

Form **990**
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)

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

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

C Name of organization
NORTH DAKOTA COMMUNITY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 387

City or town, state or province, country, and ZIP or foreign postal code
BISMARCK, ND 585020387

D Employer identification number
45-0336015

E Telephone number
(701) 222-8349

G Gross receipts \$ 57,056,479

F Name and address of principal officer:
KEVIN DVORAK
PO BOX 387
BISMARCK, ND 58501

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.NDCF.NET

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1976

M State of legal domicile: ND

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE THE QUALITY OF LIFE FOR NORTH DAKOTA'S CITIZENS THROUGH CHARITABLE GIVING AND PROMOTING PHILANTHROPY.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	9
6 Total number of volunteers (estimate if necessary)	6	875
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,674,039	10,878,796
9 Program service revenue (Part VIII, line 2g)	675	2,105
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,763,495	6,103,943
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	322,364	550,272
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,760,573	17,535,116
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,373,273	7,327,222
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	969,568	1,065,076
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 539,575		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,675,103	805,576
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,017,944	9,197,874
19 Revenue less expenses. Subtract line 18 from line 12	6,742,629	8,337,242

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	128,952,115	116,359,208
21 Total liabilities (Part X, line 26)	617,906	2,879,387
22 Net assets or fund balances. Subtract line 21 from line 20	128,334,209	113,479,821

Part II Signature Block

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

Sign Here

Signature of officer

2023-11-10
Date

KEVIN DVORAK PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2023-11-09 Check if self-employed PTIN P00112623

Firm's name ▶ HAGA KOMMER LTD Firm's EIN ▶ 20-4028013

Firm's address ▶ 204 E MAIN ST Phone no. (701) 663-9345
MANDAN, ND 58554

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO IMPROVE THE QUALITY OF LIFE FOR NORTH DAKOTA'S CITIZENS THROUGH CHARITABLE GIVING AND PROMOTING PHILANTHROPY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 8,003,840 including grants of \$ 7,327,222) (Revenue \$ 2,105)
See Additional Data










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

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

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

4e Total program service expenses ▶ 8,003,840

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		No
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 	Yes	
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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
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 		No
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 	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
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 		No
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 		No
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 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
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 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
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 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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		No
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		No
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		No
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.		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related entities.

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 []

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

Table with 4 columns: Question/Section, Input field, Yes/No, and another input field. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business income, foreign accounts, prohibited transactions, charitable contributions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 main rows (1a-9) and sub-rows (1b, 2-3, 4-6, 7a-7b, 8a-8b). Columns include question text, a numeric column (1a-13), and Yes/No columns.

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

Table with 10 main rows (10a-16b) and sub-rows (10b, 11a-11b, 12a-12c, 15a-15b). Columns include question text, a numeric column, and Yes/No columns.

Section C. Disclosure

Table with 3 rows (17-20). Row 17: List the states with which a copy of this Form 990 is required to be filed. Row 18: Section 6104 requires an organization to make its Form 1023... available for public inspection. Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents... available to the public. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN DVORAK PRESIDENT	40.00			X			186,251	0	40,856	
(2) VICKI KUNZ CHAIRMAN	1.00	X		X			0	0	0	
(3) CHRIS GRIFFIN VICE CHAIR	1.00	X		X			0	0	0	
(4) CHANTEL SOUTHAM SECR-TREAS	1.00	X					0	0	0	
(5) JUSTIN FORDE EXEC COMM	1.00	X					0	0	0	
(6) CJ HAGER EXEC COMM	1.00	X					0	0	0	
(7) BREANNE CARLSON DIRECTOR	1.00	X					0	0	0	
(8) BRUCE DOLEZAL DIRECTOR	1.00	X					0	0	0	
(9) TROY WALTERS DIRECTOR	1.00	X					0	0	0	
(10) DAVID MEYER DIRECTOR	1.00	X					0	0	0	
(11) WANDA URAN NELSON DIRECTOR	1.00	X					0	0	0	
(12) KEN HALL DIRECTOR	1.00	X					0	0	0	
(13) LAUREL GOULDING DIRECTOR	1.00	X					0	0	0	
(14) JULIE N GRANAY DIRECTOR	1.00	X					0	0	0	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								186,251		40,856

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	186,251		40,856

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1		
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	(A) Name and business address	(B) Description of services	(C) Compensation

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,878,796				
	g Noncash contributions included in lines 1a - 1f:\$	1g	823,612				
	h Total. Add lines 1a-1f			10,878,796			
Program Service Revenue	2a PICNIC VENDOR FEES	Business Code 900099	2,105	2,105			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f.		2,105				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,169,311			2,169,311	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		333,746			333,746	
	6a Gross rents	(i) Real	171,871				
		(ii) Personal					
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	171,871			
	d Net rental income or (loss)			171,871		171,871	
	7a Gross amount from sales of assets other than inventory	(i) Securities	43,455,995				
		(ii) Other					
		b Less: cost or other basis and sales expenses	7b	39,521,363			
		c Gain or (loss)	7c	3,934,632			
	d Net gain or (loss)			3,934,632		3,934,632	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a LEASE LIABILITIES ISSUED	900099	87,608			87,608		
b RETURNED GRANTS	900099	1,803	1,803				
c SPLIT INTEREST CHANGES	900099	-44,756			-44,756		
d All other revenue							
e Total. Add lines 11a-11d		44,655					
12 Total revenue. See instructions		17,535,116	3,908		6,652,412		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,699,377	6,699,377		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	627,845	627,845		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	227,107	45,422	102,198	79,487
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	527,142	114,741	227,901	184,500
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	55,014	12,013	23,746	19,255
9 Other employee benefits	203,512	43,601	88,682	71,229
10 Payroll taxes	52,301	6,550	27,445	18,306
11 Fees for services (non-employees):				
a Management				
b Legal	15,400		15,400	
c Accounting	24,807		24,807	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	133,002	52,277	19,056	61,669
13 Office expenses	32,558	7,768	15,325	9,465
14 Information technology	44,125	13,238	22,062	8,825
15 Royalties				
16 Occupancy	87,608	22,778	35,043	29,787
17 Travel	19,285	8,871	6,750	3,664
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	133		133	
20 Interest	634	165	253	216
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	75,374	19,443	30,921	25,010
23 Insurance	13,663	3,416	6,285	3,962
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 PROGRAM COSTS	322,557	322,557		
b MISCELLANEOUS	12,513	2,002	4,755	5,756
c CREDIT CARD FEES	11,656			11,656
d MEMBERSHIPS& SUBS	10,999	1,650	2,750	6,599
e All other expenses	1,262	126	947	189
25 Total functional expenses. Add lines 1 through 24e	9,197,874	8,003,840	654,459	539,575
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	7,354,465	2	15,206,240
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	33,497	4	10,657
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	5,570
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	113,182		
	b Less: accumulated depreciation	94,390	10c	18,792
	11 Investments—publicly traded securities	120,618,165	11	100,569,165
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	27,667
	15 Other assets. See Part IV, line 11	911,765	15	521,117
16 Total assets. Add lines 1 through 15 (must equal line 33)	128,952,115	16	116,359,208	
Liabilities	17 Accounts payable and accrued expenses	3,486	17	264,988
	18 Grants payable	11,450	18	1,982,915
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	602,970	25	631,484
	26 Total liabilities. Add lines 17 through 25	617,906	26	2,879,387
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,870,928	27	17,179,357
	28 Net assets with donor restrictions	113,463,281	28	96,300,464
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	128,334,209	32	113,479,821	
33 Total liabilities and net assets/fund balances	128,952,115	33	116,359,208	

Part XI Reconciliation of Net Assets

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)	1	17,535,116
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,197,874
3	Revenue less expenses. Subtract line 2 from line 1	3	8,337,242
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	128,334,209
5	Net unrealized gains (losses) on investments	5	-23,251,269
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	59,639
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	113,479,821

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 45-0336015

Name: NORTH DAKOTA COMMUNITY FOUNDATION

Form 990 (2022)

Form 990, Part III, Line 4a:

THE FOUNDATION RECEIVES ENDOWMENT GIFTS AND GRANTS AND IN TURN MAKES GRANTS AND DONATIONS IN ACCORDANCE WITH THE TERMS OF THE ENDOWMENT GRANT. THE PROGRAMS BENEFIT CITIZENS, CITIES, AND COMMUNITIES IN NORTH DAKOTA.

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
NORTH DAKOTA COMMUNITY FOUNDATION

Employer identification number
45-0336015

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	10,944,859	15,304,609	7,304,748	7,674,039	10,878,796	52,107,051
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	10,944,859	15,304,609	7,304,748	7,674,039	10,878,796	52,107,051
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)						13,906,499
6	Public support. Subtract line 5 from line 4.						38,200,552

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.	10,944,859	15,304,609	7,304,748	7,674,039	10,878,796	52,107,051
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,574,626	2,057,336	1,782,078	2,139,053	6,564,804	14,117,897
9	Net income from unrelated business activities, whether or not the business is regularly carried on.					2,105	2,105
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	12,000	13,302	211,587		89,411	326,300
11	Total support. Add lines 7 through 10						66,553,353

12 Gross receipts from related activities, etc. (see instructions) **12** 3,908

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	57.400 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	59.020 %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 tax year? <i>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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
a	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	RENT 211,522 MISCELLANEOUS 95 RETURNED GRANTS 27,075 LEASE ISSUED 87,608

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2022
Open to Public Inspection

▶ **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.**

Name of the organization
NORTH DAKOTA COMMUNITY FOUNDATION

Employer identification number
45-0336015

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	89	
2 Aggregate value of contributions to (during year)	1,729,581	
3 Aggregate value of grants from (during year)	907,088	
4 Aggregate value at end of year	10,529,227	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

Part II Conservation Easements.

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii)** Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	127,351,882	115,118,292	105,076,314	82,707,167	80,012,037
b Contributions	11,363,484	7,882,593	7,562,681	15,215,289	10,398,442
c Net investment earnings, gains, and losses	-16,451,744	12,620,263	12,716,407	12,562,336	-2,971,747
d Grants or scholarships	8,681,363	7,022,949	9,163,505	4,398,331	3,967,763
e Other expenditures for facilities and programs					
f Administrative expenses	1,176,530	1,246,317	1,073,605	1,010,147	763,802
g End of year balance	112,405,729	127,351,882	115,118,292	105,076,314	82,707,167

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

- a** Board designated or quasi-endowment ▶ 4.540 %
- b** Permanent endowment ▶ 94.050 %
- c** Term endowment ▶ 1.410 %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		113,182	94,390	18,792
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				18,792

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
DUE TO ANNUITANTS	502,232
PTO LIABILITY	101,474
LEASE LIABILITIES	27,778
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	631,484

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	-5,656,514
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-23,251,269
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	59,639
e	Add lines 2a through 2d	2e	-23,191,630
3	Subtract line 2e from line 1	3	17,535,116
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,535,116

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

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

1	Total expenses and losses per audited financial statements	1	9,197,874
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,197,874
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,197,874

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 45-0336015

Name: NORTH DAKOTA COMMUNITY FOUNDATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS A NOT-FOR-PROFIT AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NO ADDITIONAL DISCLOSURES ARE MADE OR DEEMED NECESSARY FOR THE UNCERTAINTY OF INCOME TAXES AS NO TAX POSITION TAKE BY THE ORGANIZATION HAS MORE THAN A 50% LIKELIHOOD OF BEING OVERTURNED BY A TAXING AUTHORITY.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	UNREALIZED GAIN ON VALUATION CHANGES 59,639

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization NORTH DAKOTA COMMUNITY FOUNDATION

Employer identification number 45-0336015

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 154
3 Enter total number of other organizations listed in the line 1 table 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	397	627,845			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	FOLLOW UP WITH RECIPIENTS ON PROJECTS COMPLETED; THE EXECUTIVE DIRECTOR AND THE DEVELOPMENT DIRECTORS REGULARY VISIT THE COMMUNITIES RECEIVING AWARDS TO SEE THE PROJECTS. SCHOLARSHIPS ARE PAID TO THE UNIVERSITIES FOR BENEFIT OF THE INDIVIDUAL STUDENTS, NOT PAID DIRECTLY TO THE STUDENTS.

Additional Data

Software ID:
Software Version:
EIN: 45-0336015
Name: NORTH DAKOTA COMMUNITY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABUSE RESOURCE NETWORK PO BOX 919 LISBON, ND 58054	45-0408516	501C3	17,000				PROGRAM SUPPORT
ACRO STARS GYMNASTICS 10952 67TH STREET NORTHWEST TIOGA, ND 58852	81-4546148	501C3	7,700				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXANDER PUBLIC SCHOOL PO BOX 66 ALEXANDER, ND 58831	45-0282013	GOV	48,200				PROGRAM SUPPORT
ALMONT RURAL FIRE DEPT 5275 46TH ST ALMONT, ND 58520	71-0986024	GOV	25,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS MINNESOTA DAKOTA 2602 12TH ST N FARGO, ND 581021378	53-0196605	501C3	10,000				
AMIDON FIRE PROTECTION DISTRICT 14409 66 ST SW AMIDON, ND 58620	45-0374933	GOV	5,620				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHUR FIRE DEPARTMENT PO BOX 124 ARTHUR, ND 580060124	45-0377656	GOV	90,500				
ASCENSION CATHOLIC CHURCH 1905 S 3RD ST BISMARCK, ND 58504	45-0375692	501C3	6,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHLEY JDA PO BOX 62 ASHLEY, ND 58413	45-0434203	GOV	16,000				
ASHLEY SENIOR CITIZENS PO BOX 326 ASHLEY, ND 58413	45-0373281	501C3	7,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BADLANDS MINISTRIES PO BOX 305 MEDORA, ND 58645	45-0309201	501C3	6,604				
BELLEVUE CEMETERY ASSOCIATION PO BOX 148 LARIMORE, ND 582510148	45-0217064	501C3	6,267				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTER LIVING FOR GARRISON INC ATTN SUE SCHREINER PO BOX 445 GARRISON, ND 585400445	20-8539226	501C3	7,787				
BIO GIRLS 4225 38TH ST S SUITE 202 FARGO, ND 58104	81-0792142	501C3	25,833				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BISMARCK ART & GALLERIES ASSOCIATIO 422 E FRONT AVE BISMARCK, ND 58504	45-0372046	501C3	7,035				
BISMARCKMANDAN SYMPHONY ORCHESTRA PO BOX 2031 BISMARCK, ND 585022031	51-0188161	501C3	7,035				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BISMARCK STATE COLLEGE FOUNDATION PO BOX 5587 BISMARCK, ND 585065587	45-0358929	501C3	7,035				
BLUE JAY BOOSTERS 5085 71ST AVE NW PALERMO, ND 58769	45-6001170	501C3	15,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BONANZAVILLE USA 1351 WEST MAIN AVE WEST FARGO, ND 58078	45-0306858	GOV	38,064				
BOWMAN PARKS AND RECREATION PO BOX 112 305 1ST ST SW BOWMAN, ND 58623	45-0278944	501C3	30,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANDESKA CIKANA COMMUNITY COLLEGE 214 FIRST AVE PO BOX 269 FORT TOTTEN, ND 58335	45-0350756	501C3	235,915				
CARRINGTON AREA HEALTHY COMMUNITIES 881 MAIN STREET CARRINGTON, ND 58421	84-5015496	501C3	15,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARRINGTON MEDICAL CENTER DBA CHI S ATTN JENNIFER HOORNAERT PO BOX 461 CARRINGTON, ND 58421	45-0227311	501C3	21,150				
CARRINGTON YOUTH CENTER PO BOX 364 CARRINGTON, ND 58421	45-0396067	501C3	7,150				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASSELTON ECONOMIC DEVELOPMENT PO BOX 548 CASSELTON, ND 58012	45-6002045	GOV	6,000				
CASSELTON PARK DISTRICT 302 6TH AVENUE SOUTH PO BOX 97 CASSELTON, ND 58012	45-6006765	GOV	12,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL OF THE HOLY SPIRIT 519 RAYMOND ST BISMARCK, ND 58501	45-0227302	501C3	7,035				
CATHOLIC CHARITIES NORTH DAKOTA 5201 BISHOPS BLVD SUITE B FARGO, ND 581047605	45-0226416	501C3	19,709				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHASELEY UNITED METHODIST CHURCH 474 35TH AVE NE BOWDON, ND 58418	45-0130600	501C3	7,298				
CHI LISBON HEALTH PO BOX 353 LISBON, ND 58054	82-0558836	501C3	7,868				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCHES UNITED 1901 1ST AVE N MOORHEAD, MN 56560	41-1594892	501C3	7,500				
CITY OF ANAMOOSE PO BOX 117 ANAMOOSE, ND 58710	45-6002031	GOV	5,600				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ARTHUR PO BOX 161 201 MAIN ST ARTHUR, ND 58006	45-6007247	GOV	5,400				
CITY OF ARTHUR PO BOX 161 ARTHUR, ND 58006	45-6007247	GOV	17,150				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF BRECKENRIDGE 420 NEBRASKA AVE BRECKENRIDGE, MN 56520	41-6005005	GOV	11,000				
CITY OF COURTENAY 1597 83RD AVENUE SE KENSAL, ND 58455	90-0108557	GOV	33,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF DICKINSON 38 1ST ST W DICKINSON, ND 58601	45-6002055	GOV	1,218,025				
CITY OF MILNOR PO BOX 70 408 MAIN STREET MILNOR, ND 58060	45-6002124	GOV	61,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF NEW SALEM PO BOX 393 NEW SALEM, ND 58563	45-6002137	GOV	32,900				
CITY OF PEMBINA FIRE DEPARTMENT PO BOX 493 PEMBINA, ND 58271	45-6002144	GOV	5,300				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF SHERWOOD PO BOX 177 SHERWOOD, ND 58782	45-6006548	GOV	5,500				
CITY OF WISHEK PO BOX 306 WISHEK, ND 58495	45-6002189	GOV	6,080				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY OF CARE PO BOX 73 CASSELTON, ND 58012	26-1488596	501C3	16,500				
COOPERSTOWN BIBLE CAMP 11776 3RD STREET SE COOPERSTOWN, ND 58425	45-0306449	501C3	10,869				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DAKOTA BOYS AND GIRLS RANCH PO BOX 5007 MINOT, ND 58702	45-0333670	501C3	20,100				
DAKOTA ZOO 602 RIVERSIDE DR BISMARCK, ND 58504	23-7394067	501C3	7,640				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DICKINSON PARKS AND RECREATION 2004 FAIRWAY STREET DICKINSON, ND 58601	45-6002056	GOV	325,000				
ELLENDALE COMMUNITY AMBULANCE PO BOX 267 ELLENDALE, ND 58436	45-6002064	501C3	6,090				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ELLENDALE PARK BOARD PO BOX 602 ELLENDALE, ND 58436	45-6002065	GOV	5,800				
ESSENTIA HEALTH FOUNDATION 3000 32ND AVE S FARGO, ND 58103	27-1984704	501C3	7,267				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FIRST CARE HEALTH CENTER PO BOX I PARK RIVER, ND 58270	45-0232743	501C3	11,459				
FIRST PRESBYTERIAN CHURCH 214 EAST THAYER AVE BISMARCK, ND 585013887	45-0250532	501C3	6,139				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GIGI'S PLAYHOUSE FARGO 3224 20TH ST S FARGO, ND 58104	37-1776920	501C3	10,000				
GORGE ARTS & HERITAGE COUNCIL PO BOX 917 WALHALLA, ND 58282	20-5013911	501C3	8,994				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GRAFTON EDUCATIONAL FOUNDATION 1548 SCHOOL ROAD GRAFTON, ND 58237	27-3720524	501C3	56,427				
GREATER MINOT ZOOLOGICAL SOCIETY PO BOX 538 MINOT, ND 58702	45-0321791	501C3	7,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREAT PLAINS FOOD BANK 1720 3RD AVE N FARGO, ND 58102	47-2229589	501C3	7,200				
GREAT PLAINS FOOD BANK- BISMARCK 1315 S 20TH ST BISMARCK, ND 58504	47-2229589	501C3	10,400				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GUARDIAN & PROTECTIVE SERVICES INC 3801 LOCKPORT ST SUITE 4 BISMARCK, ND 58503	45-0446585	501C3	5,709				
HILLCREST COUNTRY CLUB INC 100 SANDWOOD PLACE PARK RIVER, ND 58270	45-0259906	501C3	7,800				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOME ON THE RANGE 16351 I-94 SENTINEL BUTTE, ND 58654	45-0230083	501C3	5,489				
HOPE CHURCH 1601 17TH AVE S GRAND FORKS, ND 58201	51-0247942	501C3	23,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOPE LUTHERAN CHURCH - FARGO 2900 BROADWAY N FARGO, ND 58102	45-0276446	501C3	10,000				
HOPE MANOR FOUNDATION INC PO BOX 1301 BISMARCK, ND 58502	46-3923695	501C3	80,269				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HUMANITIES NORTH DAKOTA 418 E BROADWAY AVE STE 8 BISMARCK, ND 58501	45-0318487	501C3	5,100				
HUNTER VOLUNTEER FIRE DEPARTMENT PO BOX 94 HUNTER, ND 58048	45-0337894	501C3	30,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JEREMIAH PROGRAM (FARGO MOORHEAD) 3104 FIECHTNER DR S FARGO, ND 58103	41-1801834	501C3	13,251				
JOB DEVELOPMENT AUTHORITY OF ARTHUR PO BOX 98 ARTHUR, ND 58006	20-3064959	GOV	78,894				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KILLDEER PUBLIC SCHOOL DISTRICT NO PO BOX 579 KILLDEER, ND 58640	45-6000497	GOV	21,279				
KILLDEER SADDLE CLUB PO BOX 595 KILLDEER, ND 58640	45-0375215	501C3	50,000				

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KULM PUBLIC SCHOOL PO BOX G KULM, ND 58456	45-6000842	GOV	8,972				
LAKE REGION STATE COLLEGE 1801 COLLEGE DR N DEVILS LAKE, ND 58301	45-0281889	GOV	39,658				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LAKEVIEW GOLF COURSE ASSOC PO BOX 210 MILNOR, ND 58060	45-0308002	501C4	16,845				
LARIMORE PARK DISTRICT PO BOX 766 LARIMORE, ND 58251	45-6004986	GOV	6,336				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LARIMORE PUBLIC SCHOOL DISTRICT 44 PO BOX 769 LARIMORE, ND 58251	45-6000641	GOV	17,000				
LIDGERWOOD PUBLIC SCHOOL PO BOX 468 LIDGERWOOD, ND 58053	45-6001454	GOV	7,460				

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LIFE SKILLS & TRANSITION CENTERCOL 816 W MIDWAY DR GRAFTON, ND 582371379	45-0437810	501C3	25,000				
LISBON BISSELL GOLF CLUB FORE VALLEY ROAD LISBON, ND 58054	45-0278408	501C3	48,000				

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LISBON FFA 502 ASH ST LISBON, ND 58054	45-0400768	501C3	6,800				
LISBON PARK DISTRICT PO BOX 868 LISBON, ND 58054	45-6002114	GOV	8,500				

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LISBON PUBLIC LIBRARY PO BOX 569 LISBON, ND 580540569	45-6002113	GOV	6,726				
LISBON PUBLIC SCHOOLS 2 502 ASH ST LISBON, ND 58054	45-6001397	GOV	13,725				

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LISBON RECREATION BOARD PO BOX 954 LISBON, ND 58054	45-6002113	GOV	8,000				
LITTLE BOBCATS DAYCARE 109 CENTRAL AVE MADDOCK, ND 58348	66-0972585	501C3	5,750				

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LITTLE FLOWER CATHOLIC SCHOOL 306 3RD AVE SE RUGBY, ND 58368	45-0259763	501C3	9,885				
LORD OF LIFE LUTHERAN CHURCH 1143 N 26TH ST BISMARCK, ND 58501	45-0347048	501C3	8,470				

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LUTHERAN SUNSET HOME 333 EASTERN AVE GRAFTON, ND 58237	45-0277232	501C3	67,235				
MAGIC CITY BLESSING BANK 1941 4TH STREET SOUTHWEST MINOT, ND 58701	45-0308679	501C3	8,000				

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MANDAN HIGH SCHOOL MUSIC MANDAN HIGH SCHOOL 905 8TH AVE NW MANDAN, ND 58554	45-6001098	GOV	11,012				
MANDAN PUBLIC SCHOOLS FOUNDATION PO BOX 893 MANDAN, ND 58554	27-2269685	501C3	47,500				

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MARKETPLACE OF IDEAS MARKETPLACE FO 106 MATHEWS STREET SUITE B MANTADOR, ND 58058	45-0461899	501C3	8,950				
MARTIN'S LUTHERAN CHURCH PO BOX 587 CASSELTON, ND 58012	45-0250537	501C3	10,479				

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MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501C3	10,000				
MCKENZIE COUNTY PUBLIC SCHOOL DISTR PO BOX 589 WATFORD CITY, ND 58854	45-0277217	GOV	83,065				

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MILNOR AREA COMMUNITY CENTER INC PO BOX 123 528 5TH ST MILNOR, ND 58060	45-0461484	501C3	14,700				
MILNOR RECREATION BOARD MILNOR PA 14750 77TH ST SE MILNOR, ND 58060	45-0308002	GOV	24,500				

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MILNOR SCHOLARSHIP ASSOCIATION PO BOX 202 MILNOR, ND 58060	46-4148631	501C3	8,000				
MILNOR SCHOOL DISTRICT PO BOX 369 MILNOR, ND 58060	45-6001504	GOV	35,000				

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MINISTRY ON THE MARGINS 201 N 24TH STREET BISMARCK, ND 58501	81-3452507	501C3	50,000				
MINOT AREA COMMUNITY FOUNDATION 606 BURDICK EXPY W STE A MINOT, ND 58701	31-1689978	501C3	8,770				

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MINOT COMMISSION ON AGING INC PARKER SENIOR CENTER 21 FIRST AVE SE MINOT, ND 587013910	45-0318382	501C3	9,266				
MINOT STATE UNIVERSITY FOUNDATION 500 UNIVERSITY AVE WEST MINOT, ND 58707	45-0344784	501C3	10,000				

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MISSOURI SLOPE LUTHERAN CARE CENTER 4916 N WASHINGTON STREET BISMARCK, ND 58503	36-3589734	501C3	100,000				
MOHALL PARK DISTRICT PO BOX 476 MOHALL, ND 58761	45-6002130	GOV	48,500				

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MOTT COUNTRY CLUB ATTN ALEX ALDINGER 209 BROWN AVE MOTT, ND 58646	45-0417054	501C3	8,800				
NATIONAL PKU ALLIANCE INC 954 LEXINGTON AVE 269 NEW YORK, NY 10021	26-2849140	501C3	25,000				

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NDSU FOUNDATION PO BOX 5144 FARGO, ND 581055144	23-7120898	501C3	141,050				
NORSK HOSTFEST ASSOCIATION PO BOX 1347 MINOT, ND 58702	45-0353644	501C3	10,000				

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NORTH DAKOTA ASSOCIATION OF REALTOR 1616 CAPITOL WAY BISMARCK, ND 585012100	51-0139173	501C6	6,500				
NORTH DAKOTA PARKS & RECREATION DEP LIBERTY MEMORIAL BUILDING 604 E BOULEVARD AVE DEPT 750 BISMARCK, ND 58505	45-0433249	GOV	22,664				

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NORTH DAKOTA'S GATEWAY TO SCIENCE 1810 SCHAFER ST STE 1 BISMARCK, ND 585011218	45-0443517	501C3	6,406				
NORTH DAKOTA TRIBAL COLLEGE SYTEM 2931 CODY DR BISMARCK, ND 58503	45-0437573	501C3	56,195				

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NORTHEAST NORTH DAKOTA PIONEER MACH CITY OF PARK RIVER 610 3RD ST WEST PARK RIVER, ND 58270	45-0134935	GOV	6,000				
NORTHERN CASS SCHOOL DISTRICT 97 16021 18TH ST SE HUNTER, ND 58048	91-1762623	GOV	5,980				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHLANDS RESCUE MISSION 420 DIVISION AVE GRAND FORKS, ND 58201	45-0251562	501C3	5,100				
NUETA HIDATSA SAHNISH COLLEGE NE 220 COLLEGE DRIVE PO BOX 490 NEW TOWN, ND 58763	45-0322990	501C3	235,915				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OAKES FIRE DISTRICT 406 IVY AVE OAKES, ND 58474	45-0415089	GOV	6,657				
OAK GROVE LUTHERAN SCHOOL 124 N TERRACE N FARGO, ND 581023899	45-0226473	501C3	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAINS ART MUSEUM 704 FIRST AVENUE NORTH FARGO, ND 58102	41-1260780	501C3	10,000				
PRAIRIE PUBLIC TELEVISION PO BOX 3240 FARGO, ND 58108	45-0276899	501C3	11,890				

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RANSOM COUNTY FAIR ASSOCIATION PO BOX 890 LISBON, ND 58054	45-0356765	501C3	12,580				
RICHLAND WILKIN EMERGENCY FOOD PANT 699 8TH AVE S WAHPETON, ND 58075	36-3964398	501C3	21,300				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RICHLAND-WILKIN KINSHIP 509 1/2 DAKOTA AVE SUITE 104 WAHPETON, ND 58075	20-3812100	501C3	11,000				
RIDING FOR DREAMS ADAPTIVE RIDING P PO BOX 911 LISBON, ND 58054	27-0655405	501C3	53,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RONALD MCDONALD HOUSE 4757 AGASSIZ XING S FARGO, ND 581048780	45-0365598	501C3	10,000				
RURAL CASS COUNTY EMERGENCY FOOD PA PO BOX 392 CASSELTON, ND 58012	45-0428047	501C3	11,800				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SALVATION ARMY (BISMARCK) 601 S WASHINGTON ST BISMARCK, ND 58504	41-0698597	501C3	7,285				
SANFORD HEALTH FOUNDATION PO BOX 5505 BISMARCK, ND 585069982	45-0397196	501C3	7,035				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANFORD HEALTH FOUNDATION ATTN HILLERY MORK PO BOX 2010 FARGO, ND 581222399	45-0398104	501C3	12,410				
SARGENT CENTRAL PUBLIC SCHOOLS 575 5TH ST SW FORMAN, ND 580324212	45-6006757	GOV	12,109				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SCRANTON FIRE PROTECTION DISTRICT PO BOX 26 SCRANTON, ND 58653	45-0378404	GOV	7,500				
SCRANTON PUBLIC SCHOOL PO BOX 126 FIRST AND FRIES ST SCRANTON, ND 58653	45-6004995	GOV	12,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SCRANTON QUICK RESPONSE UNIT 102 4TH AVE SW BOWMAN, ND 58623	45-0378404	501C3	8,000				
SHEYENNE FINE ARTS ASSOCIATION PO BOX 1022 785 OAKRIDGE DR LISBON, ND 58054	45-0382573	501C3	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SITTING BULL COLLEGE 9299 HWY 24 FORT YATES, ND 58538	23-7373765	501C3	240,206				
SOURIS VALLEY UNITED WAY 1941 4TH STREET SW MINOT, ND 58701	45-0308679	501C3	13,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STANLEY HIGH SCHOOL PO BOX 10 STANLEY, ND 58784	45-6001170	GOV	43,650				
STANLEY PARKS & RECREATION PO BOX 901 STANLEY, ND 58784	45-6006454	GOV	10,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STANLEY WRESTLING CLUB PO BOX 268 STANLEY, ND 58784	83-2888746	501C3	23,000				
STARK COUNTY ASSOCIATION OF DEPUTIE 66 WEST MUSEUM DRIVE DICKINSON, ND 58601	26-3840868	501C3	9,346				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JOHN'S CATHOLIC CHURCH 906 GRIGGS AVE GRAFTON, ND 58237	45-0252300	501C3	52,447				
ST THOMAS AQUINAS NEWMAN CENTER 410 CAMBRIDGE ST GRAND FORKS, ND 58203	45-0307813	501C3	14,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE BISMARCK PUBLIC LIBRARY FOUNDAT 515 N 5TH ST BISMARCK, ND 585014057	51-0178024	501C3	10,748				
THE HOUSE OF EVERYDAY LEARNING 3001 11TH ST S FARGO, ND 58014	26-2143138	501C3	9,600				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THEODORE ROOSEVELT MEDORA FOUNDATIO PO BOX 1696 BISMARCK, ND 58502	45-0397662	501C3	6,000				
THREE RIVERS CRISIS CENTER 509 DAKOTA AVE SUITE B WAHPETON, ND 58075	45-0430548	501C3	33,000				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TRI-COUNTY SENIOR MEALS & SERVICES 125 S MAIN AVE RUGBY, ND 58368	45-0397052	501C3	8,200				
TURTLE MOUNTAIN COMMUNITY COLLEGE I PO BOX 340 BELCOURT, ND 583160340	45-0323401	501C3	235,915				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED TRIBES TECHNICAL COLLEGE 3315 UNIVERSITY DR BISMARCK, ND 58504	45-0314233	501C3	251,246				
UNITED WAY OF GRAND FORKS EAST GRA 1407 24TH AVE S UNIT 340 GRAND FORKS, ND 58201	45-0255772	501C3	7,500				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITY MEDICAL CENTER FOUNDATION 164 WEST 13TH STREET GRAFTON, ND 58237	36-3522304	501C3	52,436				
UNIVERSITY OF MARY 7500 UNIVERSITY DR BISMARCK, ND 58504	45-0273403	501C3	9,785				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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VAN HOOK ASSOCIATION 3935 84TH AVE NW NEW TOWN, ND 58763	45-0392247	501C3	34,643				
VILLAGE ARTS INC PO BOX 413 RUGBY, ND 58368	45-0316912	501C3	5,800				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WALSH COUNTY JOB DEVELOPMENT AUTHOR 600 COOPER AVE GRAFTON, ND 58237	36-3718311	GOV	70,000				
YOUTH OPPORTUNITY UNLIMITED INC PO BOX 5 MILNOR, ND 58060	46-4288678	501C3	25,000				

Schedule J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH DAKOTA COMMUNITY FOUNDATION

Employer identification number
45-0336015

Part I Questions Regarding Compensation

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH DAKOTA COMMUNITY FOUNDATION

Employer identification number
45-0336015

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	21	816,694	CURRENT MV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	25	6,918	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

NORTH DAKOTA COMMUNITY FOUNDATION

Employer identification number

45-0336015

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE PRESIDENT/CEO WILL REVIEW THE 990 BEFORE FILING AND PROVIDE TO THE EXECUTIVE BOARD FOR APPROVAL AT THE NEXT MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	ALL BOARD MEMBERS RECEIVE POLICY PRIOR TO SERVICE ON THE BOARD & DURING ANY NOMINATIONS OR VOTING ALL BOARD MEMBERS NOTE THEIR CONFLICT AND ABSTAIN FROM VOTING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS INFORMATION FROM THE COUNCIL ON FOUNDATIONS SALARY AND BENEFITS SURVEY WHICH CONTAINS DETAILED INFORMATION ON COMPENSATION BASED ON AN ANNUAL SURVEY OF LIKE ORGANIZATIONS. ALSO, THE EXECUTIVE COMMITTEE REVIEWS COST OF LIVING DATA AS PUBLISHED BY THE FEDERAL GOVERNMENT. FINALLY, PERFORMANCE OF STAFF IS REVIEWED WITH THE PRESIDENT TO SET THE FINAL COMPENSATION AMOUNT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE PUBLISHED ANNUAL REPORT CONTAINS FINANCIAL STATEMENTS AND A STATEMENT THAT THE OTHER INFORMATION IS AVAILABLE AT THE OFFICE BY APPOINTMENT. ALSO, THE ANNUAL REPORT WITH FINANCIALS IS PUBLISHED ON THE WEBSITE ALONG WITH A STATEMENT THAT THE FULL AUDIT AND OTHER INFORMATION IS AVAILABLE FOR INSPECTION AT THE OFFICE BY APPOINTMENT. THE WEBSITE INCLUDES A LINK TO THE GUIDESTAR LISTING WITH THE 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNREALIZED GAIN ON VALUATION CHANGES 59,639