Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

7/1/2013 6/30/2014 For the 2013 calendar year, or tax year beginning and ending Employer identification number NDSCS FOUNDATION C Name of organization Check if applicable: Doing Business As Address change Number and street (or P.O. box if mail is not delivered to street address) 45-0407617 Name change Telephone number 800 6TH STREET NORTH ZIP code Initial return City or town 701-6712218 58076 ND WAHPETON Terminated Foreign postal code Foreign province/state/county Foreign country name 12,212,673 G Gross receipts \$ Amended return H(a) Is this a group return for subordinates? Yes X No F Name and address of principal officer: Application pending KEITH JOHNSON 800 6TH STREET NORTH, WAHPETON, ND 58076 H(b) Are all subordinates included? Yes If "No," attach a list. (see instructions) 4947(a)(1) or X 501(c)(3)) < (insert no.) 501(c) (I Tax-exempt status: H(c) Group exemption number ▶ J Website: ► www.ndscs.edu/alumni M State of legal domicile: Corporation Trust Association X Other ► FOUNDATIO L Year of formation: 1988 ND K Form of organization: Part I Summary THE NORTH DAKOTA STATE COLLEGE OF Briefly describe the organization's mission or most significant activities: 1 SCIENCE FOUNDATION'S PRIMARY MISSION IS TO SUPPORT THE FINANCIAL NEEDS OF THE SCHOOL AND Activities & Governance ITS STUDENTS THROUGH PRUDENT INVESTING OF ITS RESOURCES AND TO INSURE THAT THE FOUNDATION Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 23 4 23 Number of independent voting members of the governing body (Part VI, line 1b) . . 5 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 34 . . . **Current Year** 1,674,600 989,632 Revenue 174,624 174,616 9 364,757 1,400,702 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 145,920 162,613 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 1,674,933 3,412,531 12 853,701 680,622 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 258,062 254,452 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 15 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) 332,991 364,067 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,299,141 1,444,754 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 18 230,179 2.113.390 Revenue less expenses. Subtract line 18 from line 12 19 Beginning of Current Year End of Year 14,928,424 12,887,554 20 Total assets (Part X, line 16) 1,948,784 1,916,170 21 Total liabilities (Part X, line 26) 13,012,254 10,938,770 Net assets or fund balances. Subtract line 21 from line 20 . 22 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here De Ann L Type or print name and title Date Print/Type preparer's name Preparer's signature Check X if Paid self-employed P00010672 10/31/2014 NADINE JULSON Preparer Firm's EIN > 45-0448187 Firm's name NADINE JULSON, LLC **Use Only** Firm's address ► 709 DAKOTA AVE, SUITE B, WAHPETON, ND 58075 701-642-8146 X Yes

Form 99	90 (2013)	NDSCS FOUNDATIO				45-040	7017	Page Z
Par	t III	Statement of Progra Check if Schedule O	m Service Accompontains a response	olishments or note to any lin	e in this Part III .			
1	THE (NI STUDE	escribe the organization's n DSCSF) PRIMARY MISSIO NTS.	N IS TO SUPPORT T					
2	the prior	organization undertake any Form 990 or 990-EZ? describe these new service		ervices during the year	ar which were not lis	sted on	Yes [X No
3	services	organization cease conducts?		nt changes in how it o	conducts, any progr	am [Yes [X No
4	Describe	e the organization's prograr es. Section 501(c)(3) and 50 l expenses, and revenue, if	n service accomplishn 01(c)(4) organizations	are required to repor	hree largest progra t the amount of gra	m services, as mea nts and allocations	sured by to others,	
4a	NORTH	DUNDATION MISSION IS T	SE OF SCIENCE.	SISTS THOSE ACTI	VITIES THAT DEVE	ELOPANDSTREN	GIHEN	
4b) (Expense						
4c	(Code:) (Expense	es \$	including grants of	\$) (Revenue \$)
4d		program services. (Describe		_	6.1/5	-		
4e		nses \$ rogram service expenses	0 including grants of	\$ 965,292	0)(Revenue \$	0	1	

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional , 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a X 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 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 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 17 If "Yes," complete Schedule, Parts I and II. 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III. 22 Did the organization answer "Yes 1 Part VII, Section A, line 3, 4, or 5 about compensation of the organization fromer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III. 23 Journal of 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 S. If "Wes," go to line 25e. 24b Did the organization mismal an escrow account other than a returning escrow at any time during the year to defease any tax-exempt bonds? Account other than a returning escrow at any time during the year? 24d Did the organization maintain an escrow account other than a returning escrow at any time during the year? 24d Did the organization and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning the year? 1" Yes," complete Schedule I, Part I. 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified persons of Yes, complete Schedule II. Part I. 25b Ib the organization review as an on behalf of "issue for bonds outstanding at any time during the year? 25c Ib Ib the organization review and the threat sastistance to an officer, director, trustee, key employees, or disqualified persons? If so, complete Schedule II. Part II. 27c Ib Id the organization review and the part II. 27d Ib Id the organization review and the part II. 27d Ib Id the organization aparty to	Part	Checklist of Required Schedules (continued)		Yes	No
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d b) Issuer, and that the transaction has not been reported on any of the organization sport on the sale and the year? 25d b) Issuer, and that the transaction has not been reported on any of the organization sport or forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II. 25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II. 27d Did the organization for one provide the year of the selection of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. 28d Did the organization receive orntribut		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	04-		V
b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "So, complete Schedule L, Part II. 27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II. 27c Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28d A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28d A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. 29 Did the organization exceive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization and 301.7701-37 If "Yes," complete Schedule R. Part I. 30 D		27b unough 27d and complete contents in the garage			_X_
to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a Is the organization averaged 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-E2? If "Yes," complete Schedule L, Part I. 25b Did the organization averaged 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-E2? If "Yes," complete Schedule L, Part I. 25c Did the organization provide a grant or or Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of ramily member of any of these persons? If "Yes," complete Schedule L, Part III. 27c Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28d A rentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28d A rentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28d A rentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-ash contributions? If "Yes," complete Schedule M. 29 Did the organization and \$25,000 in non-ash contributions? If "Yes," complete Schedule M. 29 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$30,17701-2 an	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	Z4D		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I. 25a 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 prore forms 990 or 990-E27 if "Yes," complete Schedule I., Part I. 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule I., Part II. 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part III. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV. 28 A chamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV. 28 A chamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV. 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I., Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III. 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulatio	C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 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 from the program of the pr					
with a disqualified person during the year? If "Yes," complete Schedule L, Part I. b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 8 A family member of a oursent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 A family member of a oursent or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule II. Part IV. 28 Did the organization receive orthicutions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II. 29 Di		Did the digalization act as an on bondinor locas, let bonds outstanding			
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prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I . 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . 28a A entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . 28b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I I. 31 Did the organization on teated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I I, III, or IV, and Part V, line 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes,"	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	77 27 27 27 27 27 27 27 27 27 27 27 27 2	1	
990-EZ? If "Yes," complete Schedule L, Part I. 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. 28 Was the organization of applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28 C An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 31 If "Yes," complete Schedule N, Part II. 32 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, III. 32 Did the		prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
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substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct owner? If "Yes," complete Schedule L, Part IV. 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 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 II. 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transacton with a controlled organization? If "Yes," complete Schedule R, Part V, Iine 2		disqualified persons? If so, complete Schedule L, Part II	26		X
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b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct owner? If "Yes," complete Schedule L, Part IV. 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, II, or IV, and Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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, Iine 2 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, Iine 2 36 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 V, Iine 2 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Ilnes 11b and		A current or former officer director trustee or key employee? If "Yes." complete Schedule L. Part IV	28a		X
Schedule L, Part IV. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Bif "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 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 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 V, line 1 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			V
Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 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. 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. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 V, lines 11b and		conservation contributions? If "Yes," complete Schedule M	30		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		X
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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	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its flet assets:	32		X
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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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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.	33	sections 301 7701-2 and 301 7701-3? If "Yes." complete Schedule R. Part I	33		X
 III, or IV, and Part V, line 1	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	10000		
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		III. or IV. and Part V, line 1	34		X
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	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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		If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	- Constant		
organization? If "Yes," complete Schedule R, Part V, Ilne 2		entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	-
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	00		\ v
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
V/	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		and that is treated as a partnership for federal income tax purposes? If "res," complete Schedule R, Part	37		X
19? Note. All Form 990 filers are required to complete Schedule O		VI			
Tay Note. All command their sie required to complete coneddie C	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 110 and	38	X	
Form 990	-	19 : Note. All Form 990 lifers are required to complete confedure C			_

Page 5 45-0407617 NDSCS FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2013) Part V

	Check if Schedule O contains a response or note to any line in this Part V	• •		
885		202000	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2500	1000	No.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	3003		2000
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	X	- APPENDING
_	gaming (gambling) winnings to prize winners?	200200	riles.	2535539
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	100000		
100	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	openican.	THE STREET, ST
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	100	SOUT	CALCON .
0-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	- Enough	X
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		X
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:	Maria	DEED	100 B)
D	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	STATE	NEG.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
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		X
b	If "Yes." did the organization include with every solicitation an express statement that such contributions or	Total Park		20
	gifts were not tax deductible?	6b	-	X
7	Organizations that may receive deductible contributions under section 170(c).	100000		1000
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	Halis	250	HOLES OF
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_ X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		V
	required to file Form 8282?	7c	ACCUSATE OF	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	1000	X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		X
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	10000	Will to	200
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1000	500	
	organizations, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	25/10	100	THE STATE OF
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	19/0	1	1 7070
a	Initiation fees and capital contributions included on Part VIII, line 12	100	N SHEET	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1939	925	
11	Section 501(c)(12) organizations. Enter:	1350		1 2000
а	Gross income from members or shareholders	1000	Hill	
b	Gross income from other sources (Do not net amounts due or paid to other sources	2630		
	against amounts due or received from them.)	100	D MIN	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	0.9900	X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- 133		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	424	O SON	- V
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	and the same	X
900	Note. See the instructions for additional information the organization must report on Schedule O.	13010	OF SERVICE	H West
b	Enter the amount of reserves the organization is required to maintain by the states in which	3,450	3/19	THE PERSON
	the organization is nochood to local quantity	100	V VE	O THE
C	Enter the amount of reserves on hand	148	1	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	141		X
b	If yes, has it filed a form 720 to report these payments: If No, provide an explanation in consider 0		and the same of th	

Part VI

Secti	on A. Governing Body and Management			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	1a 23	15500	100	MSS.
та	If there are material differences in voting rights among members of the governing body, or		5000		
	if the governing body delegated broad authority to an executive committee or similar		1000	人生	
	committee, explain in Schedule O.		1000	3500	
b		1b 23	1953/6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship.	ship with	2000		
-	any other officer, director, trustee, or key employee?		2		X
2	Did the organization delegate control over management duties customarily performed by or under	the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization.		6	Х	
6	Did the organization have members of stockholders, or other persons who had the power to elect of	annoint			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	арропп	7a	X	
	one or more members of the governing body?		70	^	
b	Are any governance decisions of the organization reserved to (or subject to approval by) member		7b	X	
	stockholders, or persons other than the governing body?		710	^	Chick
8	Did the organization contemporaneously document the meetings held or written actions undertake	en during			100
	the year by the following:		8a	X	STATES
a	The governing body?		8b	X	-
b	Each committee with authority to act on behalf of the governing body?		ao		_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reacned	0		X
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Coae.) Van	No
			40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters,	4.01	.,	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	fore filing the form?.	11a	X	7000
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		THE ST	LINE	1201
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? I	f "Yes,"		100	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and appropriate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the following persons include a review and approximate the process for determining compensation of the following persons include a review and approximate the process for determining the process for the proce	oval by	500%	News Control	NEW S
	independent persons, comparability data, and contemporaneous substantiation of the deliberatio	n and decision?	BASSES.	1000	100
a	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1200		800
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ngement	73 239	MEN	133
107054	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva	luate its	1130	Mil	250
270	participation in joint venture arrangements under applicable federal tax law, and take steps to sat	ieguard	STORY	1990	
	the organization's exempt status with respect to such arrangements?		16b		X
Sec	tion C. Disclosure		=1012===0	9 -	
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	990-T (Section 501(c)(3)s onl	y)	
	available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Schedule C)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents			nd	
13	financial statements available to the public during the tax year.		5500		
20	State the name, physical address, and telephone number of the person who possesses the bool	s and records of the			
2.0	organization: NDSCS BUSINESS OFFICE		2216		
	800 6TH STREET NORTH, WAHPETON, ND 58076			37737	

NDSCS FOUNDATION									THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	7 Page
Employees, and Independent C	ontractors									🗆
		-	inenie proprieta				_	WANTED THE PARTY OF THE PARTY O		
s tax year. of the organization's current officers, di tion. Enter -0- in columns (D), (E), and (I of the organization's current key emplo e organization's five current highest con reportable compensation (Box 5 of Forland any related organizations. of the organization's former officers, ke	rectors, trustees F) if no compens yees, if any. See npensated emplo m W-2 and/or Bo y employees, an	(whe ation instra yees x 7 o	ther was uction (oth f Fo	ind s pa ons ner t rm	ivid id. for than 109	uals defini an o 9-MIS	or or tion office SC)	rganizations), reg of "key employe er, director, truste of more than \$10	gardless of amou ee." ee, or key employ 00,000 from the	ee)
riganization, more than \$10,000 of reportable compensation from the organization and any related organizations. ist persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highes compensated employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or (c) Position (A) (B) (do not check more than one (D) (D)									ector, or trustee. (E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	a Officer	Key employee	Assessment of the last	1	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organization
DIMMER	1.00									
DIMMER IN PRESIDENT	0.00									
	0.00 1.00									
N PRESIDENT TTE LOKEN N VP	0.00 1.00 0.00	x								
N PRESIDENT TTE LOKEN N VP BARTH	0.00 1.00 0.00 40.00	х								
N PRESIDENT TTE LOKEN IN VP BARTH IN DIRECTOR	0.00 1.00 0.00 40.00 1.00	X			×			60,545	37,258	
N PRESIDENT TTE LOKEN N VP BARTH	0.00 1.00 0.00 40.00	x			×			60,545	37,258 51,641	
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	Compensation of Officers, Dire Employees, and Independent C Check if Schedule O contains a re Officers, Directors, Trustees, Key Enthis table for all persons required to be I stax year. of the organization's current officers, dition. Enter -0- in columns (D), (E), and (I of the organization's current key emplose organization's five current highest contract and any related organizations. of the organization's former officers, key exportable compensation from the organization's former directors of the organization's former directors of the organization's former directors of more than \$10,000 of reportable compensation than \$10,000 of repo	Compensation of Officers, Directors, Trustee Employees, and Independent Contractors Check if Schedule O contains a response or not Officers, Directors, Trustees, Key Employees, and It this table for all persons required to be listed. Report cores tax year. of the organization's current officers, directors, trustees tion. Enter -0- in columns (D), (E), and (F) if no compens of the organization's current key employees, if any. See organization's five current highest compensated employeer reportable compensation (Box 5 of Form W-2 and/or Board any related organizations. of the organization's former officers, key employees, an eportable compensation from the organization and any rof the organization's former directors or trustees that a more than \$10,000 of reportable compensation from the in the following order: individual trustees or directors; inside employees; and former such persons. is box if neither the organization nor any related organization below dotted organizations below dotted	Compensation of Officers, Directors, Trustees, Keen Employees, and Independent Contractors Check if Schedule O contains a response or note to a Officers, Directors, Trustees, Key Employees, and Higher this table for all persons required to be listed. Report compensation of the organization's current officers, directors, trustees (when the organization's current key employees, if any. See instruction. Enter -0- in columns (D), (E), and (F) if no compensation of the organization's current key employees, if any. See instruction of the organization's five current highest compensated employees reportable compensation (Box 5 of Form W-2 and/or Box 7 or and any related organizations. Of the organization's former officers, key employees, and higher of the organization's former directors or trustees that receive more than \$10,000 of reportable compensation from the organization from the organizati	Compensation of Officers, Directors, Trustees, Key Employees, and Independent Contractors Check if Schedule O contains a response or note to any Officers, Directors, Trustees, Key Employees, and Highest Of this table for all persons required to be listed. Report compensations tax year. of the organization's current officers, directors, trustees (whether tion. Enter -0- in columns (D), (E), and (F) if no compensation was of the organization's current key employees, if any. See instructions organization's five current highest compensated employees (other reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form and any related organizations. of the organization's former officers, key employees, and highest reportable compensation from the organization and any related or of the organization's former directors or trustees that received, more than \$10,000 of reportable compensation from the organization in the following order: individual trustees or directors; institutional demployees; and former such persons. (A) (B) Average hours per officer and the compensation contributed in the fill of the organization contributed in the fill of the organization contributed in the following order: individual trustees or directors; institutional demployees; and former such persons. (B) (A) (A) (B) Average hours per officer and the fill of the organization contributed in the organizatio	Compensation of Officers, Directors, Trustees, Key Em Employees, and Independent Contractors Check if Schedule O contains a response or note to any lin Officers, Directors, Trustees, Key Employees, and Highest Com this table for all persons required to be listed. Report compensation for a tax year. of the organization's current officers, directors, trustees (whether indition. Enter -0- in columns (D), (E), and (F) if no compensation was pa of the organization's current key employees, if any. See instructions organization's five current highest compensated employees (other organization's five current highest compensated employees (other organization's former officers, key employees, and highest compensation compensation from the organization and any related organ of the organization's former directors or trustees that received, in the more than \$10,000 of reportable compensation from the organization of the following order: individual trustees or directors; institutional trust of employees; and former such persons. is box if neither the organization nor any related organization compensation for the organization compensation former such persons. (A) (B) Average hours per officer and a deficiency of the organization compensation for the organization compensation for the organization compensation for the organization of the	Compensation of Officers, Directors, Trustees, Key Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in Officers, Directors, Trustees, Key Employees, and Highest Competition this table for all persons required to be listed. Report compensation for the tax year. of the organization's current officers, directors, trustees (whether individuation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. of the organization's current key employees, if any. See instructions for organization's five current highest compensated employees (other than reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 109 and any related organizations. of the organization's former officers, key employees, and highest compensation the organization's former directors or trustees that received, in the organization's former directors or trustees that received, in the organization order: individual trustees or directors; institutional trustees are employees; and former such persons. its box if neither the organization nor any related organization compensation box, unless person officer and a director of officer and a director of officer and a director of officer and a director officer and a director of officer and a director officer and a director of off	Compensation of Officers, Directors, Trustees, Key Employees Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Officers, Directors, Trustees, Key Employees, and Highest Compensate this table for all persons required to be listed. Report compensation for the calc stax year. of the organization's current officers, directors, trustees (whether individuals of the organization's current key employees, if any. See instructions for definite to organization's five current highest compensated employees (other than an or reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MIS and any related organizations. of the organization's former officers, key employees, and highest compensate reportable compensation from the organization and any related organizations. of the organization's former directors or trustees that received, in the capaci more than \$10,000 of reportable compensation from the organization and any in the following order: individual trustees or directors; institutional trustees; office demployees; and former such persons. its box if neither the organization nor any related organization compensated and box, unless person is both officer and a director/trust officer and a director/trust	Compensation of Officers, Directors, Trustees, Key Employees, Hemployees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Pate Officers, Directors, Trustees, Key Employees, and Highest Compensated Ethis table for all persons required to be listed. Report compensation for the calend at tax year. of the organization's current officers, directors, trustees (whether individuals or organization's current key employees, if any. See instructions for definition organization's five current highest compensated employees (other than an officer reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) and any related organizations. of the organization's former officers, key employees, and highest compensated exportable compensation from the organization and any related organizations. of the organization's former directors or trustees that received, in the capacity at more than \$10,000 of reportable compensation from the organization and any related organization and any related organization and any related in the following order: individual trustees or directors; institutional trustees; officers in the following order: individual trustees or directors; institutional trustees; officers in the following order: individual trustees or directors; institutional trustees; officers in the following order: individual trustees or directors; institutional trustees; officers in the following order: individual trustees or directors; institutional trustees; officers in the following order: individual trustees or directors; institutional trustees; officers in the following order: individual trustees or directors; institutional trustees; officers in the following order: individual trustees or directors; institutional trustees; officers in the following order: individual trustees or directors; institutional trustees; officers in the following order: individual trustees or directors; institutional trustees; officers in the following order: individual trustees or directors; i	Compensation of Officers, Directors, Trustees, Key Employees, Highest Competer Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees this table for all persons required to be listed. Report compensation for the calendar year ending we at ax year. of the organization's current officers, directors, trustees (whether individuals or organizations), requision. Enter -0- in columns (D), (E), and (F) if no compensation was paid. of the organization's current key employees, if any. See instructions for definition of "key employees organization's five current highest compensated employees (other than an officer, director, truster reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$10 and any related organizations. of the organization's former officers, key employees, and highest compensated employees who reportable compensation from the organization and any related organizations. of the organization's former directors or trustees that received, in the capacity as a former director more than \$10,000 of reportable compensation from the organization and any related organization in the following order: individual trustees or directors; institutional trustees; officers; key employees are employees; and former such persons. its box if neither the organization nor any related organization compensated any current officer, directors than an officer and a director/trustee). (C) Position (do not check more than one box, unless person is both an officer and a director/trustee). Officer and a director/trustee).	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees this table for all persons required to be listed. Report compensation for the calendar year ending with or within the stax year. of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amountion. Enter -0- in columns (D), (E), and (F) if no compensation was paid. of the organization's current key employees, if any. See instructions for definition of "key employee." organization's five current highest compensated employees (other than an officer, director, trustee, or key employeer reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the and any related organizations. of the organization's former officers, key employees, and highest compensated employees who received more than eportable compensation from the organization and any related organizations. of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the more than \$10,000 of reportable compensation from the organization and any related organizations. In the following order: individual trustees or directors; institutional trustees; officers; key employees; highest employees; and former such persons. It is box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a director/fustee) ecompensation officer and a director/fustee)

	related organizations below dotted line)	dual trustee rector	utional trustee	er	amployee	st compensated oyse	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) PAUL DIMMER	1.00		Г							
FOUNDATION PRESIDENT	0.00	X								
(2) ANNETTE LOKEN	1.00				H					
FOUNDATION VP	0.00	-								
(3) BRAD BARTH	40.00	5,000,000								
FOUNDATION DIRECTOR	1.00	X			X			60,545	37,258	
(4) DEANN LOLL	6.00	2000			117/90				10000 20002000	
FOUNDATION TREASURER/SECRETARY	40.00		L		X		_		51,641	
(5) TIM NEUMANN FOUNDATION RECORDER	40.00 1.00	4 4 4 4			x			43,377	25,480	
(6)										
(8)			T							
<u>(9)</u>										
(10)										
(11)				Ī						
(12)		-	T							
(13)		-					T			
(14)		-	Ť							

	(A) Name and title	(B) Average hours per	box,	unles	s per	tion more rson	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	am	(F) timated	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other pensation the anization relate inization	on d
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)										1			
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	ection A		¥					103,922 0 103,922	0			0
2	Total number of individuals (including but not li reportable compensation from the organization	mited to those li	sted	abo	ve) v	who	rece	ive	d more than \$100				
3	Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Scheo	dule J for such ir	ndivia	lual	٠						3	Yes	No X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre <i>Individual</i>	ater than \$150,0	000?	If "Y	es,'	coi	mplei 	e S	chedule J for suc	oh 	4		X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y	crue compensati Yes," complete S	on fro	om a Iule	iny J fo	unre r su	elated och pe	d or	ganization or ind on	ividual 	5		X
Sec	tion B. Independent Contractors									#400,000 -4			
1	Complete this table for your five highest comp compensation from the organization. Report c year.	ensated indeper ompensation for	the o	cor	nda	r ye	s that ar er	rec	g with or within the	ne organization's			
<u> </u>	(A) Name and business ad	dress							(B) Description of se	ervices	Compe	c) nsation	-
								-					(
								F					(
						_		+					(
2	Total number of independent contractors (incl more than \$100,000 of compensation from the	uding but not lim	ited 1	o th	ose	list	ed at	OOVE	e) who received				

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
9 9	1a	Federated campaigns	1a 0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b 44,300				
S, G	C	Fundraising events	1c 32,108				
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organizations	1d 0				
ms,	е	Government grants (contributions)	1e 336,356				· 一种 · · · · · · · · · · · · · · · · · ·
utio	f	All other contributions, gifts, grants, and					
충		similar amounts not included above	1f 1,261,836				
Son	g	Noncash contributions included in lines 1a-1f:	\$0	4.074.000			
	h	Total. Add lines 1a-1f	Business Code	1,674,600	MAN TO SAME THE REST.	ESTABLISHED AND AND AND AND AND AND AND AND AND AN	THE STREET OF STREET OF STREET
anu				646	ACCESS OF THE PARTY OF THE PART		Separation of the second
eve		FEES		616 174,000	King-i		
ice Re	b	STTC RENTAL	531120	174,000			
<u>c</u> .	C			0			
Program Service Revenue	d			0			
	e	All other program service revenue	*	0			
	-	Total. Add lines 2a–2f	•	174,616			East State of the
na.	3	Investment income (including dividends, inte	erest and	17 1,0 10			
	J	other similar amounts)		318,662			
	4	Income from investment of tax-exempt bond		0			
	5		보니라 하면 가장하다 하나 아이들이 살아 보는 것이 없었다. 이 없는 것이 없는 것이 없다면	0			
		Royalties	l (ii) Personal			の問題を問める	STATE OF THE PARTY
	6a	Gross rents	5,263				
	b	Less: rental expenses					
	С	Rental income or (loss) 55	5,263 0			THE RESIDENCE OF	ALL PROPERTY OF A
	d	Net rental income or (loss)		55,263			
	7a	Gross amount from sales of (i) Securit	ties (ii) Other				
		assets other than inventory 9,774	4,339 0				
	b	Less: cost or other basis	W 2000				
		7.5 7.5	2,299 0	POSTER			
	С		2,040 0	STATE STATE	THE REAL PROPERTY.		S CONTRACTOR DE
	d	Net gain or (loss)	<u> ▶</u>	1,082,040		ELIMINOS CUI SUS	E STREET, SECOND
0	8a	Gross income from fundraising				AND DESCRIPTION OF THE PERSON	
ne.	Ju	events (not including \$ 0		E DE LA PROPERTY			A Philippings
Š		of contributions reported on line 1c).		BEEN STREET			
œ		See Part IV, line 18	a 213,713				
Other Revenue	b			CONTROL OF THE PROPERTY OF THE		THE SHARE	
0	С	Net income or (loss) from fundraising event	s	105,870	NAMES STATE		
	9a	Gross income from gaming activities.					
		See Part IV, line 19				Mark Shirt	
	b	Less: direct expenses		DAYS A MARKAGA		THE COST LAND	STORESPONDED
	С	Net income or (loss) from gaming activities	<u> </u>	0		NAME OF TAXABLE PARTY.	AND DESCRIPTION OF THE PARTY OF
	10a	2007 100 T 1	565.5				
	0 Bac	returns and allowances		A STATE OF THE PERSON OF THE P			
	b	Less: cost of goods sold		1920/000 In Indian Strain (STREET	BEAUTY OF STREET		D STATISTICS AND COLOR
	С			0	STATE AND ADDRESS OF THE PARTY.	Harry Street Street Street	CT DESCRIPTION OF THE
	-	Miscellaneous Revenue	Business Code	4.400			M STEVENSON
	11a			1,480			
	b		***	0			
	C	All other revenue	şd <u> </u>	0			
	d	Total. Add lines 11a–11d	· -	1,480	Maria de la companya del companya de la companya del companya de la companya de l	表现在2000年	
	12	Total revenue. See instructions		3,412,531	0		0

NDSCS FOUNDATION Statement of Functional Expenses

	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Section 501(c)(3) and 501(c)(4) organizations must complete all column	~ All other ergenizations must complete collima (A)
6 - U - FOM (-1/2) and EOM (6)/A) organizations must complete all colliffic	S All Differ Ordanizations must complete column (77).
Section 5011(Cit.3) And 5011(Cit.4) orderitzations must complete all column	or a month or germent
Cection of the control of the contro	

Do n 7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	218,187	218,187		
_ /	organizations in the United States. See Part IV, line 21	210,107	210,107	THE RESIDENCE OF	SECTION ASSESSMENT BY THE
2	Grants and other assistance to individuals in the	462,435	462,435		
	United States. See Part IV, line 22	402,435	402,400		
	Grants and other assistance to governments,				
	organizations, and individuals outside the	0			
	United States. See Part IV, lines 15 and 16	0			808720000000
	Benefits paid to or for members	0		CONTRACTOR SERVICES	NEWSCHOOL STREET
	Compensation of current officers, directors,	100 000		103,922	
	trustees, and key employees	103,922		103,822	
3	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0		00.574	
7	Other salaries and wages	83,574		83,574	
8	Pension plan accruals and contributions (include	10 Sept (4 (0)500e)		40.000	
	section 401(k) and 403(b) employer contributions)	18,350		18,350	
9	Other employee benefits	34,805		34,805	
0	Payroll taxes	13,801		13,801	
1	Fees for services (non-employees):				
a	Management	2,134	2,134		
b	Legal	4,227	1,481	2,746	
C	Accounting	4,150		4,150	
	Lobbying	0			
d	Professional fundraising services. See Part IV, line 17.	0	DEPENDENT VALUE OF	THE COMPANY OF THE PARTY OF THE	
9	Investment management fees	43,725	43,450	275	
f	Other. (If line 11g amount exceeds 10% of line 25, column				
g	Other. (If line 11g amount exceeds 10% of line 25, column	0			
_	(A) amount, list line 11g expenses on Schedule O.)	6,253	4,181	2,072	
2	Advertising and promotion	13,006	7,574	5,432	
3	Office expenses	13,754	13,754		
4	Information technology	0	10,704		
5	Royalties	0			
6	Occupancy	13,489		13,489	
7	Travel	13,409		10,100	
8	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials		38,790		
9	Conferences, conventions, and meetings	38,790			
20	Interest	74,370		40	
21	Payments to affiliates	0		0	
22	Depreciation, depletion, and amortization	56,108			
3	Insurance	20,913	12,078	0,033	1013 1/2 (Cont.) 10 (Cont.)
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	MADELLA RESELLA	HISTORY OF THE STATE OF	Terror Management (Control of the Control of the Co	A STATE OF THE PARTY OF THE PAR
a	POSTAGE & PRINTING	41,319	The state of the s	17	
b	SUPPLIES/	4,841			
c	DUES/MEMBERSHIPS/SUBSCRIPTIONS	1,519		700000000000000000000000000000000000000	
d	TAXES/LICENSES/FEES	22,877			
e	All other expenses MISC	2,592			
25	Total functional expenses. Add lines 1 through 24e	1,299,141	965,292	333,849	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and		1		
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2013) NDSCS FOUNDATION
Part X Balance Sheet

and the same	11.7	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	2,751,603	1	1,191,907
	2	Savings and temporary cash investments		2	1,281,980
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	50,000	4	476,103
	5	Loans and other receivables from current and former officers, directors,	A STATE OF THE STA	ASSESSED TO	
	-	trustees, key employees, and highest compensated employees.		Marie 1	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		2000 F	
	503	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		WORKS 2	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		ACCOUNT D	
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		180000	
		other basis. Complete Part VI of Schedule D 10a 2,031,886		ENERGY S	CHARLESTON BENEFIT OF THE
	b	Less: accumulated depreciation 10b 182,823		10c	1,849,063
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	8,180,780		10,129,371
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,887,554		14,928,424
	17	Accounts payable and accrued expenses	14,050		37,408
	18	Grants payable		18	
	19	Deferred revenue	47,500		45,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
8	22	Loans and other payables to current and former officers, directors,		The state of	
豊		trustees, key employees, highest compensated employees, and	Control of the Contro	新版像	
Liabilities		disqualified persons. Complete Part II of Schedule L	70 494 494	22	1 000 000
I	23	Secured mortgages and notes payable to unrelated third parties	1,887,234		1,833,762
	24	Unsecured notes and loans payable to unrelated third parties	C	24	0
	25	Other liabilities (including federal income tax, payables to related third			
	1000000	parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D			0 1,916,170
_	26	Total liabilities. Add lines 17 through 25	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	26	1,910,170
Ses		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	142,769	27	129,697
Sai	28	Temporarily restricted net assets	987,975	28	2,586,295
B	29	Permanently restricted net assets	9,808,026	3 29	10,296,262
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.	THE REPORT OF THE PARTY OF THE		
S	20	Capital stock or trust principal, or current funds	ACCURATION STREET, STR	30	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	31	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or	32	Total net assets or fund balances			13,012,254
	33	Total liabilities and net assets/fund balances	12,887,55		14,928,424
_	34	Total liabilities allu liet assetsitulio balarioes	A A A A A A A A A A A A A A A A A A A		Form 990 (2013)

orm 9	90 (2013)	NDSCS FOUNDATION	45	-040761	7 Pag	ge 12
art	XI I	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI				X
1		evenue (must equal Part VIII, column (A), line 12)	1		3,412	2,531
2	Total e	xpenses (must equal Part IX, column (A), line 25)	2		1,299	9,141
3	Reveni	ue less expenses. Subtract line 2 from line 1	3		2,11	3,390
4	Net ass	sets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,93	-
5	Net un	realized gains (losses) on investments	5		-39	9,906
6		ed services and use of facilities	6			
7		ment expenses	7			
8	Prior p	eriod adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			
0	Net as:	sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
\$0.		n (B))	10		13,01	2,254
art	XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII	, ,			
					Yes	No
1	Accou	nting method used to prepare the Form 990: Cash X Accrual Other	-	100		
	If the o	organization changed its method of accounting from a prior year or checked "Other," explain in				
	Sched			310		
2a	Were t	the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a	X
	If "Yes	," check a box below to indicate whether the financial statements for the year were compiled or		335		
	review	red on a separate basis, consolidated basis, or both:		100		N. C.
		parate basis Consolidated basis X Both consolidated and separate basis		122		
100		the organization's financial statements audited by an independent accountant?		. 2	b X	-
b	vvere	ne organization's financial statements addited by an independent accountance.	5 (0) (0)	108	12 500	N METERS
		ate basis, consolidated basis, or both:		192		
	_			99		
				- 18	(I M)	
C	If "Yes	" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		100	c X	
	the au	dit, review, or compilation of its financial statements and selection of an independent accountant?		. 2	c X	N WEST
		organization changed either its oversight process or selection process during the tax year, explain in		123		
	Sched			30	000 1200	H RENDO
3a	As a re	esult of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Si	ngle Audit Act and OMB Circular A-133?		. 3	а	X
b	If "Yes	s," did the organization undergo the required audit or audits? If the organization did not undergo the			1-	
	require	ed audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3	b 990	2

Form 4797

Department of the Treasury

Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

OMB No. 1545-0184

2013

Sequence No. 27

Identifying number

Name(s) shown on return 45-0407617 NDSCS FOUNDATION Enter the gross proceeds from sales or exchanges reported to you for 2013 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (d) Gross allowed or basis, plus (b) Date acquired (c) Date sold 2 (a) Description Subtract (f) from the allowable since improvements and sales price (mo., day, yr.) (mo., day, yr.) of property sum of (d) and (e) acquisition expense of sale 0 0 0 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 4 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: . . 7 0 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065. Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) 8 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a 0 9 Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 0 0 0 11 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 13 13 14 Net gain or (loss) from Form 4684, lines 31 and 38a 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 17 0 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip 18 lines a and b below. For individual returns, complete lines a and b below: If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions . . . 18a

Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14.

0

18b

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Identifying number

Business or activity to which this form relates Name(s) shown on return 45-0407617 990 NDSCS FOUNDATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 2 3 4 0 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 0 separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 8 0 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 0 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 0 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 56,108 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service during the tax year into one or more Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) in service 3-year property 19 a 5-year property b 7-year property C d 10-year property e 15-year property f 20-year property S/L 25 yrs. g 25-year property S/L 27.5 yrs. MM h Residential rental S/L 27.5 yrs. MM property MM S/L 39 yrs. i Nonresidential real MM S/L property Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs. b 12-year S/L MM 40 vrs. c 40-year Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . 56,108 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . .

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public form990. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

OMB No. 1545-0047

45-0407617 NDSCS FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Non-functionally integrated b Type II a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of monetary (i) Name of supported (ii) EIN the organization in organization in col. (described on lines 1-9 in col. (i) listed in your organization (i) organized in the col. (i) of your above or IRC section governing document? support? U.S.? (see instructions)) Yes Yes Yes No (A) (B) (C) (D) (E)

Total

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

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

	ion A. Public Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
		(a) 2003	(6) 2010	(0) 2011	(4) 2512	(0)20.0	(1)
1	Gifts, grants, contributions, and membership fees received. (Do not			1			
	include any "unusual grants.")	524,572	670,024	907,056	989,632	1,674,600	4,765,884
2	Tax revenues levied for the organization's	02 1,012	0.0,02.				
-	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						*
100	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	524,572	670,024	907,056	989,632	1,674,600	4,765,884
5	The portion of total contributions by each		STATE OF THE PARTY				
	person (other than a governmental unit	建加速速					
	or publicly supported organization)	THE REPORT OF					
	included on line 1 that exceeds 2%		STATE OF THE PARTY.			ENERGY PROPERTY	
	of the amount shown on line 11,						
	column (f)	ATTOMES AND ADDRESS AS	SHAYZAAVEELA	AND ALASE AND SOUR	SSERVENTERSON.	SANCE BUSE DE LA COMPANIO	
6	Public support. Subtract line 5 from line 4.				LEAVE WELFIRM	ROMANDANANANANANANANANANANANANANANANANANAN	4,765,884
	ion B. Total Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	524,572	670,024	907,056	989,632	1,674,600	4,765,884
8	Gross income from interest, dividends,	024,012	070,024	007,000	000,002	Hot Hose	
0	payments received on securities loans,						
	rents, royalties and income from similar					100	
	sources	480,685	479,685	671,128	685,301	1,737,931	4,054,730
9	Net income from unrelated business						anastratora (danamania
•	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10		A CONTRACTOR OF THE PARTY OF TH			J. S. 2011970	8,820,614
12	Gross receipts from related activities, etc. (se	e instructions) .				12	
13	First five years. If the Form 990 is for the org						
	organization, check this box and stop here .		* * * * *				▶∟
_	tion C. Computation of Public Support	Percentage					54.000/
14	Public support percentage for 2013 (line 6, co	olumn (f) divide	d by line 11, col	lumn (f))	3	14	54.03% 66.81%
15	Public support percentage from 2012 Schedu	ile A, Part II, lin	e 14		44 - 22 4/20/	15	
16a	33 1/3% support test—2013. If the organization	tion did not che	ck the box on II	ne 13, and line	14 18 33 1/3% (or more, check	> X
100	and stop here. The organization qualifies as 33 1/3% support test—2012. If the organiza	a publicly supp	orted organizat	100	1 lino 15 ic 22 1	/3% or more of	
b	box and stop here . The organization qualifie	con dia not che	ck a box on line	nization	1 III 10 10 10 00 1	175 76 OF ITTOTE, OF	lock triis
17a	10%-facts-and-circumstances test—2013.	If the organizati	on did not ched	ck a box on line	13, 16a, or 16	o, and line 14	_
	is 10% or more, and if the organization meets	s the Tacts-and	-circumstances	test, check thi	is box and stop	hliely supported	П
	Part IV how the organization meets the "facts						
400	organization	15.45			12 16a 16b	or 170, and line	
b	10%-facts-and-circumstances test—2012.	if the organizat	ion ala not che	oce" toot, check	this box and a	or tra, and line	ain in
	15 is 10% or more, and if the organization m	eets the "tacts-a	and-circumstan	ces test, check	cuils box and s	blick	alli III
	Part IV how the organization meets the "facts						
	supported organization						
18	Private foundation. If the organization did n instructions						
	mstructions						

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

oubbo.		
(Comple	te only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part I	١.
	anization fails to qualify under the tests listed below, please complete Part II.)	

	ion A. Public Support					4.3.0040	(F) T-1-1
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished						
	in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						0
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6 ,	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					4	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets						
13	(Explain in Part IV.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, seco	ond, third, fourth,				▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2013 (line 8, column	(f) divided by lin	ne 13, column (f))		15	0.00%
16	Public support percentage from 2012 Schedule A,	Part III, line 15.				16	0.00%
	tion D. Computation of Investment Inco	ome Percent	age	763		47	0.00%
17	Investment income percentage for 2013 (line 10c,	column (f) divide	ed by line 13, col	umn (f))	* * * * * * * * *	17	0.00%
18 19a	Investment income percentage from 2012 Schedu 33 1/3% support tests—2013. If the organization not more than 33 1/3%, check this box and stop h	did not check th	ne box on line 14	, and line 15 is m	ore than 33 1/3%	, and line 17 is	
b	33 1/3% support tests—2012. If the organization line 18 is not more than 33 1/3%, check this box and	did not check a	box on line 14 o	r line 19a, and lin	ne 16 is more tha	n 33 1/3%, and	
20	Private foundation. If the organization did not ch						4 - 4 - 1

Schedule A (Forn	1 990 or 990-EZ) 2013 NDSCS FOUN	DATION			45-0407617 P	age 4
Part IV	Supplemental Information. F	Provide the explana	ations required by	Part II, line 10; Par	rt II, line 17a or 17	b;
	and Part III, line 12. Also comp	olete this part for a	ny additional inion	nation. (See instru	ctions).	

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

2013

Employer identification number

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

45-0407617 NDSCS FOUNDATION Organization type (check one): Section: Filers of: 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 Form 990-PF 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and 11. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	ALEX STERN FAMILY FOUNDATION 4141 28TH AVE S, FARGO ND 58104 Foreign State or Province: Foreign Country:	\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	AT&T 1807 CAPITOL AVE SUITE 200B CHEYENNE WY 82001 Foreign State or Province: Foreign Country:	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	BRAD & CLAUDIA BALLWEBER 2800 WILDERNESS COVER RD BISMARCK ND 58503-9013 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	BELL STATE BANK & TRUST 717 2ND AVE N WAHPETON ND 58075 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	BUTLER MACHINERY 3401 33RD ST SW FARGO ND 58104 Foreign State or Province: Foreign Country:	\$ 50,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	C&S FARMS - CHRIS JOHNSON FOUNDATION 17450 CO RD 16 WAHPETON ND 58075 Foreign State or Province: Foreign Country:	\$ 10,000	Person X Payroll		

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CATERPILLAR FOUNDATION 100 NE ADAMS ST PEORIA IL 61629-1480 Foreign State or Province: Foreign Country:	\$25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DAVID GETTE 5 WELLINGTON LANE SOMMERS NY 10589 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	ROBERT GETTE 906 4TH ST N WAHPETON ND 58075 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	GLORIA HELMS 815 S 216TH ST #68 DES MOINES WA 98198-6332 Foreign State or Province: Foreign Country:	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	ROGER HENTGES 707 NORTHRIDGE WAY WEST FARGO ND 58078 Foreign State or Province; Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	HORTON HOLDINGS INC 2565 WALNUT ST ROSEVILLE MN 55113 Foreign State or Province: Foreign Country:	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GWEN HOWARD 937 VAN BUREN ST PORT TOWNSEND WA 98368 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	KEITH HUSCHKA 145 21ST WEST DICKINSON ND 58601 Foreign State or Province: Foreign Country:	\$ 40,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 15	INDUSTRIAL BUILDERS PO BOX 406 FARGO ND 58102 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	JOHN DEERE FOUNDATION PO BOX 8808 MOLINE IL 61266 Foreign State or Province: Foreign Country:	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	LORRAINE KAATZ Foreign State or Province: Foreign Country:	\$ 27,073	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	GRACE LINK 2500 VALLEYVIEW AVE APT #261 BISMARCK ND 58501-3014 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll

	Contributors (see instructions). Use duplicate copies		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	LUEKEN FAMILY FOUNDATION 1171 PAUL BUNYAN DRIVE NW BEMIDJI MN 56601 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	MILLER THOMAS 2015 S 15TH STREET MOORHEAD MN 56560 Foreign State or Province: Foreign Country:	\$25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	IONE MURAL 1462 15TH ST N WAHPETON ND 58075 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	ND CHALLENGE MATCH-BANK OF ND PO BOX 5509 BISMARCK ND 58506-5509 Foreign State or Province: Foreign Country:	\$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	NEBRASKA BOOK COMPANY PO BOX 80529 LINCOLN NE 68501-0529 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	RD OFFUTT COMPANY 700 7TH ST S FARGO ND 58103 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	RDO EQUIPMENT COMPANY PO BOX 7160 FARGO ND 58106-7160 Foreign State or Province: Foreign Country:	\$ 25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	MARICA RICHMAN/IVY SEDERSTROM 1421 17TH AVE N WAHPETON ND 58075 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	KELLY & MARIA NESHEIM 7024 MESA CT APTOS CA 95003-3347 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	JOEL & DEBORAH PETERSON 1825 16TH ST S FARGO ND 58103-4854 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	SERVICE OIL-DIRK LENTHE 1718 E MAIN AVE WEST FARGO ND 58078 Foreign State or Province: Foreign Country:	\$ 150,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	ST FRANCIS -CATHOLIC HEALTH INITIATIVE 2400 ST FRANCIS DR BRECKENRIDGE MN 56520 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll

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		
31	TRAVERS EDUCATIONAL MINERAL TRUST 116 W VILLARD DICKINSON ND 58601-5120 Foreign State or Province: Foreign Country:	\$86,082	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
32	FRAN WERRE 500 4TH AVE S #208 WAHPETON ND 58075 Foreign State or Province: Foreign Country:	\$ 10,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
33	WAYNE & KATHIE WORNER 910 MASON DRIVE BLACKSBURG VA 24060 Foreign State or Province; Foreign Country:	\$100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is no				
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		

ame of orga	anization UNDATION		Employer identification number 45-0407617		
Part III	Exclusively religious, charitable, etc., indivitotal more than \$1,000 for the year. Complet For organizations completing Part III, enter the contributions of \$1,000 or less for the year. (E Use duplicate copies of Part III if additional spanning to the second s	e columns (a) through (e) and the total of exclusively religious, cha nter this information once. See in	e following line entry. ritable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
4		(e) Transfer of gift			
	Transferee's name, address, and ZIP	nship of transferor to transferee			
	For. Prov. Country				
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and ZIP	(e) Transfer of gift + 4 Relatio	nship of transferor to transferee		
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				

(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
		(e) Transfer of gift			
	Transferee's name, address, and Zl	P + 4 Relati	onship of transferor to transferee		
	For. Prov. Country				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization NDSCS FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) . 2 Aggregate grants from (during year) . . . 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. a 2b b 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06, and not on a d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X . . .

Part	III Organizations Maintaining C	ollections of A	rt, Histori	cal Tre	easures, or C	Other	Similar Assets	(conti	nued)
3	Using the organization's acquisition, acce	ession, and other r	ecords, che	eck any	of the following	that a	re a significant			
	use of its collection items (check all that a	apply):		2017	on magnetic respective to the contract of the					
а	Public exhibition		d 📙	Loan o	r exchange pro	ograms				
b	Scholarly research		е	Other						
С	Preservation for future generations	1								
4	Provide a description of the organization's Part XIII.		explain how	they fur	rther the organ	ization'	s exempt purpose	in e		
5	During the year, did the organization solid assets to be sold to raise funds rather that	cit or receive dona an to be maintaine	tions of art, d as part of	historic the org	al treasures, o	r other lection	similar ?[Yes	s 🔲	No
Part										
	Complete if the organization a	nswered "Yes" to	o Form 99	0, Part	t IV, line 9, or	repor	ted an amount	on For	m	
	990, Part X, line 21.	103/205/201		A	N 8	- 0				
1a	Is the organization an agent, trustee, cus	todian or other into	ermediary f	or contri	ibutions or othe	er asse	ts not			
	included on Form 990, Part X?							Yes	5	No
b	If "Yes," explain the arrangement in Part	XIII and complete	the followin	ig table:			,			
							An	nount		
С	Beginning balance					1c				0
d	Additions during the year					1d				
0	Distributions during the year					1e				0
f	Ending balance							—	[V]	
2a	Did the organization include an amount of							- 0.00	s X	No
b	If "Yes," explain the arrangement in Part	XIII. Check here if	the explan	ation ha	as been provide	ed in Pa	art XIII			
Part	V Endowment Funds.									
	Complete if the organization a	nswered "Yes" t	to Form 99	0, Par						
		(a) Current year	(b) Prior y	/ear	(c) Two years ba		d) Three years back	(e) Fou	ır years	
1a	Beginning of year balance	10,855,434	9,9	46,438	9,322		8,632,469			0,909
b	Contributions	1,039,732	5	02,022	463	,168	475,640		17	2,634
C	Net investment earnings, gains,	9 38 2 6 4 6			0504	1220	000 000			
	and losses	1,331,392		80,272		,485	414,514			3,190
d	Grants or scholarships	304,992	1	64,035	250	,070	183,572		41	3,479
е	Other expenditures for facilities								4	0 705
	and programs	20,000		0.060	17	,273	16,923			0,785
f	Administrative expenses	39,009 12,882,557	10.0	9,263 55,434		-	9,322,128		8.63	32,469
g	End of year balance			NAME AND ADDRESS OF THE OWNER, WHEN THE OWNER,			9,522,120		0,00	2,400
2	Board designated or quasi-endowment	current year end i	% %	e ig, cc	nami (a)) neid	as.				
a b	Permanent endowment	82%	70							
C	Temporarily restricted endowment	18%								
C	The percentages in lines 2a, 2b, and 2c		%.							
3a	Are there endowment funds not in the po			that are	held and adm	inistere	ed for the			
	organization by:		~						Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of		's endowme	ent fund	s.					_
Par	VI Land, Buildings, and Equip	ment.	New York of the Control of the Contr	ana an	variation to the second second				4.0	
	Complete if the organization a	answered "Yes"	to Form 9	1.5(1.507.5001)	The second secon					
	Description of property	(a) Cost or ot			ost or other		Accumulated	(d) Bo	ook valu	e
		(investm		bas	is (other)	de	epreciation			00.040
1a	Land		166,310		4 700 420		420.050	===		66,310
b	Buildings		0		1,709,138	_	136,952		-	72,186
C	Leasehold improvements		0		143,695 12,743		33,128 12,743			10,567 0
d	Equipment	*	0		12,743		0			0
e Tota	Other	ust equal Form 00		olumn /		04 TS4 TS			1.8	49,063
lota	ii. Add lines Ta through Te. (Column (d) m	ust equal Form 99	o, ran A, C	olullii (DI, IIII TO(C).)				1,0	10,000

Complete it the organization and	wered "Yes" to Form gui	. Part IV. line 11b. See Form 990. Part X. line 12.
(a) Description of security or category	(b) Book value	, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value
(Including name of security)		Cost of end-oi-year market value
1) Financial derivatives	0	
2) Closely-held equity interests	0	
3) Other		
(A)		
(B)		
(C)		
(D)		
(E) (F)		
(G)		
(H)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	
Part VIII Investments—Program Relate	d.	
Complete if the organization ans	wered "Yes" to 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) STATE BANK & TRUST	10,082,443	F
(2) USB FINANCIAL	46,928	
(3)		
(4)		
(5)		
(6)		
(7)		
(7)		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	10,129,371	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans		0, Part IV, line 11d. See Form 990, Part X, line 15.
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a)	swered "Yes" to Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2)	swered "Yes" to Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3)	swered "Yes" to Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4)	swered "Yes" to Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5)	swered "Yes" to Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6)	swered "Yes" to Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7)	swered "Yes" to Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8)	swered "Yes" to Form 99	0, Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	swered "Yes" to Form 99 Description	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	Swered "Yes" to Form 99 Description C. (B) line 15.)	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Liabilities. Complete if the organization ans line 25.	Swered "Yes" to Form 99 Description C. (B) line 15.)	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Liabilities. Complete if the organization ans line 25. 1. (a) Description of liability	swered "Yes" to Form 99 Description (B) line 15.)	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (a) Part X Other Liabilities. Complete if the organization ans line 25. 1. (a) Description of liability (1) Federal income taxes	swered "Yes" to Form 99 Description (B) line 15.)	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization ans line 25. 1. (a) Description of liability (1) Federal income taxes (2)	swered "Yes" to Form 99 Description (B) line 15.)	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization ans line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3)	swered "Yes" to Form 99 Description (B) line 15.)	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization ans line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	swered "Yes" to Form 99 Description (B) line 15.)	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities. Complete if the organization ans line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	swered "Yes" to Form 99 Description (B) line 15.)	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization ans line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	swered "Yes" to Form 99 Description (B) line 15.)	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization ans line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	swered "Yes" to Form 99 Description (B) line 15.)	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization ans (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization ans line 25. 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	swered "Yes" to Form 99 Description (B) line 15.)	(b) Book value

Part		Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	4	3,480,468
1	Total revenue, gains, and other support per audited financial statements	9855055	3,460,466
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments		
a			
b	Donated services and use of facilities	MARK!	
d	Other (Describe in Part XIII.)	200	
e	Add lines 2a through 2d	2e	67,937
3	Subtract line 2e from line 1	3	3,412,531
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3,000	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1835	
b	Other (Describe in Part XIII.)	30000	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,412,531
Part		er Returi	n
M. AR	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,406,984
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	N. STORE	
а	Donated services and use of facilities	2000	
b	Prior year adjustments	1000	
С	Other losses		
d	Other (Describe in Part XIII.)	NAME OF	
е	Add lines 2a through 2d	2e	107,843
3	Subtract line 2e from line 1	3	1,299,141
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ESSES.	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	2000	
b	Other (Describe in Part XIII.)	100000	
C	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	1,299,141
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,299,141
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
Parí Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
Parí Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
Par Provi 2; Pa Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
Par Provi 2; Pa Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
Part Provi 2; Pa Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
Part Provi 2; Pa Part \	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
Part \\ OTHI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
Part \\ OTHI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
Part \\ OTHI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
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Part \\ OTHI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
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Part \\ OTHI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
Part \\ OTHI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141
Part \\ OTHI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	t V, line 4;	1,299,141

Schedule D (Form		45-0407617	Page 5
Part XIII	Supplemental Information (continued)		
	8		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

2013
Open to Rublic

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

s.gov/form990. Inspection
Employer identification number

NDSCS FOUNDATION					45-040	on district the same of the sa
Part I Fundraising Activities.				red "Yes" to Form	990, Part IV, line	e 17.
Form 990-EZ filers are no 1 Indicate whether the organization	of required to co	omplete th	is part.	a activities. Check a	Il that apply	
a Mail solicitations	raised furius tillo			f non-government gr		
b Internet and email solicitations	,			f government grants		
c Phone solicitations				alsing events		
d In-person solicitations						
2a Did the organization have a writte key employees listed in Form 990	, Part VII) or entit	y in connec	tion with pr	ofessional fundraisir	ng services?	Yes No
b If "Yes," list the ten highest paid in to be compensated at least \$5,000			ers) pursu	ant to agreements u	nder which the func	il disel is
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of utlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3	Y Y			0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total			•	0	0	0
List all states in which the organize registration or licensing.	ation is registere	d or license	d to solicit	contributions or has	been notified it is e	xempt from

45-0407617 Page 2 Schedule G (Form 990 or 990-EZ) 2013 NDSCS FOUNDATION Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II 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. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through **DREAMS AUCTION** ATBACKERS RAFFL NONE col. (c)) (total number) (event type) (event type) Revenue 119,570 0 213,713 94,143 Gross receipts 0 0 Less: Contributions . . . Gross income (line 1 0 213,713 94,143 119,570 minus line 2) 0 0 Cash prizes 0 0 Noncash prizes 5 Direct Expenses 0 Rent/facility costs 0 23,994 Food and beverages . . . 23,994 0 Entertainment 58,449 25,400 83,849 Other direct expenses . . 107,843) Direct expense summary, Add lines 4 through 9 in column (d) 105,870 Net income summary. Subtract line 10 from line 3, column (d) 11 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 0 Gross revenue Direct Expenses Cash prizes 0 Noncash prizes Rent/facility costs . . . Other direct expenses . . . Yes Yes Yes No Volunteer labor No No Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization operates gaming activities: ND If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . .

Sched	ule G (Form 990 or 990-EZ) 2013 NDSCS FOUNDATION	45-0407617 Page 5
11	Does the organization operate gaming activities with nonmembers?	Yes No
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
13	Indicate the percentage of gaming activity operated in:	425
a	The organization's facility	13a % 13b %
b 14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address >	
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 received by the organization amount of gaming revenue retained by the third party \$ 0 .	
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address ►	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation > \$0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to	
a	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to	ns (iii) and (v), and provide any
	additional information (see instructions).	
10.850		

SCHEDULE (Form 990)

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

OMB No. 1545-0047

(FORM 990)	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Public
Department of the Treasury	Light and the school of the second of the section o	Inspection
Internal Revenue Service		Employer identification number
Name of the organization		45-0407617
NDSCS FOUNDATION		
Part General Informs	Part General Information on Grants and Assistance	
1 Does the organization ma	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and
the selection criteria used	the selection criteria used to award the grants or assistance?	:
2 Describe in Part IV the or	Describe in Part IV the organization's procedures for monitoring the use of grant tunds in the United States.	OOU made of Hookill borons of the Common Colonia
Part II Grants and Oth	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered restriction and other Assistance to Governments and Organization answered restriction and Other Assistance to Governments and Organization and Other Assistance to Governments and Organization and Other Assistance are not of the Organization and Other Assistance and Other Assista	nization answered tes to roun ead,

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(h) Purpose of grant or assistance EDUCATIONAL non-cash assistance (g) Description of ٠ (f) Method of valuation (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (e) Amount of noncash assistance 50,000 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable 45-6002451 (p) EIN 800 6TH ST N WAHPETON, ND 5807 (1) NDSCS-DIESEL TECHNOLOGY 1 (a) Name and address of organization or government (12) (10) E 6 3 (2) 9 Ε (8) 8 3

Schedule I (Form 990) (2013)

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

NDSCS FOUNDATION Schedule I (Form 990) (2013)

Part III can be	Part III can be duplicated if additional space is	Part III can be duplicated if additional space is needed.				
(a) Type of grant or assistance	or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2						
3						
4						ž
2						
9						
7		V				
Part IV Supplementa	I Information. Pro	wide the information r	equired in Part I, lii	ne 2, Part III, columr	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	tional information.
Part I Line 1 THE FOUNDATION ANNUALLY PROVIDES SCHOLARSHIP AMOUNT AND DONOR SPECIFIC RESTRICTIONS TO THE NORTH DAKOTA STATE SC SCIENCE TO AWARD THE SCHOOL'S FINANCIAL AID AND SCHOLARSHIP OFFICE MAINTAINS RECORDS OF ELIGIBILITY, RECIPENTS INFORMATION AND	TON ANNUALLY PRC	WIDES SCHOLARSHIP AL AID AND SCHOLARS	AMOUNT AND DON	OR SPECIFIC RESTRAINS RECORDS OF E	ICTIONS TO THE NORTH I	Part I Line 1 THE FOUNDATION ANNUALLY PROVIDES SCHOLARSHIP AMOUNT AND DONOR SPECIFIC RESTRICTIONS TO THE NORTH DAKOTA STATE SCHOOL OF SCIENCE TO AWARD THE SCHOOL'S FINANCIAL AID AND SCHOLARSHIP OFFICE MAINTAINS RECORDS OF ELIGIBILITY, RECIPENTS INFORMATION AND
SELECTION CRITERIA. THE FOUNDATION OVERSEES THE USE OF THE FUNDS THROUGH THESE RECORDS, AWARDS ARE ISSUED TO THE SCHOOL THROUGH	E FOUNDATION OVE	ERSEES THE USE OF T	HE FUNDS THROUG	3H THESE RECORDS	AWARDS ARE ISSUED TO	THE SCHOOL THROUGH
FINANCIAL AID GUIDELINES AND DONOR RESTRICTIONS.	S AND DONOR RES	TRICTIONS.				
10						
						11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
						Schedule I (Form 990) (20

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Employer identification number

45-0407617 NDSCS FOUNDATION Form 990, Part XI, Line 5: UNREALIZED GAIN ON PUBLICLY TRADED SECURITIES. Form 990, Part VI, Section B, Line 11A: BOARD REVIEWS THE FORM 990 BEFORE IT IS FILED WITH THE IRS. Form 990, Part VI, Section C, Line 19: THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND POLICIES ARE LOCATED IN THE FOUNDATION'S OFFICE. THEY ARE AVAILABLE ONLY BY REQUEST. Form 990, Part VI, Section B, Line 12C: CONFLICT OF INTEREST POLICY IS ENFORCED BY THE BOARD ON AN ONGOING BASIS.

Schedule O (Form 990 or 990-EZ) (2013)	Page Z
Name of the organization	Employer identification number
NDSCS FOUNDATION	45-0407617
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