farfall to 8	。	tunor Madellina en	
8	Public support. (Subtract line 7c from						
Cook!	line 6.)	14就是中华西部 1500年	九、1600年の前に1986	THE REPORT OF THE PARTY OF THE	AND PROPERTY OF STREET		· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c),2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 20 J3	(6) 2010	(0)(2017	(4) 2010	(6) 2013	(i) Total
	Gross income from interest, dividends,			 \ 			
10a	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			\ \			
•	· · · /				<u> </u>		
	Add lines 10a and 10b				\	ı	
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 VI.)		·				
13	Total support. (Add lines 9, 10c, 11,				\		
	and 12.)			<u> </u>			
14	First five years. If the Form 990 is for the	-			\		
	organization, check this box and stop he			· · · · ·	· · · · \.	· · · · ·	· · •
Secti	on C. Computátion of Public Suppor						
15	Public support percentage for 2019 (line to		-			15	<u> </u>
16	Public support percentage from 2018 Sci			<u> </u>	<u></u>	16	<u>%</u>
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (• •	-		17	%
18	Investment income percentage from 2018					18	
19a	33 ¹ / ₃ % support tests-2019. If the organ						
	17 is not more than 331/3%, check this box		_			- \	
b	331/3% support tests-2018. If the organize						
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	zation qualifies	as a publicly s	upported organi	zation ► 🗌
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	check this box	and see instruc	ctìons 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A.	All	Supportin	ıg Org	anizations
---------	----	-----	-----------	--------	------------

			Vaa	NI.
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		Yes The	R
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4 a		10 2 2 11 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	- <u>-4b-</u>		
.	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<u> </u>	ill.	125
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	· 作		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

9b

9с

10a

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			27E 1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	_1	İ
Secti	on B. Type I Supporting Organizations			
	,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1,4		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the expenitation energia for the honefit of any supported expenitation other than the supported	Market 17	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ils Will
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		11 15 A	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		or the straint	
	or management of the supporting organization was vested in the same persons that controlled or managed	1 2 1	ամը Հայուս	or mining of
	the supported organization(s).	1		
<u>Secti</u>	on D. All Type III Supporting Organizations			
_		13 °m2m 1 1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		لندنع	1124
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		強い強	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	4		T/S
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 - I F		222
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	T. Barrier	1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	£ 1974.0	100.200701.1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-####ST	1 -x-1, "	100
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstruc	tions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (i	
2	Activities Test. Answer (a) and (b) below.	1992-1992-1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			法
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	~~	8 2 2 3 Mg	ektoria pira
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	NAME:	on : 1872,24-1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		المراجعة المراجعة الم	- F
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	j tru nizat	st on Nov. 20, 1970 (explai tions must complete Sectio	n in Part VI). See ns A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		,
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount	1 -	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		, , , , , , , , , , , , , , , , , , ,
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6	•	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		ļ.
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	SMEAN THE MEETING OF THE	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	Com Bellinghing Charles and Balleting in a section	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	のでは、計画は必要などによるできる。 であるようで、現代は、基本を表現である。 であるようで、できばは、基本を表現である。	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III supporting	g organization (see

Part	Type III Non-Functionally integrated 509(a)(s) Supporting Organ	izations (continuea)	
Secti	on D—Distributions	,	,	Current Year
1.	Amounts paid to supported organizations to accomplish	exempt purposes		,
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	,
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)) n
6	Other distribution's (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			,
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is re	sponsive	,
9	Distributable amount for 2019 from Section C, line 6			,
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.	And the second s		
3	Excess distributions carryover, if any, to 2019			The additional flat of
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e	•		
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			r
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2019 from		e di Processo di maliforni di Processo di Albanda di Al	
	Section D, line 7:			ALCOHOLOGICAL CONTRACTOR OF THE PARTY OF THE
<u>. a</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2019 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	lanungsi (m. 1914)		
5	Remaining underdistributions' for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.	**************************************	Yuther in the district the second sec	
8	Breakdown of line 7:			
a	Excess from 2015			
<u>_</u>	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019	processor in the second second		
		The same of the sa		A STATE OF THE STA

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	· · · · · · · · · · · · · · · · · · ·
	·,

SCHEDULE D (Förm 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

North	Dakota Knights of Columbus Foundation		45-0382102
Par			ls or Accounts.
	Complete if the organization answered "		
	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) .		
4	Aggregate value of grants from (during year)		
5	Did the organization inform all donors and donor		ld in donor odilood
5	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an	_	
·	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o	rganization (check all that apply).	
	☐ Preservation of land for public use (for example, recrea	ation or education)	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		<u> </u>
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi	• •	
d	Number of conservation easements included in (a historic structure listed in the National Register .		
3	Number of conservation easements modified, trans		<u> </u>
3	tax year ►	rened, released, extinguished, or term	illiated by the organization during the
4	Number of states where property subject to conserv	vation easement is located ▶	
5	Does the organization have a written policy regard		ection, handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easemer		ncial statements that describes the
Part			Other Similar Assets
· arc	Complete if the organization answered "\		The Gillia Addets.
10	If the organization elected, as permitted under FASI		e statement and balance sheet works
14	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to		
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue st	tatement and balance sheet works of
	art, historical treasures, or other similar assets held to		
	provide the following amounts relating to these item:	s:	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, I	historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under FA		<u>-</u>
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		> \$

_	•
Page	~

Part										
3	Using the organization's acquisition, collection items (check all that apply):		ssion, and oth	er recor	ds, chec	k any of the	e follov	ving that make	significant	use of its
а	☐ Public exhibition			d [🗌 Loan (or exchange	e progi	am		
b	☐ Scholarly research			e [Other					
С	☐ Preservation for future generations	6								
4	Provide a description of the organiza XIII.	tion's	collections a	nd expla	in how th	ney further	the org	ganization's exe	mpt purpo	se in Part
5	During the year, did the organization									
	assets to be sold to raise funds rather		_	ned as p	art of the	e organization	on's co	ollection?	. □ Ye	s 🗌 No
Part										_
	Complete if the organization 990, Part X, line 21.							·		Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								not Yes	s 🗌 No
b	If "Yes," explain the arrangement in P	art XII	II and comple	te the fo	llowing ta	able:			Amount	
С	Beginning balance						10	;		
d	Additions during the year						10			
e	Distributions during the year						16			
f	Ending balance						11			
2a	Did the organization include an amou									s 🔲 No
	If "Yes," explain the arrangement in P	art XI	II. Check here	if the ex	planation	n has been	provid	ed on Part XIII .		
Par					- -				-	· -
	Complete if the organization	1								
		(a)	Current year	(b) Pric	r year	(c) Two year	s back	(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance	<u> </u>								
ь	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs	<u> </u>								
f	End of year balance								 	
g 2	Provide the estimated percentage of	the c	rrent vear en	d halanc	e /line 1a	column (a)) held	ae.		
a	Board designated or quasi-endowme		ment year en	%	e (iiiie 19	, columni (a)	,, ricia	as.		
b	Permanent endowment	%		. 70						
C	Term endowment ▶ %									
•	The percentages on lines 2a, 2b, and		ould equal 10	00%.						
3a	Are there endowment funds not in th		•		zation tha	at are held :	and ad	ministered for t	he	
Ja	organization by:	e pos	36331011 01 111	e organii		at are ricia i	ario ao	iriii iistoroa ror i	[·	Yes No
	(i) Unrelated organizations								. 3a(i)	
	•								3a(ii)	
ь	If "Yes" on line 3a(II), are the related of	organi	zations listed	as requi	red on So	hedule R?			. 3b	
4	Describe in Part XIII the intended use									
Part								_		· · · · · · · · · · · · · · · · · · ·
	Complete if the organization	n ans	wered "Yes"	on For	m 990, F	Part IV, line	11a.	See Form 990), Part X, I	ine 10.
	Description of property		(a) Cost or oth			r other basis		Accumulated	(d) Book	value
			(investme	ent)	(0	ther)	d	epreciation		
1a	Land			_						
b	Buildings									
С	Leasehold improvements									
d	Equipment									
e	Other					<u> </u>				
Total	Add lines 1a through 1e (Column (d) i	must a	aual Form 00	n Part	(column	(R) line 10	(c)	• [

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	m 990. Part IV. lir	ne 11b. See Form	n 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	thod of valuation
(1) Financia	derivatives			
	neld equity interests			
(3) Other				- · · · · · · · · · · · · · · · · · · ·
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .	<u> </u>		
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" on For	m 990, Part IV, Iır	ie 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation -of-year market value
(1)				
(2)				
(3)				
(4) (5)				<u> </u>
(6)				
(7)				
(8)				
(9)				····
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.		A.,	<u></u>
	Complete if the organization answered "Yes" on Fore	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1) Cash val	ue of life insurance policies in which the North Dakota Knights	of Columbus Found	ation is owner	128,538
(2)				
(3)				
(4)				
(5)		<u></u>		
(6)				
(7)				
(8)				
Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	· · · · · ·	<u></u> ▶	
TOTEX	Complete if the organization answered "Yes" on Formula 25.	m 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal ın				
(2)				
(3)				
(4)				
_(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
<u>(7)</u>				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u> ▶ </u>	
∠. Liability for	uncertain tax positions. In Part XIII, provide the text of the footnote liability for uncertain tax positions under FASB ASC 740. Check	te to the organization	n's financial stateme	nts that reports the
Organization	: liability for uncortain tay accitions under EACD ACC 740, CL!-			

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Pа	ıa	А	

	Reconciliation of Revenue per Audited Financial Statements with Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	11	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments		
a		-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	4	
d	Other (Describe in Part XIII.)	 _ 	
e	Add lines 2a through 2d	2e 3	
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
С 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part			
ı aı c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		
2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	_	
	······································		
	· · · · · · · · · · · · · · · · · · ·		

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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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Open to Public Inspection

Employer identification number

2019 OMB No. 1545-0047

North Dakota Knights of Columbus Foundation Part B General Information on Grants and Assistance	Foundation on Orants and	Assistance					45-0382102
1 Does the organization maintain records to substantiate the arm the selection criteria used to award the grants or assistance?	ntain records to subs to award the grants		nount of the grants or assistance, the grantees	assistance, the g	rantees' eligibility fo	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s, and Ses No
Part II Grants and Other Assistance to Domestic Organ Part II I Grants and Other Assistance to Domestic Organ Part IV line 21 for any recipient that received more	Assistance to Do	mestic Organization	the use or grant to ations and Dom	lestic Governm	izations and Domestic Governments. Complete if the organization than \$5,000. Part II can be displicated if additional enace is needed	the organization answer	ng the use of grant funds in the United States. iizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, than \$5,000. Part II can be disnicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(6)	1						
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	ion 501(c)(3) and gov	vernment organiza	tions listed in the l	ine 1 table			
l g	e, see the Instruction	s for Form 990.		Ö	Cat. No. 50055P		Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Educational Assistance Scholarships	27	26,500			
2 Educational Assistance Grants to Newly Ordained	7	200		_	
9					
4	-				
S.					
9					
7					
Part IV Supplemental Information, Provide the information	the information r	equired in Part I, lin	e 2; Part III, column	n required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.

The North Dakota Knights of Columbus Foundation works with the Catholic Diocese Vocation Directors within the State of North Dakota to determine the number of seminarians

to receive scholarships to help with their religious formation expenses. The amount given is determined on need and is voted on and approved by the Foundation Board of Directors.

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Schedule I (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

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.

2019

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** North Dakota Knights of Columbus Foundation 45-0382102 Form 990 - Part VI - Section A. Governing Body and Management - Line 9 Michael Steiner, 2938 Southgate Drive, Fargo, ND 58103 Dean Rubbelke, 2112 1st Ave SW, Minot, ND 58701 Dr. Cory Badinger, 3221 46th Ave S, Fargo, ND 58104 Michael Bannach, 4122 Osgood Pkwy S, Fargo, ND 58104 Jake Werner, PO Box 888, Fargo, ND 58107 Duane Zwinger, 3790 25th St S, Fargo, ND 58104 Dr. Steve Kourajian 1011 Allen Dr, Apt 104, Harvey, ND 58641 Brian Dukart, 168 7th St SE, Dickinson, ND 58601 Brian Kingsley, 4248 41st Ave S, Fargo, ND 58104 Form 990 - Part VI - Section B, Policies, Line 11b All Board of Directors are provided a completed copy of the 990 return, to be reviewed before the 990 return is filed. Form 990 - Part VI - Section C, Disclosure - Line 19 Upon request, any interested party who has any concerns or question regarding documents, policies, financial statements, etc. will be provided such information. The North Dakota Knights of Columbus Foundation also compiles an Annual Report, detailing the financial status, list of donors and other pertinent information regarding the Foundation. The Annual Report is made available to all individuals attending the North Dakota Knight of Columbus Annual Meeting, as well as other interested parties. Annual Report is also place on the Foundation Website. Form 990 - Part XI - Reconciliation of Net Assets - Line 9 A decrease in the cash value of Foundation owned life insurance policies: \$1,748.