

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning 7/01, 2020, and ending 6/30, 2021

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> <b>NDCSCS FOUNDATION</b> <b>800 6TH STREET NORTH</b> <b>WAHPETON, ND 58076</b>	<b>D</b> Employer identification number <b>45-0407617</b> <b>E</b> Telephone number <b>7016712270</b> <b>G</b> Gross receipts \$ <b>34,737,577.</b>
<b>F</b> Name and address of principal officer: <b>KIM NELSON</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If "No," attach a list. See instructions.</small>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>HTTP://WWW.NDCSCSALUMNI.COM/</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1988</b> <b>M</b> State of legal domicile: <b>ND</b>

Part I Summary			Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO SUPPORT AND ASSIST THOSE ACTIVITIES THAT DEVELOP AND STRENGTHEN NORTH DAKOTA STATE COLLEGE OF SCIENCE.</u>			
	2 Check this box <input type="checkbox"/> 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	4
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	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	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,802,093.	18,143,082.
	9	Program service revenue (Part VIII, line 2g)	383,424.	196,530.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	223,897.	1,620,634.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174,978.	248,146.
	12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,584,392.	20,208,392.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	838,329.	1,801,631.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	341,258.	413,933.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
		b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	246,802.	297,966.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,426,389.	2,513,530.
19	Revenue less expenses. Subtract line 18 from line 12	1,158,003.	17,694,862.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	28,523,431.	52,123,357.
	21	Total liabilities (Part X, line 26)	2,098,524.	3,607,957.
	22	Net assets or fund balances. Subtract line 21 from line 20	26,424,907.	48,515,400.

**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.

<b>Sign Here</b>	Signature of officer	Date		
	<b>KIM NELSON</b> <small>Type or print name and title</small>	<b>EXECUTIVE DIRECTOR</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	<b>DANIEL JULSON</b>	<b>DANIEL JULSON</b>	<b>9/21/21</b>	<b>P02039369</b>
	Firm's name ▶ <b>NADINE JULSON LLC</b>	Firm's EIN ▶ <b>45-0448187</b>		Phone no. <b>7016428146</b>
	Firm's address ▶ <b>506 DAKOTA AVE</b> <b>WAHPETON, ND 58075</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO SUPPORT AND ASSIST THOSE ACTIVITIES THAT DEVELOP AND STRENGTHEN NORTH DAKOTA STATE COLLEGE OF SCIENCE.

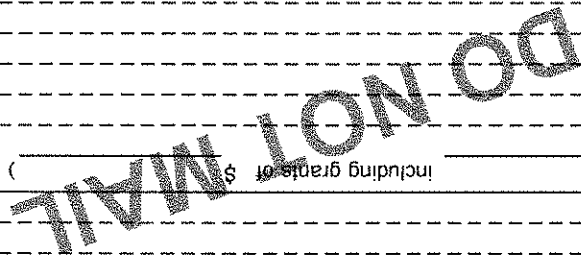
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4 Describe the organization's program service accomplishments for each of its three largest program services...

4a (Code: ) (Expenses \$ 1,852,696, including grants of \$ 1,801,631.) (Revenue \$ ) SUPPORT AND ACTIVITIES THAT DEVELOP AND STRENGTHEN NORTH DAKOTA STATE COLLEGE OF SCIENCE.

4b (Code: ) (Expenses \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)
4e Total program service expenses 1,852,696



**Part IV Checklist of Required Schedules**

Yes	No	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5 Is the organization a section 501(c)(4), 501(c)(5), 501(c)(6), or 501(c)(29) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, debt negotiation services, or 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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.
<input type="checkbox"/>	<input type="checkbox"/>	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. 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. 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. 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. e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 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 Reg. 1.481-6? If 'Yes,' complete Schedule D, Part X. g Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. h 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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12b Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13a Did the organization maintain an office, employees, or agents outside of the United States?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.
<input type="checkbox"/>	<input type="checkbox"/>	20b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.

**Part IV Checklist of Required Schedules (continued)**

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 22? If 'Yes,' complete Schedule I, Parts I and III.  Yes  No

23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.  Yes  No

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.  Yes  No

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Yes  No

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Yes  No

24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  Yes  No

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.  Yes  No

25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.  Yes  No

26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.  Yes  No

27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.  Yes  No

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  
 a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.  Yes  No  
 b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.  Yes  No  
 c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV.  Yes  No

29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.  Yes  No

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.  Yes  No

31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.  Yes  No

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.  Yes  No

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.  Yes  No

34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.  Yes  No

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Yes  No

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.  Yes  No

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.  Yes  No

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.  Yes  No

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Yes  No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response or note to any line in this Part V.  Yes  No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  1a  0

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  1b  0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c  0

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

Yes No

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 0

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2a

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a

6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b

7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a

7b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  7b

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?  7c

7d If 'Yes,' indicate the number of Forms 8882 filed during the year. 7d

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h

8 Sponsoring organizations maintaining donor advised funds. Did the organization have excess business holdings at any time during the year?  8

9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?  9a

9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b

10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  10a  10b

11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a

12b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.  12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  13a

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  13b

c Enter the amount of reserves on hand.  13c

14a Did the organization receive any payments for indoor tanning services during the tax year?  14a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.  14b

15 Is the organization subject to the section 4960 tax on payments of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

1 a	4	
1 b		

b Enter the number of voting members included on line 1a, above, who are independent.

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

8a The governing body?

b Each committee with authority to act on behalf of the governing body?

8b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.

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

10 a Did the organization have local chapters, branches, or affiliates?

10 a Did the organization have local chapters, branches, or affiliates?

b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

10 b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O

12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.

12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O

12 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O

13 Did the organization have a written whistleblower policy?

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official.

15 a The organization's CEO, Executive Director, or top management official.

b Other officers or key employees of the organization.

15 b Other officers or key employees of the organization.

If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

16 b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed. NONE

17 List the states with which a copy of this Form 990 is required to be filed. NONE

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

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records. MICHELLE NELSON 800 6TH ST. N. WAHPETON ND 58075 701 671-2270

20 State the name, address, and telephone number of the person who possesses the organization's books and records. MICHELLE NELSON 800 6TH ST. N. WAHPETON ND 58075 701 671-2270



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A)	(B)	(C)	(D)	(E)	(F)
Name and title	Average hours per week (list any hours related to the organization below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(15)					
(16)					
(17)					
(18)					
(19)					
(20)					
(21)					
(22)					
(23)					
(24)					
(25)					

<b>1 b Subtotal</b>	116,640.	0.	41,658.
<b>c Total from continuation sheets to Part VII, Section A</b>	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>	116,640.	0.	41,658.
<b>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</b>	1		

<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.	3	X
<b>4</b> 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? If "Yes," complete Schedule J for such individual.	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.	5	X

**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)	(B)	(C)
Name and business address	Description of services	Compensation
<b>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</b>	0	



**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 sections 512-514
18,143,082.			
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>			
1a	Federated campaigns		
1b	Membership dues		
1c	Fundraising events		
1d	Related organizations		
1e	Government grants (contributions)	695,101.	
1f	All other contributions, gifts, grants, and similar amounts not included above	17,447,981.	
1g	Noncash contributions included in lines 1a-1f	5,280,000.	
1h	Total. Add lines 1a-1f	18,143,082.	
<b>Program Service Revenue</b>			
2a	PROGRAM REVENUE	196,530.	
2b			
2c			
2d			
2e			
2f	All other program service revenue		
2g	Total. Add lines 2a-2f	196,530.	
3	Investment income (including dividends, interest, and other similar amounts)	636,512.	
4	Income from investment of tax-exempt bond proceeds		
5	Royalties		
6a	Gross rents	229,858.	
6b	Less: rental expenses	110,926.	
6c	Rental income or (loss)	118,932.	
6d	Net rental income or (loss)	118,932.	
7a	Gross amount from sales of assets other than inventory	15354076.	
7b	Less: cost or other basis and sales expenses	14369954.	
7c	Gain or (loss)	984,122.	
7d	Net gain or (loss)	984,122.	
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.		
8b	Less: direct expenses		
8c	Net income or (loss) from fundraising events		
9a	Gross income from gaming activities. See Part IV, line 19.	177,519.	
9b	Less: direct expenses	48,305.	
9c	Net income or (loss) from gaming activities	129,214.	
10a	Gross sales of inventory, less returns and allowances		
10b	Less: cost of goods sold		
10c	Net income or (loss) from sales of inventory		
<b>Miscellaneous Revenue</b>			
11a			
11b			
11c			
11d	All other revenue		
11e	Total. Add lines 11a-11d		
12	Total revenue. See instructions.	2,053,637.	0.

**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)	(B)	(C)	(D)
Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1,801,631.	1,801,631.		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.		
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.		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.
7	Other salaries and wages.	175,314.	175,314.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	29,719.	29,719.
9	Other employee benefits.	28,260.	28,260.
10	Payroll taxes.	22,342.	22,342.
11	Fees for services (nonemployees):		
a	Management.		
b	Legal.	5,850.	5,850.
c	Accounting.	6,603.	6,603.
d	Lobbying.		
e	Professional fundraising services. See Part IV, line 17.		
f	Investment management fees.	115,533.	115,533.
g	Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	24,073.	24,073.
12	Advertising and promotion.	3,500.	2,685.
13	Office expenses.	45,409.	43,136.
14	Information technology.		
15	Royalties.		
16	Occupancy.		
17	Travel.	668.	668.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.		
19	Conferences, conventions, and meetings.	6,497.	2,833.
20	Interest.	380.	380.
21	Payments to affiliates.		
22	Depreciation, depletion, and amortization.		
23	Insurance.	13,616.	12,910.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).	706.	
a	EQUIPMENT RENTAL	20,000.	
b	BANK CHARGES	19,526.	18,156.
c	SUPPLIES	13,502.	3,466.
d	MISCELLANEOUS	6,101.	2,458.
e	All other expenses.	14,023.	8,150.
25	Total functional expenses. Add lines 1 through 24e.	2,513,530.	660,834.
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).	1,852,696.	0.

**Part X Balance Sheet**

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

		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	980,157.	794,379.
2	Savings and temporary cash investments		
3	Pledges and grants receivable, net	2,275,088.	11,006,156.
4	Accounts receivable, net		
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		
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)		
7	Notes and loans receivable, net	131,529.	113,077.
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges		
10a	Land, buildings, and equipment: cost or other basis	9,271,901.	
	b Less: accumulated depreciation	566,834.	
10b			
11	Investments - publicly traded securities	1,566,031.	8,705,067.
12	Investments - other securities. See Part IV, line 11		
13	Investments - program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11		
16	Total assets. Add lines 1 through 15 (must equal line 33)	28,523,431.	52,123,357.
17	Accounts payable and accrued expenses	12,730.	24,113.
18	Grants payable		
19	Deferred revenue	1,522,500.	1,602,500.
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
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		
23	Secured mortgages and notes payable to unrelated third parties	1,477,466.	1,420,755.
24	Unsecured notes and loans payable to unrelated third parties	197,000.	95,000.
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.	258,828.	465,589.
26	Total liabilities. Add lines 17 through 25	2,098,524.	3,607,957.
27	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	1,466,450.	1,770,653.
28	Net assets with donor restrictions	24,958,457.	46,744,747.
29	Capital stock or trust principal, or current funds		
30	Paid-in or capital surplus, or land, building, or equipment fund		
31	Retained earnings, endowment, accumulated income, or other funds		
32	Total net assets or fund balances	26,424,907.	48,515,400.
33	Total liabilities and net assets/fund balances	28,523,431.	52,123,357.

**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)	20,208,392.
2	Total expenses (must equal Part IX, column (A), line 25)	2,513,530.
3	Revenue less expenses. Subtract line 2 from line 1	17,694,862.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	26,424,907.
5	Net unrealized gains (losses) on investments	4,396,187.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O	-556.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	48,515,400.

**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 \_\_\_\_\_

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 \_\_\_\_\_

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 on Schedule O and describe any steps taken to undergo such audits.

3b

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

Name of the organization  
**NDSCS FOUNDATION**

Employer identification number  
**45-0407617**

**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 or 990-EZ).)
  - 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 section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 in 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 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations integrated or 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		
(a)						
(b)						
(c)						
(d)						
(e)						
(f)						
(g)						
Total						

- 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.
- b 10%-facts-and-circumstances test-2019. 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. The organization qualifies as a publicly supported organization.
- 17a 10%-facts-and-circumstances test-2020. 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. The organization qualifies as a publicly supported organization.
- b 33-1/3% support test-2019. 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.
- 16a 33-1/3% support test-2020. 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.
- 15 Public support percentage from 2019 Schedule A, Part II, line 14. 

15	79.69%
14	88.55%
- 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). 

14	88.55%
15	79.69%

Section C. Computation of Public Support Percentage

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. <input type="checkbox"/>														
12	Gross receipts from related activities, etc. (see instructions). <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>12</td><td>1,579,467.</td></tr> </table>	12	1,579,467.												
12	1,579,467.														
11	Total support. Add lines 7 through 10. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>11</td><td>33,116,523.</td></tr> </table>	11	33,116,523.												
11	33,116,523.														
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>10</td><td>0.</td></tr> </table>	10	0.												
10	0.														
9	Net income from unrelated business activities, whether or not the business is regularly carried on. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>9</td><td>0.</td></tr> </table>	9	0.												
9	0.														
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>8</td><td>3,792,041.</td></tr> </table>	8	3,792,041.												
8	3,792,041.														
7	Amounts from line 4. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <th>Calendar year (or fiscal year beginning in)</th> <th>(a) 2016</th> <th>(b) 2017</th> <th>(c) 2018</th> <th>(d) 2019</th> <th>(e) 2020</th> <th>(f) Total</th> </tr> <tr> <td></td> <td>1,561,785.</td> <td>1,559,915.</td> <td>6,257,607.</td> <td>1,802,093.</td> <td>18143082.</td> <td>29,324,482.</td> </tr> </table>	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		1,561,785.	1,559,915.	6,257,607.	1,802,093.	18143082.	29,324,482.
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total									
	1,561,785.	1,559,915.	6,257,607.	1,802,093.	18143082.	29,324,482.									

Section B. Total Support

6	Public support. Subtract line 5 from line 4. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>6</td><td>0.</td></tr> </table>	6	0.												
6	0.														
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). <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>5</td><td>0.</td></tr> </table>	5	0.												
5	0.														
4	Total. Add lines 1 through 3. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <th>Calendar year (or fiscal year beginning in)</th> <th>(a) 2016</th> <th>(b) 2017</th> <th>(c) 2018</th> <th>(d) 2019</th> <th>(e) 2020</th> <th>(f) Total</th> </tr> <tr> <td></td> <td>1,561,785.</td> <td>1,559,915.</td> <td>6,257,607.</td> <td>1,802,093.</td> <td>18143082.</td> <td>29,324,482.</td> </tr> </table>	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		1,561,785.	1,559,915.	6,257,607.	1,802,093.	18143082.	29,324,482.
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total									
	1,561,785.	1,559,915.	6,257,607.	1,802,093.	18143082.	29,324,482.									
3	The value of services or facilities furnished by a governmental unit to the organization without charge. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>3</td><td>0.</td></tr> </table>	3	0.												
3	0.														
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>2</td><td>0.</td></tr> </table>	2	0.												
2	0.														
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <th>Calendar year (or fiscal year beginning in)</th> <th>(a) 2016</th> <th>(b) 2017</th> <th>(c) 2018</th> <th>(d) 2019</th> <th>(e) 2020</th> <th>(f) Total</th> </tr> <tr> <td></td> <td>1,561,785.</td> <td>1,559,915.</td> <td>6,257,607.</td> <td>1,802,093.</td> <td>18143082.</td> <td>29,324,482.</td> </tr> </table>	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		1,561,785.	1,559,915.	6,257,607.	1,802,093.	18143082.	29,324,482.
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total									
	1,561,785.	1,559,915.	6,257,607.	1,802,093.	18143082.	29,324,482.									

Section A. Public Support

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						
<b>Section B. Total Support</b>						
9						
10a						
b						
c						
11						
12						
13						
14						

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
10a						
b						
c						
11						
12						
13						
14						

**Section C. Computation of Public Support Percentage**

15	Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17	Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		



**Part IV Supporting Organizations (continued)**

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 in lines 11b and 11c below, the governing body of a supported organization?	
b	A family member of a person described in line 11a above?	
c	A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	
	11a	
	11b	
	11c	
Yes	No	

**Section B, Type I Supporting Organizations**

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	
	1	
	2	
Yes	No	

**Section C, Type II Supporting Organizations**

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

**Section D, All Type III Supporting Organizations**

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? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	
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? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	
	1	
	2	
	3	
Yes	No	

**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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/> The organization is the parent of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2 Activities Test. Answer lines 2a and 2b below.		
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? 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.	
b	Did the activities described in 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? If 'Yes,' explain in Part VI the reasons for the organization's supported organization(s) involvement that its supported organization(s) would have engaged in these activities but for the organization's involvement.	
	2a	
	2b	
Yes	No	

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? If 'Yes' or 'No,' provide details in Part VI.	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	
	3a	
	3b	

1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying supporting organization (see instructions). All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			
		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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).		

DO NOT MAIL



DO NOT MAIL

**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.)

2020

### Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Schedule B**  
**(Form 990, 990-EZ,  
or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

Name of the organization  
**NDSCS FOUNDATION**

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ  501(c)(3) ( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 14; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **NDSCS FOUNDATION** Employer identification number **45-0407617**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DABBERT CUSTOM HOMES LLC 5522 36TH ST S FARGO, ND 58104	\$ 5,260,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>
2	CASS COUNTY PO BOX 2806 FARGO, ND 58102	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
3	CITY OF FARGO 225 4TH ST N FARGO, ND 58102	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
4	CITY OF WEST FARGO 800 FOURTH AVE E STE 1 WEST FARGO, ND 58078	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
5	FUELING OUR FUTURE 51 N BROADWAY FARGO, ND 58102	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

Name of organization  
 NDSCS FOUNDATION  
 Employer identification number  
 45-0407617

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	10 ACRES PART OF SECTION 10 TOWNSHIP 138 RANGE 49 FARGO, ND	\$ 5,260,000.	12/23/20
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

DO NOT MAIL





**SCHEDULE D (Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
 Open to Public Inspection

Employer identification number

45-0407617

**MDCS FOUNDATION**

**Part I Organizations Maintaining Donor Advised 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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 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 (for example, recreation or education)  
 Preservation of a historically important land area  
 Protection of natural habitat  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Held at the End of the Tax Year	2a	2b	2c	2d
	Total number of conservation easements	Total acreage restricted by conservation easements	Number of conservation easements on a certified historic structure included in (c)	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

- 3 Number of conservation easements modified, transferred, 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.

- 1 a 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 make 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 program
- 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.

1 a 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:

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

2 a 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 on Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

1 a Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
20,227,752	19,177,728	15,666,149	3,360,845	0	0
1,582,422	1,055,725	623,996	645,268		
1,875,240	1,438,969	577,686	479,384		
Net investment earnings, gains, and losses					
c Grants or scholarships					
d Other expenditures for facilities and programs					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	22,246,445	20,227,752	19,177,728	15,150	0

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

- a Board designated or quasi-endowment  5.00 %
- b Permanent endowment  95.00 %
- c Term endowment  %

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

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

3a(i) Unrelated organizations	3a(ii) Related organizations	3b
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

b If 'Yes' on line 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
1 a Land	6,424,600	6,424,600		6,424,600
b Buildings	1,709,138	1,709,138	443,712	1,265,426
c Leasehold improvements	188,195	188,195	123,122	65,073
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	949,968	949,968		949,968

**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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (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.

(1) Federal income taxes	(a) Description of liability	(b) Book value
(2) LIABILITIES UNDER CHARITABLE TRUSTS		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)		465,589.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII. [X]

**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	24,665,452.	1	24,665,452.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	4,396,187.	2a	4,396,187.
b	Donated services and use of facilities		2b	
c	Recoveries of prior year grants		2c	
d	Other (Describe in Part XIII). SEE PART XIII	-556.	2d	-556.
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	20,269,821.	3	20,269,821.
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	97,802.	4a	97,802.
b	Other (Describe in Part XIII). SEE PART XIII		4b	
c	Add lines 4a and 4b	-159,231.	4c	-159,231.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	20,208,392.	5	20,208,392.

**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	2,574,959.	1	2,574,959.
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). SEE PART XIII	159,231.	2d	159,231.
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	159,231.	3	159,231.
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	97,802.	4a	97,802.
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.)	97,802.	5	97,802.

**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 XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FASB ASC 740 FOOTNOTE**

THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN

AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN

TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE ORGANIZATION WOULD

RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS

AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

DO NOT MAIL

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

FUNDRAISING EXPENSE	\$	48,305.
RENTAL EXPENSE	\$	110,926.
<b>TOTAL</b>	<b>\$</b>	<b>159,231.</b>

SCHEDULE D, PART XI, LINE 4B  
 OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

FUNDRAISING EXPENSE	\$	-48,305.
RENTAL EXPENSE	\$	-110,926.
<b>TOTAL</b>	<b>\$</b>	<b>-159,231.</b>

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

CHANGE IN SPLIT INTEREST AGREEMENTS	\$	-556.
<b>TOTAL</b>	<b>\$</b>	<b>-556.</b>

**SCHEDULE G**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

Name of the organization  
**NDSCS FOUNDATION**

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

1	(i) Name and address of individual or entity (fundraiser)	(ii) Activity		(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
<b>Total</b>							0.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA3701L 08/18/20

Schedule G (Form 990 or 990-EZ) 2020

**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	Revenue				Direct Expenses			
	1	2	3	4	5	6	7	8
1	Gross receipts							
2	Less: Contributions							
3	Gross income (line 1 minus line 2)							
4	Cash prizes							
5	Noncash prizes							
6	Rent/facility costs							
7	Food and beverages							
8	Entertainment							
9	Other direct expenses							
10	Direct expense summary. Add lines 4 through 9 in column (d)							
11	Net income summary. Subtract line 10 from line 3, column (d)							

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	Revenue		Direct Expenses			
	1	2	3	4	5	6
1	Gross revenue	177,519.				
2	Cash prizes					
3	Noncash prizes					
4	Rent/facility costs	2,066.				
5	Other direct expenses	43,068.				
6	Volunteer labor					
7	Direct expense summary. Add lines 2 through 5 in column (d)					45,134.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					132,385.

9 Enter the state(s) in which the organization conducts gaming activities:  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  No  Yes  
 b If 'Yes,' explain:

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

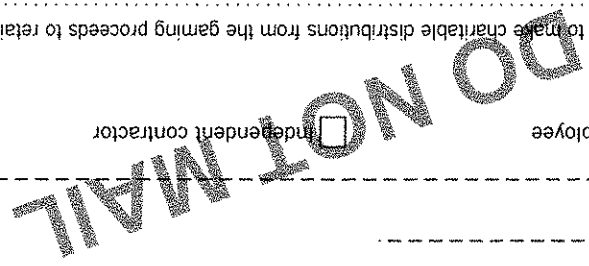
**17** Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. \$  Yes  No

**16** Gaming manager information: Name, Address, Description of services provided, Gaming manager compensation \$, Director/officer , Employee , Independent contractor

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No  
**b** If 'Yes,' enter the amount of gaming revenue retained by the third party \$ \_\_\_\_\_ and the amount \_\_\_\_\_  
**c** If 'Yes,' enter name and address of the third party: \_\_\_\_\_

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records: \_\_\_\_\_  
**13** Indicate the percentage of gaming activity conducted in:  
**a** The organization's facility: 13a %  
**b** An outside facility: 13b 100.0 %

**12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No  
**11** Does the organization conduct gaming activities with nonmembers?  Yes  No





**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public  
Inspection

**Part I** General Information on Grants and Assistance

Employer identification number  
45-0407617

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

**Part II** Grants and Other Assistance to 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.

(1) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NDSCS 800 6TH ST. N WAHPETON, ND 58075	*****2451		1,802,131.	0.			CASH GRANTS FOR SCHOLARSHIPS.
(2) -----	-----	-----	-----	-----	-----	-----	-----
(3) -----	-----	-----	-----	-----	-----	-----	-----
(4) -----	-----	-----	-----	-----	-----	-----	-----
(5) -----	-----	-----	-----	-----	-----	-----	-----
(6) -----	-----	-----	-----	-----	-----	-----	-----
(7) -----	-----	-----	-----	-----	-----	-----	-----
(8) -----	-----	-----	-----	-----	-----	-----	-----

DO NOT MAIL

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

3 Enter total number of other organizations listed in the line 1 table 0

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

TEEA3901L 07/15/20 Schedule I (Form 990) 2020

**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						
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.

DO NOT MAIL



2020 FEDERAL BOOK DEPRECIATION SCHEDULE

NDSOS FOUNDATION

45-0407617

FORM 990/990-PF

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
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IMPROVEMENTS

1	723 5TH ST N	8/01/87		20,000							20,000	14,540	S/L	15		0
2	723 7TH ST N	2/29/00		24,500							24,500	5,680	S/L	15		0

TOTAL IMPROVEMENTS

				44,500							44,500	20,220				0
--	--	--	--	--------	--	--	--	--	--	--	--------	--------	--	--	--	---

LAND

3	CURRY FARM LAND	3/31/99		115,988							115,988					0
4	PARKING LOT LAND	2/08/05		26,042							26,042					0
6	720 5TH ST N	8/13/14		40,100							40,100					0
8	WORKFORCE LAND	6/30/21		6,242,470							6,242,470					0

DO NOT MAIL

MISCELLANEOUS

	TOTAL LAND			6,424,600							6,424,600	0				0
	MISCELLANEOUS															0
9	WORKFORCE CIP	6/30/21		949,968							949,968					0

TOTAL MISCELLANEOUS

				949,968							949,968	0				0
--	--	--	--	---------	--	--	--	--	--	--	---------	---	--	--	--	---

TOTAL DEPRECIATION

				7,419,068							7,419,068	20,220				0
--	--	--	--	-----------	--	--	--	--	--	--	-----------	--------	--	--	--	---

RENTAL ACTIVITY - STTC BUILDING

BUILDINGS

RENTAL ACTIVITY - STTC BUILDING

6/30/21

2020 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

NDSGS FOUNDATION

45-0407617

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
																	0
7	STIC BUILDING	5/03/11		1,709,138							1,709,138	399,888	S/L	MM	39	.02564	43,822
	TOTAL BUILDINGS			1,709,138		0	0	0	0	0	1,709,138	399,888					43,822
	IMPROVEMENTS																
5	PARKING LOT	8/10/11		143,695							143,695	93,322	S/L		15		9,580
	TOTAL IMPROVEMENTS			143,695		0	0	0	0	0	143,695	93,322					9,580
	TOTAL DEPRECIATION			1,852,833		0	0	0	0	0	1,852,833	493,210					53,402
	GRAND TOTAL DEPRECIATION			9,271,901		0	0	0	0	0	9,271,901	513,430					53,402

DO NOT MAIL

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Name of exempt organization or other filer, see instructions.		NDSCS FOUNDATION	
Type or print	File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	WAHPEYTON, ND 58076
Number, street, and room or suite number, if a P.O. box, see instructions.	800 6TH STREET NORTH		
Enter the Return Code for the return that this application is for (file a separate application for each return)	01		

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of MICHELLE NELSON
- Telephone No. 701 671-2270
- If the organization does not have an office or place of business in the United States, check this box  Fax No.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box  and attach a list with the names and TINs of all members.
- If it is for part of the group, check this box . If this is for the whole group, check this box  and attach a list with the names and TINs of all members.

1 I request an automatic 6-month extension of time until 5/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 

- calendar year 20
- tax year beginning 7/01, 2020, and ending 6/30, 2021.

 2 If the tax year entered in line 1 is for less than 12 months, check reason:
 

- Initial return
- Final return
- Change in accounting period

3a	\$	0.
3b	\$	0.
3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**