	0	0	Λ
Form	7	7	U

## Return of Organization Exempt From Income Tax

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

20 7 Open to Public Inspection

OMB No. 1545-0047

•	Do not enter social security numbers on this form as it may be made publ
	► Go to www.irs.gov/Form990 for instructions and the latest information.

Depa Inter	artment of nal Reven	the Treasury ue Service		orm990 for instructions a		•		Inspection
А			lendar year, or tax year beginning	7/1/2017	, and e	nding 6/	30/2018	•
В	Check if a	applicable:	C Name of organization NDSCS FOI	JNDATION		D Employ	er identificatio	on number
	Address	change	Doing business as					
	Name ch	ange	Number and street (or P.O. box if mail is not	ot delivered to street address)	Room/suite	45-04076		
		0	800 6TH STREET NORTH			E Telepho	ne number	
$\Box$	Initial retu	urn	City or town	State	ZIP code	701-671-2	2270	
$\square$	Final returr	/terminated		ND	58076			
$\square$	Amendec	l return	Foreign country name Foreig	n province/state/county	Foreign postal	G Gross re	eceipts \$	10,898,422
	Applicatio	on pending	F Name and address of principal officer:			H(a) Is this a group retu	rn for subordinate	s? Yes X No
		-	DEANN LOLL 800 6TH STREET N	ORTH, WAHPETON, NC	58076	H(b) Are all subordina	ates included?	Yes No
1 1	ax-exem	pt status:	X 501(c)(3) 501(c) ( )	◄ (insert no.) 4947(a)(1	) or 527	lf "No," attach a	list. (see instru	ctions)
٦١	Vebsite	e: 🕨 www	w.ndscs.edu/alumni			H(c) Group exemptio	n number 🕨	
ΚI	Form of o	rganization:	Corporation Trust Assoc	ciation X Other ► FOUN	NDATIO L Yea	r of formation: 198	8 M State	of legal domicile: ND
F	Part I	Su	mmary					
	1		lescribe the organization's mission o	r most significant activitie	es: THE	NORTH DAKOTA	A STATE CC	LLEGE OF SCIENC
JCe		FOUND	ATION'S PRIMARY MISSION IS TO	SUPPORT THE FINAN	CIAL NEEDS	OF THE SCHOO	LAND ITS	
Governance		STUDE	NTS THROUGH PRUDENT INVES	ING OF ITS RESOURC	ES AND TO I	NSURE THAT TH	IE FOUNDA	TION
ver	2	Check tl	his box <b>•</b> if the organization di	scontinued its operations	s or disposed	of more than 25%	6 of its net a	ssets.
ĝ	3		of voting members of the governing		•		3	23
<u>م</u>	4		of independent voting members of	•			4	23
Activities &	5		mber of individuals employed in cale				5	5
ť	6		mber of volunteers (estimate if nece				6	
Ac	7a		related business revenue from Part				7a	0
	b	Net unre	elated business taxable income from	Form 990-T, line 34			7b	0
						Prior Year		Current Year
e	8	Contribu	utions and grants (Part VIII, line 1h)			1,5	61,785	1,559,915
anu	9	Program	n service revenue (Part VIII, line 2g)			1	74,000	206,033
Revenue	10	Investm	ent income (Part VIII, column (A), lir	es 3, 4, and 7d)		6	28,019	730,317
œ	11		evenue (Part VIII, column (A), lines 5				36,503	161,059
	12		enue—add lines 8 through 11 (must eq				00,307	2,657,324
	13		and similar amounts paid (Part IX, co			9	46,208	906,313
	14		s paid to or for members (Part IX, col				0	0
es	15		, other compensation, employee benefi		,	2	71,419	389,102
ens	16a		ional fundraising fees (Part IX, colun				0	0
Expenses	b		ndraising expenses (Part IX, column		24,700	-		
	17		xpenses (Part IX, column (A), lines 1				02,033	327,817
	18		penses. Add lines 13–17 (must equa				19,660	1,623,232
<u> </u>	19	Revenue	e less expenses. Subtract line 18 fro			9 Beginning of Curre	80,647	1,034,092 End of Year
ets o ance	20	Total ac	sets (Part X, line 16)					19,592,035
Asse Bali	20		bilities (Part X, line 26)				36,920 51,280	
Net Assets or Fund Balances	22		ets or fund balances. Subtract line 2				85,640	<u>2,406,393</u> 17,185,642
Pa	art II		inature Block			10,0	00,010	17,100,012
Und	er penalti	ies of perjury	y, I declare that I have examined this return, inc					
and	belief, it i	is true, corre	ect, and complete. Declaration of preparer (othe	er than officer) is based on all inf	ormation of which	n preparer has any kno	wledge.	
Sig	ŋn							
He	re		Signature of officer			Date		
			Tune or print name and title					
		Drin	Type or print name and title t/Type preparer's name	Preparer's signature		Date		PTIN
Ра	id	FIIII	a she hichaici s name			Date	Check X i	if
	iu eparer	Nac	dine Julson			10/5/2018	self-employed	
	e Only		n's name ► Nadine Julson, LLC			Firm's EIN	▶ 45-04481	87
03	o ong	y	n's address ► 709 Dakota Ave Ste B, \	Vahpeton, ND 58075		Phone no.	701-642-	
Ma	v the IC		ss this return with the preparer show		ne)			X Yes No
	-							
For HTA	Paper	work Red	uction Act Notice, see the separate i	nstructions.				Form <b>990</b> (2017)

Form 9	90 (2017)	NDSCS FOUNDATION	45-0407617 Page <b>2</b>
Pai	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any lin	e in this Part III
1	2	lescribe the organization's mission: DSCSF) PRIMARY MISSION IS TO SUPPORT THE FINANCIAL NEE NTS.	
2	the prior If "Yes,"	organization undertake any significant program services during the ye Form 990 or 990-EZ?	Yes X No
3	services	organization cease conducting, or make significant changes in how it ?	
4	Describe expense the total	e the organization's program service accomplishments for each of its tes. Section 501(c)(3) and 501(c)(4) organizations are required to report expenses, and revenue, if any, for each program service reported.	rt the amount of grants and allocations to others,
4a		) (Expenses \$ <u>1,109,612</u> including grants of \$ DUNDATION MISSION IS TO SUPPORT AND ASSISTS THOSE ACTI DAKOTA STATE COLLEGE OF SCIENCE.	S 199,500 ) (Revenue \$ 1,566,448 ) VITIES THAT DEVELOP AND STRENGTHEN
4b	(Code:	) (Expenses \$ including grants of \$	S ) (Revenue \$ )
	(Codo)	) (Exponence ¢ including grapts of ¢	
4c	(Code:	) (Expenses \$ including grants of \$	) (Kevenue \$)
4d	Other pr	rogram services. (Describe in Schedule O.)	
40	(Expens		0)(Revenue \$ 0)
4e	Total pro	ogram service expenses   1,109,612	

Form 990 (2017) NDSCS FOUNDATION

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.	11a	Х	
a	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	116		V
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	110	Х	
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c	^	
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ne	~	
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			~
120		12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	124		
2	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Form **990** (2017)

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Part IV

Form 9	990 (2017) NDSCS FOUNDATION 45-040	)7617	Pa	age <b>4</b>
Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
212	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		^
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		7
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	2.10		
Ū	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	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 "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):	20-		V
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		~
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
27	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	2/		v
27	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	57		Λ
50	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
			000	

Form **990** (2017)

Form 9	290 (2017) NDSCS FOUNDATION 45-04(	)7617	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		Х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2017) NDSCS FOUNDATION 45-0407617 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . . 1a 23 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . . . . 1b 23 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Х Did the organization have members or stockholders?.... 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, b 7b Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: а 8a χ 8b Х b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 9 at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b **11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," С Х 12c 13 Х 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official. 15a Х а 15b Х b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 ► 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Own website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 NDSCS BUSINESS OFFICE (701) 642-2216 800 6TH STREET NORTH, WAHPETON, ND 58076

Form 990 (2017)	NDSCS FOUNDATION	45-0407617	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated	
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or director Key employee or director or director trustee		an Reportable compensation		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) ROBERT GETTE	1.00									
FOUNDATION PRESIDENT	1.00	Х								
(2) MARGARET WALL	1.00									
FOUNDATION VP	1.00	Х								
(3) KIM NELSON	40.00	V			x					
FOUNDATION DIRECTOR (4) MICHELLE NELSON	40.00 6.00	Х		-	<u> </u>			95,534		
FOUNDATION TREASURER/SECRETARY	6.00	х			x			7,677		
	40.00							7,077		
FOUNDATION RECORDER	40.00				X			71,544		
(6)										
(7)										
<u>(8)</u>										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)				-	-					
(13)										
(14)										
-``-		ľ								
				•	-		•	•	-	000

	NDSCS FOUNDATION									45-04		Page <b>8</b>
Pa	art VII Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,			ghes	t Co	ompensated Em	ployees (conti	nued)	
	(A) Name and title	<b>(B)</b> Average hours per	box, office	box, unless person is both an Reportable Reportable compensation compensation				<b>(E)</b> Reportable compensation	an	(F) stimated nount of		
		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)	com fr org and	other pensation om the anization d related anizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b	Sub-total							•	174,755	(		0
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c).								0 174,755	(	-	0
2	Total number of individuals (including but not lin reportable compensation from the organization		sted a		re) v 0	vho	recei	ved	more than \$100	,000 of		
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? If "Yes," complete Schedu										3	Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations grea	of reportable con	npens	satio	on a	ind o	other	cor	npensation from		0	
_	individual										4	Х
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye										5	Х
Sect	tion B. Independent Contractors											
1	Complete this table for your five highest compe compensation from the organization. Report co year.										tax	
	(A) Name and business addr	ress							(B) Description of serv	vices	<b>(C)</b> Compen	
												0
												0
												0
								-				0
2	Total number of independent contractors (includ		ed to	tho	se l	iste		ove)	who received			0
	more than \$100,000 of compensation from the	organization					0					

	990 (201						45-0407	617 Page
Part	t VIII	Statement of Revenue Check if Schedule O contains	a response or i	note to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
and Other Similar Amounts	1a b c d f	Federated campaigns Membership dues Fundraising events	1b           1c           1c           1d	109,550 0 0 199,500				
an	g h	Total. Add lines 1a–1f			1,559,915			
Program Service Revenue	2a	STTC Rental		Business Code 531120	174,000			
e R	b c	Advertising		541800	32,033			-
ervie	d				0			
E S S	e				0			
ogra	f	All other program service revenue	e		0			
ት	g	Total. Add lines 2a-2f			206,033			
	3	Investment income (including diviously other similar amounts)			413,420			
	4 5	Income from investment of tax-ex	• •		0			
	Э	Royalties	(i) Real	(ii) Personal	0			
	6a	Gross rents	49,718					
	b	Less: rental expenses						
	С	Rental income or (loss)	49,718					
	d	Net rental income or (loss)	(i) Securities	<b>&gt;</b>	49,718			
	7a	Gross amount from sales of assets other than inventory	8,507,461					
	b	Less: cost or other basis and sales expenses	8,190,564					
	с	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>	316,897			
	8a b	Gross income from fundraising events (not including \$	c). <b>a</b>	<u>147,167</u> 50,534				
)		Net income or (loss) from fundrai			96,633			
	9a	Gross income from gaming activi See Part IV, line 19.		0				
		Less: direct expenses						
		Net income or (loss) from gaming Gross sales of inventory, less			0			
		returns and allowances Less: cost of goods sold	b	0				
ł	C	Net income or (loss) from sales o Miscellaneous Revenue	inventory.	Business Code	0			
ł	11a	MISCELLANEOUS		900099	14,708			
					0			
	С				0			
	d	All other revenue			0			
	е	Total. Add lines 11a-11d		🕨 🛛	14,708			

#### NDSCS FOUNDATION

fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

► if

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX . . . . . (C) (D) (A) (B) Do not include amounts reported on lines 6b, 7b, Program service Total expenses Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 1 domestic governments. See Part IV, line 21 . . . 906,313 906,313 2 Grants and other assistance to domestic individuals. See Part IV, line 22. 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . . . . Ω Benefits paid to or for members . . . . . . . . . . . . 0 4 Compensation of current officers, directors, 5 174,755 174,755 Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . Ω Other salaries and wages . . . . . . . . . . . 98,119 2,500 95.619 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . 32.845 32,845 62,730 9 3 62,727 20,459 10 Payroll taxes . . . . . . . . . . . . . . . . . . 20,653 194 11 Fees for services (non-employees): Management. а Ω 2,797 2,596 201 b Accounting . . . . . . . . . . . . С 0 0 d Professional fundraising services. See Part IV, line 17 . . . 0 е 0 f Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) 17,513 9,189 8,324 12 Advertising and promotion . . . . . . . . . 19.059 14,325 4.734 55,647 3,544 52,103 13 14 0 0 15 87 16 87 17 9,096 4,542 4,554 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . $\cap$ 9,397 19 Conferences, conventions, and meetings . . . . 50,841 16,744 24,700 20 73.279 73,279 Payments to affiliates . . . . . . . . . . . . . . . 0 21 22 Depreciation, depletion, and amortization . . . . 53,406 53,406 0 0 23 8,200 8,200 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Other Expenses 37,892 22,977 14,915 а 0 b \_\_\_\_\_ 0 C d 0 0 e All other expenses -----Total functional expenses. Add lines 1 through 24e 1,623,232 1,109,612 488,920 24,700 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

Forn	n 990 (2	017) NDSCS FOUNDATION			45-0407617 Page <b>11</b>
Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X.			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	344,966	1	474,149
	2	Savings and temporary cash investments	833,393	2	381,756
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	1,023,372	4	728,568
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		_	
		Complete Part II of Schedule L.	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
s		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0	1	
Assets	7	organizations (see instructions). Complete Part II of Schedule L	0	<u>6</u> 7	0
As	7 8		0	8	0
	9	Prepaid expenses and deferred charges	0	9	
	, 10a	Land, buildings, and equipment: cost or	0	/	
		other basis. Complete Part VI of Schedule D <b>10a</b> 2,079,463			
	b	Less: accumulated depreciation <b>10b</b> 406,624	1,726,243	10c	1,672,839
	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	14,508,946	13	16,334,723
	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)	18,436,920	16	19,592,035
	17	Accounts payable and accrued expenses	11,579	17	19,425
	18	Grants payable	0	18	
	19	Deferred revenue	310,000	19	255,000
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
ties	22	Loans and other payables to current and former officers, directors,			
billid		trustees, key employees, highest compensated employees, and	0	22	
Liabilities	23	disqualified persons. Complete Part II of Schedule L.	0 1,660,895	22 23	1,611,402
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	1,000,895	<u>23</u> 24	1,011,402
	25	Other liabilities (including federal income tax, payables to related third	0	27	0
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D.	568,806	25	520,566
	26	Total liabilities. Add lines 17 through 25.	2,551,280	26	2,406,393
		Organizations that follow SFAS 117 (ASC 958), check here <b>&gt;</b> X and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	285,483	27	1,057,615
3alê	28	Temporarily restricted net assets	0	28	1,007,010
Б	29	Permanently restricted net assets	15,600,157	29	16,128,027
Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here and			
		complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds	0	30	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund	0	31	<u> </u>
ťĄ	32	Retained earnings, endowment, accumulated income, or other funds	0	32	
Nei	33	Total net assets or fund balances	15,885,640	33	17,185,642
	34	Total liabilities and net assets/fund balances	18,436,920		19,592,035

Form **990** (2017)

Form	990 (2017) NDSCS FOUNDATION	45	5-0407617	Pag	je <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,657	,324
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,623	3,232
3	Revenue less expenses. Subtract line 2 from line 1	3		1,034	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	5,885	
5	Net unrealized gains (losses) on investments	5		315	5,529
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9		-49	9,619
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, actume (B))	10	1	7 1 0 5	
Dort	column (B))	10	I	7,185	0,642
Pall	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			105	110
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
Ū	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .		. 3b		

Form **990** (2017)

Form **4797** 

# Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

nder	Sections 17	9 and	280F	(D)(⊿
	Attach to you	r tax re	turn.	

2017 Attachment

	rtment of the Treasury	Go to www.irs.gov/F	orm4797 for instr		latest informatio	n		equence No. <b>27</b>
	al Revenue Service e(s) shown on return	00 to www.ii3.gov/i				Identifying		
	SCS FOUNDATION							407617
1	Enter the gross proceeds fro	m sales or exchanges	reported to you fo	r 2017 on Form(s	) 1099-B or 1099-S	S (or		
	substitute statement) that you						1	
Pa	rt I Sales or Exchange	ges of Property l	Jsed in a Trad	e or Busines	s and Involuni	tary Conv	ersio	ns From
	Other Than Casu							
					(e) Depreciation	(f) Cost or	other	
2	(a) Description	(b) Date acquired	(c) Date sold	(d) Gross	allowed or allowable since	basis, pl		(g) Gain or (loss) Subtract (f) from the
	of property	(mo., day, yr.)	(mo., day, yr.)	sales price	acquisition	improvemen expense of		sum of (d) and (e)
								0
								0
								0
3	Gain, if any, from Form 4684	, line 39			• • • • • • • • •		3	
4	Section 1231 gain from insta						4	
5	Section 1231 gain or (loss) fr						5	
6	Gain, if any, from line 32, from	•					6	
7	Combine lines 2 through 6. E	Enter the gain or (loss)	here and on the a	ppropriate line as	follows:		7	0
	Partnerships (except electing	large partnerships) ar	nd S corporations.	Report the gain or	(loss) following the			
	instructions for Form 1065, Sch					DW.		
	Individuals, partners, S co	rporation sharehold	ers, and all other	s. If line 7 is zero	or a loss, enter the	ć		
	amount from line 7 on line 11							
	section 1231 losses, or they				e 7 as a long-term	capital		
	gain on the Schedule D filed	with your return and s	kip lines 8, 9, 11, a	and 12 below.				
8	Nonrecaptured net section 12	231 losses from prior	years. See instruct	ions			8	
9	Subtract line 8 from line 7. If	zoro or loss optor 0	If line Q is zero o	ntor the gain from	line 7 on line 12 h	olow		
9	If line 9 is more than zero, er							
	long-term capital gain on the						9	0
Pa	rt II Ordinary Gains a							
10	Ordinary gains and losses no			le property held 1	year or less):			
	5.5		<u> </u>		Í			0
								0
								0
11	Loss, if any, from line 7						11	( )
12	Gain, if any, from line 7 or an	nount from line 8, if ap	plicable				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form	4684, lines 31 and 38	а				14	
15	Ordinary gain from installmen	nt sales from Form 62	52, line 25 or 36 .				15	
16	Ordinary gain or (loss) from I	ike-kind exchanges fro	om Form 8824				16	
17	Combine lines 10 through 16						17	0
18	For all except individual retur				of your return and	skip		
	lines a and b below. For indiv							
а	If the loss on line 11 includes a los							
	of the loss from income-producing			-			10	
1-	used as an employee on Schedule		2				18a	0
b	Redetermine the gain or (loss) on	line 17 excluding the loss,	, ir any, on line 18a. Ei	nter here and on For	m 1040, line 14		18b	0

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2017)

HTA

Part 4202 Uncluding Information on Listed Property Pattern Pa			Dep	preciation and A	Amortiza	tion		<u>o</u> mb i	No. 1545-0172
Development in tracery         Atlach to your its refuture         Atl	Form <b>4562</b>		-				F	う	<b>17</b>
Name(s) shown on return         Business and xiby to which this form relates         Identifying number (500)           PartI         Election To Expense Certain Property Under Section 179 Note: Section 179 property before reduction in limitation. Soci Instructions).         1         1           1         Maximum amount (see instructions).         1         2           2         That cost of section 179 property before reduction in limitation. Soci Instructions).         3         4         6           5         Cost         Base section 179 property before reduction in limitation. Soci Instructions).         3         4         Cost           6         (a) Description of mosely         (b) Cost (busines use only         (b) Exceed cost         5         Cost           7         Listed property. Enter the amount from line 2.9         2         2         -	Department of the Treasury	Attach to your tax return.					Attachment		
NDSCS FOUNDATION       900       45:0407617         Part Election To Expense Cartian Property Under Section 179       Note: Bryu have any listed property complete Part V before you complete Part I.       1         1       Maximum anount See instructions).       1       2         2       Total cost of section 179 property blace din service (see instructions).       1       2         3       Total disclose of section 179 property blace dintice (see instructions).       3       3         4       Cost buomess the only       60       Filter data disclosed disc	(,,)					test informatio			ence No. 179
Bart Lection To Expense Certain Property Under Section 179           Note: FyoL have any lisked property complete Part Veolations you complete Part Veolations and the Section 179 property before reductions in limitation. Section 179 property before reductions in limitation (see instructions).         1           2         2           3         4           4         2           5         0           6         6           6         6           7         Listed property. Lecton in control (see instructions).           7         Listed property. Enter the amount from line 29           7         Listed property. Enter the amount from line 29           8         0           10         Carrylower of disalitive deduction. From the 1 at your 2016 mm 4562.           11         10           12         Section 179 property. Add amounts in column (a), lines 6 and 7           9         Tentialition. Enter the smaller of business income (not less than zero) or line 5 (see instructions).           11         11           12         Control or of disaliave deduction. Enter the smaller of business income (not less than zero) or line 5 (see instructions).           12         Section 179 express deduction. Add lines 9 and 10, toss line 12           13         Carrylower of disaliaved deduction to 2018. Add lines 9 and 10, toss line 12      <				ess or activity to which this	form relates			ber	
1       Maximum amount (see instructions).       1         2       Total cost of section 179 property before reduction in limitation (see instructions).       3         3       Threshold cost of section 179 property before reduction in limitation (see instructions).       3         4       Cost of section 179 property before reduction in limitation (see instructions).       3         5       Delar limitation. Subtract line 4 from line 2.1 (zroo roless, enter -0) (fm arried filing separately, see instructions).       4         6       (a) Description of property. Add amounts in column (c). lines 6 and 7       7         7       Istation property. Entor the amount from line 29       7         8       (c) Carryover of disallowed deduction from line 13 of your 2016 Form 4562.       10         10       Carryover of disallowed deduction now line 13 of your 2016 Form 4562.       10         11       Section 179 experses deduction. Add lines 9 and 10, but soft neter more than line 11.       12       (c) 0         13       Carryover of disallowed deduction to 2018. Add lines 6 and 10, but soft neter more than line 11.       12       (c) 0         14       Special Grapes and 10, but of line there more than line 11.       12       (c) 0         14       Special Grapes and 10, but of line there more than line 11.       12       (c) 0         15       Special Grapes and 10, but of line t		o Expense		erty Under Section 1	79		10 010/01/		
2 Total cost of section 179 property placed in service (see Instructions).       2         3 Threshold cost of section 179 property before reduction in limitation (see instructions).       3         4 Reduction in limitation Subtract line 2 if zero or less, enter -0. If married filling       5         5 Dollar limitation for tax year. Subtract line 2 if zero or less, enter -0. If married filling       5         6 (a) Beerptone property       (b) Cost ductines use only       (c) Elected cost         7 Listed property. Enter the amount from line 2.9       7       8       C         7 Listed property. Enter the smaller of line 5 or line 3       9       (c)       10         7 Listed property. Enter the smaller of line 5 or line 5       9       (c)       10         7 Listed property. Enter the smaller of line 5 or line 5       10       11       12         10 Carryver of disallowed deduction too 18.4 doit lines 9 and 10. but don't enter more than line 11       12       0         12 Carryver of disallowed deduction too 18.4 doit lines 9 and 10. besine 12       13       0         13 Carryver of disallowed deduction too 18.4 doit lines 9 and 10. besine 12       13       0         14 Carryver of disallowed deduction too 18.4 doit lines 9 and 10.       12       13       0         14 Carryver of disallowed deduction too 18.4 doit lines 9 and 10.       15       15       0		-							
3       Threshold cost of section 1/9 property before reduction In limitation. (see instructions).       3         4       Reduction in limitation. Subtract line 3 from line 1. If zero or less, enter -0 If married filing scaparately, see instructions									
4 Reduction in limitation. Subtract line 2 if zero or less, enter -0. If arrited filling separately, see instructions       4       6         5 Dollar limitation for tax years. Subtract line 4 from line 1. If zero or less, enter -0. If married filling separately, see instructions       6       6         6       (a) Description of property       (b) Cost (submoss use only       (c) Description of property         7       Listed property. Enter the amount from line 29       7       8       (c) Textest cost         7       Data influence to cost of section 179 property. Add amounts in column (c), lines 6 and 7       8       (c) Textest cost         9       Total cleacted choid. Enter the smaller of lines 5 or line 8       (c) Textest cost       9       (c) Textest cost         10       Carryver of disallowed deduction 100 R. Add lines 9 and 10, loss line 12       (c) Textest cost       10       11         12       Section 179 expense deduction 100 R. Add lines 9 and 10, loss line 12       (c) Textest cost       12       (c) Textest cost         13       Cost: Don't section 100 Reduction 100 Reduction 100 Red Add lines 9 and 10, loss line 12       (c) Textest cost       14       14         14       Coryver of disallowed deduction 100 Red Add lines 9 and 10, loss line 12       (c) Textest cost       14       14       15       14         15       Coryver of disallowed deduction 100 Red Add lines 9 and 10,									
5       Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions.       5       0         6       (a) Description of property       (b) Cost dualmess use only       (c) Elected cost         7       Listed property. Enter the amount from line 29       7       7         8       Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7       8       0         10       Carryover of disallowed docturion from line 3 of your 2016 Form 4562.       10       10         11       Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions).       11       12         12       Section 179 expense deduction. Add lines 9 and 10, but dort enter more than line 11.       12       0         Note: Dort use Part II or Part II below for listed property. (other than listed property) placed in service during the tax years (see instructions).       14         14       Special decising biocome for qualified property (later than listed property) (see instructions.)       16         15       Det depreciation allowance and Universe big form 2017       17       53.400         16       Part III       MACRS Depreciation (born't include listed property) (see instructions.)       17       53.400         18       row are leading tof part of assets placed in service turing 2017 tax Year Using the									0
sequarticly, see instructions       5         6       (a) Decreption of property       (b) Cost (puelines, use only)       (c) Texted over         7       Listed property. Enter the amount from line 29       7       7       8         6       (c) Texted duction       (c) Texted duction       (c) Texted duction       (c) Texted duction         7       Entative duction. Enter the smaller of line 5 or line 8       (c) Texted duction       (c) Texted duction         10       Carrywore of disallowed duction to built as for line 8       (c) Texted duction       (c) Texted duction         12       Section 179 expense deduction to 2016 Form 4562.       10       (c) Texted duction         12       Carrywore of disallowed duction to 2016 Add lines 9 and 10, less line 12       (c) 13       (c) Texted duction         13       Carrywore of disallowed duction to 2018 Add lines 9 and 10, less line 12       (c) 13       (c) Texted duction         14       Texted property, listed at property, listed at use the property property duction to 2018 Add lines 9 and 10, less line 12       (c) 14         15       Fortal type subject to section 1640(f) etclinin       15       16         16       Derectation 1640/(f) etclinin       17       53, 400         17       MACRS Depreciation (C) and maxes beginning before 2017       17       53, 400								4	0
6       (a) Description of property       (b) Cost dusteness use only)       (c) Exceed cost         7       Listed property. Enter the smaller of line 29       7       7         8       Total decked cost of section 179 property. Add amounts in column (c), lines 6 and 7       8       0         9       Ternalive deduction from line 13 of your 2016 Form 4562.       10       10         11       Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions).       11       12         12       Section 179 expense deduction. Add lines 9 and 10, but dont enter more than line 11.       12       0         Note: Dort Use Partice Part II or Part II below for listed property. Instructions.)       11       12       0         13       Special depreciation allowance and Other Depreciation (Dort Include listed property) (See instructions.)       14       15       16         14       Special decide for good my assets placed in service intructions.)       16       16       17       53.400         16       Other depreciation allowance and Use Part II or Part III or Part III or Part III and Use Varian set beginning before 2017       17       17       53.400         18       Fyou are clearing to may assets placed in service intructions.)       Section A       10       17       53.400         19       3 -year property		•				-		5	0
7       Listed property. Enter the amount from line 29       7         8       Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7       7         8       Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7       8       0         10       Carryover of disallowed deduction from line 13 of your 2016 Form 4562.       10       10         11       Business income limitation. Enter the smaller of business income (not less than 2ero) or line 5 (see instructions).       11         12       Section 179 expense deduction to 2018 Add lines 9 and 10, less line 12       ▶113       0         13       Carryover of disallowed deduction to 2018 Add lines 9 and 10, less line 12       ▶113       0         14       Carryover of disallowed deduction to 2018 Add lines 9 and 10, less line 12       ▶113       0         14       Carryover of disallowed deduction to 2018 Add lines 9 and 10, less line 12       ▶113       0         15       Drote: bort user Part III       Deduction to 116 Add lines 9 and 10, less line 12       ▶113       0         16       Deter depreciation flowance for qualified property (other than listed property) (See instructions.)       16       16         16       Deter depreciation flowance for qualified property (other than listed property) (See instructions.)       17       53.dot         17       MAC							(c) Elected cos		0
8       Total elected nost of section 179 property. Add amounts in column (c), lines 6 and 7       8       (0)         9       Tentative deduction. Enter the smaller of line 3 of your 2016 Form 4562.       10         11       12       (1)         12       Section 179 property approximately and 10, less than 2ero) or line 5 (see instructions).       11         13       10       11         14       Section 179 property approximately and 10, less than 2ero) or line 5 (see instructions).       11         14       Section 179 property approximately and 10, less than 2ero) or line 5 (see instructions).       11         15       Dote Don't use Part It O Part II below for listed propert, listed use Part V         Part III       Depreciation allowance and Other Deprectation (Don't include listed property) placed in service during the fax year (see instructions.)       14         14       Special docettion (Bording ACRS).       16         PartIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII									
8       Total elected nost of section 179 property. Add amounts in column (c), lines 6 and 7       8       (0)         9       Tentative deduction. Enter the smaller of line 3 of your 2016 Form 4562.       10         11       12       (1)         12       Section 179 property approximately and 10, less than 2ero) or line 5 (see instructions).       11         13       10       11         14       Section 179 property approximately and 10, less than 2ero) or line 5 (see instructions).       11         14       Section 179 property approximately and 10, less than 2ero) or line 5 (see instructions).       11         15       Dote Don't use Part It O Part II below for listed propert, listed use Part V         Part III       Depreciation allowance and Other Deprectation (Don't include listed property) placed in service during the fax year (see instructions.)       14         14       Special docettion (Bording ACRS).       16         PartIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII									
9       Tentative deduction. Enter the smaller of line 5 or line 8       9       0         10       Carryover of disallowed deduction from line 13 of your 2016 Form 4562.       10       10         11       Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions).       11       12         12       Section 179 expense deduction to 2018. Add lines 9 and 10, bust dont enter more than line 11.       12       0         13       Carryover of disallowed deduction to 2018. Add lines 9 and 10, bust dont enter more than line 11.       12       0         13       Carryover of disallowed deduction to 2018. Add lines 9 and 10, bust dont enter more than line 11.       12       0         Note: Dont use Part II or Part III below for listed property, Instead, use Part V.       Percelation Allowance and Other Depreciation (Don't include listed property) (See instructions.)       14         14       Broperty subject to section 168(0(1) election       15       16         15       Inter depreciation (Including ACRS).       16       17         16       If depreciation (carryotice busines during the tax year into one or more general asset accounts, check here       17       53.400         19       a 3-year property       (a) Carsetication for property in service During 2017 Tax Year Using the General Depreciation System       17       17       53.400         19 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td>								_	
10       Carryover of disallowed deduction from line 13 of your 2016 Form 4662.       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 don't enter more than line 11.       12       ()         13       Carryover of disallowed deduction to 2018. Add lines 9 and 10, but don't enter more than line 11.       12       ()         14       Special Depreciation Allowance and Other Depreciation (Don't include listed property) (See instructions.)       14       14         15       Forporty subject to section 168((f)(1) election.       15       16         16       Dott depreciation (Don't include listed property) (See instructions.)       17       53.400         16       Dott depreciation (Chuding ACRS)       17       53.400         17       MACRS deductions for assets placed in service during the tax year line on er more general asset accounts, check here       10         17       MACRS deductions for assets placed in service buring 2017 Tax Year Using the General Depreciation System       10         (a) Classification of property       (b) fasse for depreciation       (c) fasse for depreciation       (c) fasse for depreciation         19       a -ycar property       25 yrs.       SrL       25 yrs.       SrL       25 yrs.									0
11       Business income (not less than zero) or line 5 (see instructions).       11         12       Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11.       12       (c)         12       Carryover of disallowed deduction to 2018. Add lines 9 and 10, but don't enter more than line 11.       12       (c)         13       0       O       Note: Don't use Part II or Part III below for listed property, Instead, use Part V.       Part III       Special Depreciation Allowance and Other Depreciation (Don't include listed property) (See instructions.)         14       Special Depreciation Allowance and Other Depreciation (Don't include listed property) (See instructions.)       14       15         15       Drote: Don't use (see instructions).       14       15       16         15       Drote: Don't include listed property) (See instructions.)       16       17       MACRS Depreciation (Don't include listed property) (See instructions.)       17       53,404         18       If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here       17       17       53,404         19       a - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System       10       10       10       10       10       10       10       10       10       10       10       10       10       <									0
12       Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11       12       (1)         13       Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12       ▶13       (0)         Note: Don't use Part II or Part III below for listed property. Instead, use Part V.       ▶13       (0)         Part II or Part III below for listed property. Instead, use Part V.       ▶13       (0)         Part II or Part III below for listed property (other than listed property) placed in service during the tax year (see instructions).       14       15         14       Special depreciation including ACRS).       16       14         15       16       15       16       16         Part III MACRS Depreciation (Don't include listed property) (See instructions.)       32       34       17       MACRS deductions for assets placed in service during the tax year into one or more general asset accounts, check here       17       17       53,400         Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System         (a) Classification of property       (a) Month and year placed in service during the tax year into one or more general asset accounts, check here       (b) Eachesinewaterian use ortyperty period       (a) Classification deduction         (b) Classification of property       (b) Basis for depreciation       (b) Eacovery period       (c) Classification deduct									
13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12					,	•	,		0
Note: Don't use Part III for Part III below for listed property. Instead, use Part V.         Part III       Special Depreciation Allowance and Other Depreciation (Don't include listed property) (See instructions.)         14       Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions.)       14         15       Property subject to section 168(0(1) election       15         16       Part IIII MACRS Depreciation (Including ACRS)       16         Part IIII       MACRS deductions for assets placed in service in tax years beginning before 2017       17         5       Section A       17         18       If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here       17         5       Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System       18         (a)       Ctassification of property       (b) Month and year placed in service during the star year into one or more general asset accounts, check here       14         19       a       3-year property       (c) Eassification of property       (g) Depreciation deduction (g) Method       (g) Depreciation deduction (g) asset or depreciation (g) methods         19       a       3-year property       25       S/L       14         c       7-year property       25	•							_	0
Part III       Special Depreciation Allowance and Other Depreciation (Don't Include listed property) (See instructions.)         14       Special depreciation allowance for qualified property (other than listed property) placed in service       14         15       Property subject to section 168(0(1) election       15         16       Other depreciation (Include) ACRS)       16         7       MACRS Depreciation (Don't include listed property) (See instructions.)       16         7       MACRS deductions for assets placed in service in tax years beginning before 2017       17       53.400         18       fryou are electing to group any assets placed in service or tax years beginning before 2017       17       53.400         19       a Section A       (0) Method in and year placed in service or tax years beginning before 2017       17       53.400         19       a Section P - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System       (a) Classification of property       (businessfinvestment use in service in service)       (a) Depreciation (businessfinvestment use in service)       (b) Method in service       (b) Method in service       (b) Depreciation Active tax year begin tax years					<u></u>	🕨 13		0	
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).       14         15 Property subject to section 168(f)(1) election       15         16 Other depreciation (including ACRS).       16         Part III       MACRS Depreciation (Don't include listed property.) (see instructions.) Section A         17 MACRS deductions for assets placed in service in tax years beginning before 2017       17         18 fyou are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here       11         Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System         (a) Classification of property       (b) Month and year placed       (c) Basis for depreciation (cusines/investment use onlysee instructions)       (d) Recovery period       (e) Convention       (f) Method       (g) Depreciation deduction         19 a 3-year property       2       2       2       2       2         16 10-year property       2       2       2       2       2       2         19 a 3-year property       2					n (Don't incl	ude listed pr	operty.) (See ir	nstruc	tions.)
during the tax year (see instructions)       14         15       Property subject to section 168(f)(1) election       16         16       Other depreciation (including ACRS)       16         17       MACRS Depreciation (including ACRS)       17         17       MACRS deductions for assets placed in service during the tax years beginning before 2017       17       53.400         18       fryou are electing to group any assets placed in service during the tax years beginning before 2017       17       53.400         18       fryou are electing to group any assets placed in service During 2017 Tax Year Using the General Depreciation System       10       10         Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation (0) Month and year placed in service instructions)       (a) Classification of property       (b) Month and year placed in service instructions)       (c) Basis for depreciation (0) Method       (g) Depreciation eduction duction (0) Method         19       a 3-year property       1       1       1       1       1         19       a 3-year property       1       1       1       1       1         19       a 3-year property       1       1       1       1       1       1         19       a 3-year property       2       1       1       1       1									
15       Property subject to section 168(f)(1) election .       15         16       Other depreciation (including ACRS).       16         Section A         17         16       MACRS Depreciation (Don't include listed property) (See instructions.)         Section A         17         MACRS Depreciation (Don't include listed property) (See instructions.)         17         Section A         17         Section B - Assets Placed in service during the tax year into one or more general asset accounts, check here         asset accounts, check here         (a)       Classification of property       (c) Basis for depreciation (business/fwestment use only-see instructions)       (d) Recovery performed (business/fwestment use only-see instructions)       (e) Convention (f) (Method (g) Deprediation deduction (f) Method (g) Deprediation deduction only-see instructions)         (a) Section P - Assets Placed in Service During 2017 Tax Year Using the Ceneral Depreciation System         (a) Section P - Assets Placed in Service During 2017 Tax Year Using the Ceneral Depreciation (f) Method (g) Deprediation deduction only-see instructions)         19       a 3-year property       (e) Assets for depreciation (f) Method (g) Deprediation deduction only-see instructions)          25 yrs.       <					5.1			14	
Part III       MACRS Depreciation (Don't include listed property.) (See instructions.) Section A         Section A         17       MACRS deductions for assets placed in service in tax years beginning before 2017       17       53.404         It III MACRS deductions for assets placed in service during the tax year into one or more general asset accounts, check here       17       53.404         Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System         (a) Classification of property       (b) Month and year placed in service instructions)       (c) Basis for depreciation (business/investment use onlysee instructions)       (e) Convention       (f) Method       (g) Depreciation deduction         19 a 3-year property         b 5-year property       (e) Convention       (f) Method       (g) Depreciation deduction         (b) Month and year placed in service       (c) Recovery period       (e) Convention       (f) Method       (g) Depreciation deduction         19       a 3-year property       (e) Convention       (f) Method       (g) Depreciation deduction         (a) 12 year property       (a) Classification of property       (b) Convention       (f) Method       (g) Depreciation deduction         (a) 25 year property       (c) 7.5 yrs.       MMM       S/L       (c) 10 year								15	
Section A         17 MACRS deductions for assets placed in service during the tax years beginning before 2017       17       53,400         18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here       17       53,400         Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System         Section B - Assets Placed in Service       17       53,400         (a) Classification of property       (b) Month and year placed in Service       (c) Basis for depreciation (g) Recovery period       (e) Convention       (f) Method       (g) Depredation deduction (g) Perceptry (g) Convention       (g) Depredation deduction (g) Depre	16 Other depreciation (inc	cluding ACRS	5)					16	
17       MACRS deductions for assets placed in service in tax years beginning before 2017       17       53,400         18       If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here       Image: check here	Part III MACRS D	epreciation	Don't includ	e listed property.) (See	e instructions	5.)			
18       If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here       Image: Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System         Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System         (a) Classification of property       (b) Month and year placed in service       (c) Basis for depreciation only—see instructions       (d) Recovery period       (e) Convention       (f) Method       (g) Depreciation deduction         19       a 3-year property       Image: Section B - Assets Placed in Service       Image: Section B - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System         20       a Class life       Image: Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System       S/L       Image: Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System         20       a Class life       Image: Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System         20       a									
asset accounts, check here         Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System         (a) Classification of property       (b) Month and year placed in service       (c) Basis for depreciation only—see instructions)       (d) Recovery period       (e) Convention       (f) Method       (g) Depreciation deduction         19 a       3-year property								17	53,406
Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System         (a) Classification of property       (b) Month and year placed in service       (c) Basis for depreciation (business/investment use only—see instructions)       (d) Recovery period       (e) Convention       (f) Method       (g) Depreciation deduction         19 a 3-year property			•	<b>.</b> .		•			
(a) Classification of property       (b) Month and year placed in service       (c) Basis for depreciation (businessfinvestment use only—see instructions)       (d) Recovery period       (e) Convention       (f) Method       (g) Depreciation deduction         19 a 3-year property       5-year property									
(a) Classification of property       year placed in service       (business/investment use only—see instructions)       (a) Recovery period       (b) Convention       (f) Method       (g) Depreciation deduction         19 a 3-year property       5-year property       -	Section	on B - Assets	S Placed in Serv		ar Using the (	General Depre	eciation System	1	
Image: Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System       (b) Method       (b) Method         20 a Class life       1       1       1       1         b 12-year       1       12 yrs.       5/L       1         c 12 yrs.       12 yrs.       5/L       1       1         c 20 a Class life       1       12 yrs.       5/L       1         c 3 yrs.       MM       S/L       1       1       1         c 4 lo-year       1       1       1       1       1       1         c 5-year property       1 <td>(a) Classification of pro</td> <td>an arti i</td> <td>.,</td> <td></td> <td>(d) Recoverv</td> <td></td> <td></td> <td></td> <td></td>	(a) Classification of pro	an arti i	.,		(d) Recoverv				
19 a 3-year property	(a) Classification of pro	орепу				(e) Convention	(f) Method	<b>(g)</b> De	preciation deduction
b       5-year property	10 a 2 year property		III Sel Vice	only—see instructions)					
c       7-year property       Image: Constraint of the section									
d 10-year property       e       15-year property       e       10-year property         f 20-year property       25 yrs.       S/L       10-year property         g 25-year property       25 yrs.       S/L       10-year property         g 25-year property       25 yrs.       MM       S/L       10-year property         g 25-year property       27.5 yrs.       MM       S/L       10-year property         g property       27.5 yrs.       MM       S/L       10-year property         i Nonresidential real       39 yrs.       MM       S/L       10-year property         g 25-year       0       39 yrs.       MM       S/L       10-year property         g or porty       10-year       12 yrs.       S/L       10-year property       12 yrs.       S/L       10-year property       12 yrs.       10-year property       10-year property </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
e       15-year property									
f       20-year property       25 yrs.       S/L         h       Residential rental property       27.5 yrs.       MM       S/L         i       Nonresidential real property       27.5 yrs.       MM       S/L         i       Nonresidential real property       39 yrs.       MM       S/L         i       Nonresidential real property       39 yrs.       MM       S/L         i       Nonresidential real property       39 yrs.       MM       S/L         i       Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System         20 a       Class life       S/L       S/L         b       12-year       S/L       S/L         c       40-year       S/L       S/L         21       Listed property. Enter amount from line 28       MM       S/L         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       22       53,406         23       For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs       23       23					1				
g25-year propertyS/LhResidential rental property27.5 yrs.MMS/LiNonresidential real property27.5 yrs.MMS/LiNonresidential real property39 yrs.MMS/LcSection C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System20 aClass life L2-yearS/Lb12-yearS/LS/Lc40-yrs.MMS/LPart IVSummary (See instructions.)21Listed property. Enter amount from line 282121Listed property. Enter amount 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 instructions2123For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs23I									
hResidential rental property27.5 yrs.MMS/LiNonresidential real property27.5 yrs.MMS/LiNonresidential real property39 yrs.MMS/LjSection C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System20 aClass life L2-yearS/Lb12-year12 yrs.S/Lc40-year40 yrs.MMS/LPart IVSummary (See instructions.)21Listed property. Enter amount from line 2840 yrs.MMS/L22Total. 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.2253,40623For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs23232323					25 vrs.		S/I		
property       27.5 yrs.       MM       S/L         i       Nonresidential real property       39 yrs.       MM       S/L         grouperty       Image: Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System         20 a       Class life       S/L         b       12-year       S/L         c       40-year       40 yrs.       MM         21       Listed property. Enter amount from line 28       MM       S/L         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       22       53,406         23       For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs       23       23       23						MM			
i       Nonresidential real property       39 yrs.       MM       S/L         property       MM       S/L       S/L         Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System         20 a Class life       S/L       S/L         b 12-year       12 yrs.       S/L         c 40-year         Part IV         Summary (See instructions.)         21       Listed property. Enter amount from line 28       MM       S/L         21         27 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       22       53,406         23									
property       MM       S/L         Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System         20 a Class life       S/L         b 12-year       S/L         c 40-year       MM       S/L         Part IV       Summary (See instructions.)       MM       S/L         21 Listed property. Enter amount from line 28       28       21       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.       21         23       For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs       23       23									
Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System         20 a Class life       S/L         b 12-year       12 yrs.       S/L         c 40-year       40 yrs.       MM       S/L         Part IV Summary (See instructions.)         21 Listed property. Enter amount from line 28       21       21         27 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         23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs       23		ľ			, í				
b       12-year       S/L         c       40-year       40 yrs.       MM       S/L         Part IV       Summary (See instructions.)       40 yrs.       MM       S/L         21       Listed property. Enter amount from line 28       28       21       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       22       53,406         23       For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs       23       23       23		n C - Assets I	Placed in Servi	ce During 2017 Tax Yea	r Using the Al	ternative Dep	reciation Syster	n	
c 40-year       40 yrs.       MM       S/L         Part IV       Summary (See instructions.)       21         21 Listed property. Enter amount from line 28       28       21       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.       21         23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs       MM       S/L									
Part IV       Summary (See instructions.)         21       Listed property. Enter amount from line 28       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       21         23       For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs       23									
21       Listed property. Enter amount from line 28       21         22       Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter       22         bere and on the appropriate lines of your return. Partnerships and S corporations—see instructions       22       53,406         23       For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs       23       23					40 yrs.	MM	S/L		
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter       22       53,406         23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs       23       23									
here and on the appropriate lines of your return. Partnerships and S corporations—see instructions2253,40623For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs2323								21	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs       23									
portion of the basis attributable to section 263A costs						tructions	 I	22	53,406
						23			m 4E(2) (2017)

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.

2017 Open to Public Inspection

OMB No. 1545-0047

	nent of the Treasury Revenue Service	► Go		1990 for instructions ar		st informa		Inspection	
	f the organization		to www.irs.gov/rom			Employer identification number			
NDSC	S FOUNDATION					45-0407617			
Part	Reason fo	r Public Char	ity Status (All or	ganizations must co	mplete th	nis part.)	See instructions.		
The or 1	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school descri	bed in section	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	90-EZ).)			
3	A hospital or a	cooperative hos	pital service organiz	zation described in sec	tion 170(	b)(1)(A)(iii	i).		
4	A medical rese		n operated in conju	nction with a hospital c				nter the	
5		n operated for th (1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6	A federal, state	, or local govern	ment or governmer	ntal unit described in <b>s</b> e	ection 170	)(b)(1)(A)(	v).		
7			eceives a substantia <b>(A)(vi)</b> . (Complete F	al part of its support fro Part II.)	om a gove	rnmental u	unit or from the gene	ral public	
8	A community tr	ust described in	section 170(b)(1)(	A)(vi). (Complete Part	II.)				
9	or university or university:	a non-land-grar	nt college of agricult	section 170(b)(1)(A)(ix ure (see instructions).	Enter the	name, city	r, and state of the co	llege or	
10	receipts from a support from gr	ctivities related to oss investment	to its exempt function income and unrelat	aan 33 1/3% of its supp ons—subject to certain red business taxable in See <b>section 509(a)(2)</b> .	exception come (les	is, and (2) s section !	no more than 33 1/3 511 tax) from busine	3% of its	
11	An organizatior	n organized and	operated exclusive	ly to test for public safe	ety. See <b>se</b>	ection 509	9(a)(4).		
12	of one or more	publicly support	ed organizations de	ly for the benefit of, to escribed in <b>section 50</b> ° bes the type of suppor	9(a)(1) or s	section 50	09(a)(2). See sectio	n 509(a)(3).	
а	the supporte	ed organization(		ervised, or controlled l Ilarly appoint or elect a tions A and B.					
b	Type II. A su control or m	upporting organiz anagement of th	zation supervised of	r controlled in connecti ization vested in the sa					
с	Type III fun	ctionally integr	ated. A supporting of	organization operated i You must complete F				rated with,	
d	Type III non that is not fu	-functionally in inctionally integr	ntegrated. A suppor ated. The organizat	ting organization operation generally must sat	ated in cor isfy a distr	nnection w	rith its supported org quirement and an at		
е	Check this b	oox if the organiz	zation received a wr	blete Part IV, Sections itten determination fro ally integrated supportin	m the IRS	that it is a		e III	
f								0	
g	Provide the follo	owing informatio	n about the support	ed organization(s).					
	(i) Name of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	0 listed in your governing support (see other support (see				
					Yes	No			
(A)					103				
(B)									
(C)									
(D)									
(E)									
Total							0	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  $_{\rm HTA}$ 

Sche		UNDATION				45-040761	7 Page <b>2</b>
Ра							
	(Complete only if you checke						der
	Part III. If the organization fai	Is to qualify une	der the tests lis	ted below, plea	ise complete P	Part III.)	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,674,600	2,169,799	2,688,301	1,651,699	1,753,783	9,938,182
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						0
	organization without charge	4 (74 (00	0.4 ( 0.700	0 ( 00 001	1 (51 (00	4 750 700	0
4	Total. Add lines 1 through 3	1,674,600	2,169,799	2,688,301	1,651,699	1,753,783	9,938,182
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
,	shown on line 11, column (f)						0.020.102
<u>6</u> Soc	Public support. Subtract line 5 from line 4 tion B. Total Support						9,938,182
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
	Amounts from line 4	1,674,600	2,169,799	2,688,301	1,651,699	1,753,783	9,938,182
7		1,074,000	2,109,799	2,088,301	1,001,099	1,753,783	9,938,182
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources	1 707 001	004.044	( 11 1 ( 0	054707	1 020 110	F 240 200
0		1,737,931	984,264	641,168	854,726	1,030,119	5,248,208
9	Net income from unrelated business						
	activities, whether or not the business is						0
10	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets					10	10
	(Explain in Part VI.)					40	40
11	Total support. Add lines 7 through 10					40	15,186,430
	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here .	0			. , .		
	5						
-	tion C. Computation of Public Sup	•	<u>u</u>				( = 1 10/
14	Public support percentage for 2017 (line 6, co					14	65.44%
15	Public support percentage from 2016 Schedu					15	72.11%
16a	33 1/3% support test—2017. If the organiza						
	and stop here. The organization qualifies as						<b>.</b> ► X
b	33 1/3% support test—2016. If the organization						. —
	box and stop here. The organization qualifie						Þ 🔄
17a	10%-facts-and-circumstances test—2017						
	is 10% or more, and if the organization meets Part VI how the organization meets the "facts						
	organization.						
h	-						
b	<b>10%-facts-and-circumstances test—2016</b> 15 is 10% or more, and if the organization me	0					
	Explain in Part VI how the organization meets					ly	
	supported organization						
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a. 16b.	17a, or 17b, check	this box and see		
	instructions						
-							· _

Schedule A (Form 990 or 990-EZ) 2017

Page 3

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

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

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	<b>(e)</b> 2017	<b>(f)</b> 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						<u>_</u>
Ũ	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
4	-						
	benefit and either paid to or expended on						0
_	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	-	-				
U	line 6.)						0
Sec	tion B. Total Support						0
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	<b>(e)</b> 2017	<b>(f)</b> 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						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						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						0
15	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the o	rganization's first	-	÷	-	Ŧ	0
14	organization, check this box and <b>stop here</b> .						
<u> </u>							
	tion C. Computation of Public Su						
15	Public support percentage for 2017 (line 8, c	., ,				15	0.00%
	Public support percentage from 2016 Sched					16	0.00%
Sec	tion D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2017 (line	e 10c, column (f) div	vided by line 13, co	olumn (f))		17	0.00%
18	Investment income percentage from 2016 Se	chedule A, Part III, I	ine 17			18	0.00%
	33 1/3% support tests—2017. If the organi					and line 17 is	
	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests-2016. If the organi				-		
	line 18 is not more than 33 1/3%, check this						Þ 🦲
20	Private foundation. If the organization did r	-	-	-			
	5						

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
~		
3a		
3b		
3c		
30		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
5		
7		
7		
8		
9a		
9b		
70		
9c		
10a		
10b		
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	le A (Form 990 or 990-EZ) 2017 NDSCS FOUNDATION	45-0407617	P	Page 5
Part	V Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in P	art VI. 11c		
Secti	on B. Type I Supporting Organizations		1	
4	Did the directory two tess or merchanchin of one or more supported exections have the neuron te		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during t	ho		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised,			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the suppo	orted		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in F	Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the direct			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contr			
	or management of the supporting organization was vested in the same persons that controlled or management domination(s).	ed 1		
Secti	on D. All Type III Supporting Organizations			L
0000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of th	ne	105	
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies			
	organization's governing documents in effect on the date of notification, to the extent not previously provi			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	ted		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part			
	the organization maintained a close and continuous working relationship with the supported organization	(S). 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Socti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
<u> </u>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	or loss instruction		
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	ear (see instruction	15).	
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			、 、
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governm	ent entity (see instru		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpose			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purport			
	how the organization was responsive to those supported organizations, and how the organization determ			
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or r	2a		
IJ	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b>			
	reasons for the organization's position that its supported organization(s) would have been engaged in the reas, explain in Part VI			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	25		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2017

3b

Schedule A (Form 990 or 990-EZ) 2017 NDSCS FOUNDATION 45-0407617 Page **6** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 0 0 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 0 0 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c **d** Total (add lines 1a, 1b, and 1c) 1d 0 0 e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 0 0 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 0 0 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 0 0 6 Multiply line 5 by .035. 6 0 0 7 Recoveries of prior-year distributions 7 0 0 8 Minimum Asset Amount (add line 7 to line 6) 8 0 0 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 0 2 0 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 0 4 Enter greater of line 2 or line 3. 4 0 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 0

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 NDSCS FOUNDATION

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi		5-0407617 Page				
	on D - Distributions	) Supporting Organi		Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes						
2	Amounts paid to perform activity that directly furthers exem							
	organizations, in excess of income from activity	-     -						
3								
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in <b>Part VI</b> ). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive					
U	(provide details in <b>Part VI</b> ). See instructions.		13170					
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount			0.0				
10			(ii)	(iii)				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
	Underdistributions, if any, for years prior to 2017							
2	(reasonable cause required—explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2017							
а								
b	From 2013 0							
С	From 2014 0							
d	From 2015 0							
е	From 2016 0							
f	Total of lines 3a through e	0						
g	Applied to underdistributions of prior years		0					
h	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0						
4	Distributions for 2017 from							
	Section D, line 7: \$ 0							
а	Applied to underdistributions of prior years		0					
b	Applied to 2017 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.	0						
5	Remaining underdistributions for years prior to 2017, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in <b>Part VI</b> . See instructions.		0					
6	Remaining underdistributions for 2017. Subtract lines 3h							
-	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j							
,	and 4c.	0						
8	Breakdown of line 7:	0						
a	Excess from 2013 0							
b								
0 d								
d	Excess from 2016 0							
е	Excess from 2017 0							

Schedule A (F	orm 990 or 990-EZ) 2017 NDSCS FOUNDATION	45-0407617	Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	17b; Part Section 1c, 2a, 2b,	

Schedule B
(Form 990, 990-F7

or 990-PF) Department of the Treasury

## Schedule of Contributors

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

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

OMB No. 1545-0047

20	1	7

Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		
Name of the organization	on	Employer ident	ification number
NDSCS FOUNDATION		45-C	)407617
Organization type (ch	eck one):		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. HTA

Name of organization NDSCS FOUNDATION

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Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ALDEVRON 4837 Amber Valley Parkway Fargo ND 58104 Foreign State or Province: Foreign Country:	\$12,500_	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
2	ALDEVRON 4837 Amber Valley Parkway Fargo ND 58104 Foreign State or Province: Foreign Country:	\$12,500_	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	ALEX STERN FAMILY FOUNDATION         4141 28th Ave S         Fargo       ND       58104         Foreign State or Province:         Foreign Country:	\$14,286_	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	ASSOCIATION SERVICES INC. 1411 32nd St S Ste 7 Fargo ND 58103 Foreign State or Province: Foreign Country:	\$32,000_	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	BELL BANK         717 2nd Ave N         Wahpeton       ND         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
6	BOLTON & MENK         3168 41st St S Ste 2         Fargo       ND       58104         Foreign State or Province:         Foreign Country:	\$5,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer	identification	number

Name of organization NDSCS FOUNDATION

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	BRANDT HOLDING CO         4650 26th Ave S STE E         Fargo       ND         Foreign State or Province:         Foreign Country:	\$45,000	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
8	BUTLER MACHINERY CO         3401 33rd St SW PO box 9559         Fargo       ND         Foreign State or Province:         Foreign Country:	\$25,000	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	C & S FARMS - C.JOHNSON 17450 Co RD 16 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
10	COTEAU PROPERTIES CO         204 County 15         Beulah       ND       58523         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
	D & M INDUSTRIES         4205 30th Ave S         Moorhead       MN         56560         Foreign State or Province:         Foreign Country:	\$5,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	DAKOTA MEDICAL FOUNDATION         4141 28th Ave S         Fargo       ND         Foreign State or Province:         Foreign Country:	\$5,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	DOHMAN GLORIA & TERRY         1502 14th Ave N         Wahpeton       ND         Foreign State or Province:         Foreign Country:	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14	DOZAK JOSH & TRACY 8018 Myron Rd Wahpeton ND 58075 Foreign State or Province: Foreign Country:	 \$\$5,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15	FALLER DEANNA         414 6th St W         West Fargo       ND         Foreign State or Province:         Foreign Country:	 \$\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	GREATER FM ECONOMIC         51 Broadway Ste 500         Fargo       ND       58102         Foreign State or Province:         Foreign Country:	 \$\$7,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	GREATER FM ECONOMIC         51 Broadway Ste 500         Fargo       ND       58102         Foreign State or Province:         Foreign Country:	 \$\$5,000	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
18	HEGEL VALERIA         218 Park Ave         Breckenridge       MN         56520         Foreign State or Province:         Foreign Country:	\$\$10,312	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
19	HEGEL VALERIA         218 Park Ave         Breckenridge       MN         56520         Foreign State or Province:         Foreign Country:	\$9,688	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	HELMS GLORIA         815 S 216th St #68         Des Moines       WA       98198         Foreign State or Province:         Foreign Country:	\$8,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	HENTGES ROGER & DONNA 707 Northridge Way West Fargo ND 58078 Foreign State or Province: Foreign Country:	\$20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22	HOSKINS THOMAS R 1463 Grandview Dr Warrrensburg MO 64093 Foreign State or Province: Foreign Country:	\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23	HOWARD GWEN 937 Van Buren St Port Townsend WA 98368 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24	HOWARD GWEN         937 Van Buren St         Port Townsend       WA       98368         Foreign State or Province:         Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25	JD CONSTRUCTION & FORESTRY 8000 Jersey Ridge Rd Davenport IA 52807 Foreign State or Province: Foreign Country:	 \$\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26	JERIK TERRI 3817 Fairview Dr Grand Forks ND 58201 Foreign State or Province: Foreign Country:	 \$\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27	JOHN DEERE CONSTRUCITON 8000 Jersey Ridge Rd Davenport IA 52807 Foreign State or Province: Foreign Country:	 \$\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28	KAALD PATRICIA & PAUL         16716 SE 44th St         Bellevue       WA       98006         Foreign State or Province:         Foreign Country:	 \$\$5,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29	KRAGNESS DUANE/T.WATANABE         4005 N Pinnacle Hills Cir         Mesa       AZ         85207         Foreign State or Province:         Foreign Country:	\$\$	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30	LARSON, EDNA & MARGARET FND         PO Box 95021 MAC S4753-028         Henderson       NV       89009         Foreign State or Province:	 \$\$100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31	LAWRENCE KARI         115 Matterhorn Dr N         Alpine       UT       84004         Foreign State or Province:         Foreign Country:	  \$\$	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
32	LINK GRACE 2500 Valleyview Ave Apt. 261 Bismarck ND 58501 Foreign State or Province: Foreign Country:	 \$\$5,000	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
33	LINK NORMA JEAN - DIANE DERRY 714 N 4th St #107 Wahpeton ND 58075 Foreign State or Province: Foreign Country:	 \$\$100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
34	LODAHL SELMER J ESTATE         311 1st Ave W         Abercrombie       ND         Foreign State or Province:         Foreign Country:	 \$\$50,000	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
35	MIDCO 50 22nd St E West Fargo ND 58078 Foreign State or Province: Foreign Country:	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36	MILLER LARRY & JEANETTE 1930 Walnut CT Wahpeton ND 58075 Foreign State or Province: Foreign Country:	 \$\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization NDSCS FOUNDATION

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	<b>Contributors</b> (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	
	MILLER MADELINE         500 4th Ave S #103         Wahpeton       ND         Foreign State or Province:         Foreign Country:	\$10,000_	Person X Payroll I Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
38	MILLER MADELINE         500 4th Ave S #103         Wahpeton       ND         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	
39	MILLER THOMAS         2015 South 15th St         Moorhead       MN         56560         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	
40	MINN-KOTA AG PRODUCTS 84 8th St N Breckenridge MN 56520 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	
41	NEEL JOE ESTATE-K.JOHNSON         2221 Chestnut St         Grand Forks       ND         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	
42	NESHEIM KELLY & MARIA 7390 51st St NW Palermo ND 58769 Foreign State or Province: Foreign Country:	\$5,000_	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

(d)

#### Name of organization NDSCS FOUNDATION

Part I

(a)

No.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution NESHEIM MARK & NOEL Person

43	NESHEIM MARK & NOEL 7024 Mesa CT Aptos CA 95003 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
44	NORTHERN IMPROVEMENT         PO Box 1254         Bismarck       ND         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
	RALPH WILLIAM ESTATE-K.BECKMAN         1426 Poe Cir         Greenville       NC       27858         Foreign State or Province:         Foreign Country:	\$20,000	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
46	RD OFFUTT COMPANY         700 7th St S         Fargo       ND         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
	RDO EQUIPMENT CO         PO box 7160         Fargo       ND         Foreign State or Province:         Foreign Country:	\$25,000	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
	RICHMAN JOHN & MARCIA         1421 17th Ave N         Wahpeton       ND         Foreign State or Province:         Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.) 3 (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization NDSCS FOUNDATION

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Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	RICHTER ARDEITH         428 Cottonwood Ct         Wahpeton       ND         Foreign State or Province:         Foreign Country:	\$10,000_	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	ROTHWELL WILLIAM         3 Wellington Ct.         Lincolnshire       IL         60069-3424         Foreign State or Province:         Foreign Country:	\$25,000_	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	TRAVERS ED MINERAL TRUST         116 W. Villard         Dickinson       ND       58601-5120         Foreign State or Province:	\$ <u>13,698</u>	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
	TRAVERS EDUCATION MINERAL TRUST         116 W. Villard         Dickinson       ND       58601-5120         Foreign State or Province:	\$20,107_	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
53	TRAVERS EDUCATIONAL TRUST         116 W. Villard         Dickinson       ND       58601-5120         Foreign State or Province:	\$15,958_	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
54	TRAVERS EDUCATIONAL TRUST         116 W. Villard         Dickinson       ND       58601-5120         Foreign State or Province:	\$13,010_	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
55	US BANK 502 2nd Ave N Wahpeton ND 58075 Foreign State or Province: Foreign Country:	\$5,000	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
56	WALL MARGARET         530 3rd St N       Apt. 2         Wahpeton       ND       58075         Foreign State or Province:	\$\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
57	WERRE JIM & MARILYN         4206 Timberline Dr         Fargo       ND       58104         Foreign State or Province:         Foreign Country:	\$5,000	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
58	YAGGIE DAVID & JERI         2681 St Hwy 210         Breckenridge       MN         56520         Foreign State or Province:         Foreign Country:	\$\$5,000	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
59	YAGGIE DAVID & JERI         2681 St Hwy 210         Breckenridge       MN         56520         Foreign State or Province:         Foreign Country:	 \$\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
60	YORK FRANCINE/FIDELITY INVEST.         7463 Brighouse Ct         Alexandria       VA         22315         Foreign State or Province:         Foreign Country:	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Name of organization NDSCS FOUNDATION

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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	
	ZIMBRICK JOHN         119 Springline Dr         Vero Beach       FL         Soreign 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.)	
(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.)	

Employer identification r	number
45-0407617	

Name of organization NDSCS FOUNDATION

45-0407617

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ace is needed.
(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
		\$	

	ganization DUNDATION			Employer identification number 45-0407617
Part III	Exclusively religious, charitable (10) that total more than \$1,000 f the following line entry. For organiz contributions of \$1,000 or less for Use duplicate copies of Part III if a	for the year from any zations completing Par the year. (Enter this in	one contributor. Comp t III, enter the total of ex formation once. See ins	lete columns <b>(a)</b> through <b>(e) and</b> clusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(0	) Use of gift	(d) Description of how gift is held
			ransfer of gift	
	Transferee's name, addres	ss, and ZIP + 4	Relation	ship of transferor to transferee
	For. Prov. Cou	ntry		
(a) No. from Part I	(b) Purpose of gift	(0	) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift			
	Transferee's name, addres	Transferee's name, address, and ZIP + 4 Relationship of trans		ship of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift		) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift			
	Transferee's name, addres	ss, and ZIP + 4	Relation	ship of transferor to transferee
	For. Prov. Cou	ntry		
(a) No. from Part I	(b) Purpose of gift	(0	) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift			
	Transferee's name, addres	ss, and ZIP + 4	Relation	ship of transferor to transferee
		ntru	 	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCHEDULE D		Supplo	montal Einancia	l Statomonte	ļ	OMB No. 1545-0047
(For	m 990)		mental Financia			<i>5</i> 2(0) <b>1</b> 7
		Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
Departn	nent of the Treasury	Attach to Form 990.				Open to Public Inspection
_	Revenue Service of the organization	Go to www.irs.gov	//Form990 for instructions		n. /er identification nu	
	CS FOUNDATIO	N			45-040	
Pari	Organiza	ations Maintaining Donor			Accounts.	
	Complete	e if the organization answe				
1	Total number of	tand of year	(a) Donor advise	d funds	(b) Funds and o	ther accounts
1 2		t end of year				
3		f grants from (during year)				
4		e at end of year				
5		ation inform all donors and do	nor advisors in writing that	t the assets held in donor	advised	
		rganization's property, subject				Yes No
6	0	ation inform all grantees, donc		5 5		
		naritable purposes and not for ring impermissible private ben				Yes No
Pari		ation Easements.				Tes No
I al		e if the organization answe	red "Yes" on Form 990	Part IV line 7		
1		onservation easements held b				
	Preservatio	on of land for public use (e.g.,	recreation or education)	Preservation of a h	nistorically impor	tant land area
	Protection	of natural habitat		Preservation of a c	ertified historic	structure
	Preservatio	on of open space		_		
2		2a through 2d if the organizat	on held a qualified consei	vation contribution in the	form of a conse	ervation
		ne last day of the tax year.			Held at t	he End of the Tax Year
а		f conservation easements			2a	
b		estricted by conservation ease			2b	
c d		servation easements on a cert servation easements included			2c	
u		e listed in the National Register			2d	
3		servation easements modified,			by the organiza	tion during
	the tax year 🕨					
4		es where property subject to c				
5	-	ization have a written policy re		•	•	
6		enforcement of the conservation er hours devoted to monitoring, in				Yes No
U		ci nouis devoted to monitoring, i	ispecting, nandling of violati	ons, and chloreing conserve		during the year
7	Amount of exper	nses incurred in monitoring, inspe	cting, handling of violations,	and enforcing conservation	easements durin	g the year
	▶ \$					
8		servation easement reported of				
0		D(h)(4)(B)(ii)?				
9		scribe how the organization rep and include, if applicable, the			•	
		n's accounting for conservation		organization's interior si		6361063
Pari		tions Maintaining Collec		I Treasures, or Othe	r Similar Ass	ets.
		e if the organization answer				
1a		ion elected, as permitted unde				
		storical treasures, or other sim				
b	•	e, provide, in Part XIII, the text ion elected, as permitted unde				
D		storical treasures, or other sim				
	of nublic service	e provide the following amour	its relating to these items.			
	(i) Revenue ind	cluded on Form 990, Part VIII, ded in Form 990, Part X .	line 1		► \$	
	(ii) Assets inclu	ded in Form 990, Part X			► \$	
2		ion received or held works of a			nancial gain, pro	ovide the
2		nts required to be reported und led on Form 990, Part VIII, line			► ¢	
a b	Assets included	d in Form 990, Part X		• • • • • • • • • • • • • • • • • • •	· · · • •	
_	aperwork Reduc	tion Act Notice, see the Instruc	ctions for Form 990.		Sch	edule D (Form 990) 2017
HTA						

Sched	ule D (Form 990) 2017 NDSCS FOUNDATION						45-0407	'617		Page <b>2</b>
Part	III Organizations Maintaining Coll	ections of Ar	t, Histor	ical Trea	asures, or C	Other	Similar Assets	s (conti	nued)	
3	Using the organization's acquisition, acces									
-	collection items (check all that apply):		, .			9			-	
а	Public exhibition		d 🗌	Loan d	or exchange p	roarar	ms			
					0.1	U				
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's	collections and	explain ho	ow they fu	rther the orga	nizatio	on's exempt purpo	se in Pa	art	
	XIII.		•	5	0					
5	During the year, did the organization solici	or receive don:	ations of a	rt historic	al treasures	or oth	er similar			
Ũ	assets to be sold to raise funds rather than							ΓY	29	No
Davi			su us purt	or the org		meetic			,3	
Part	-		F 0					-		
	Complete if the organization answ	vered "Yes" or	1 Form 9	90, Part	IV, line 9, or	repo	rted an amount	on For	m	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custo	dian or other inf	termediary	/ for contr	ibutions or oth	ner as	sets not			-
	included on Form 990, Part X?							Ye	es	No
b	If "Yes," explain the arrangement in Part X	III and complete	the follow	ing table:						-
							ļ	Amount		
с	Beginning balance					10	c			0
d	Additions during the year					10	d			
е	Distributions during the year					10	9			
f	Ending balance					1				0
										1
2a	Did the organization include an amount on								es X	No
b	If "Yes," explain the arrangement in Part X	III. Check here i	f the expla	anation ha	is been provid	led on	Part XIII			
Part	V Endowment Funds.									
	Complete if the organization answ	vered "Yes" or	ר Form 9	90, Part	IV, line 10.					
		a) Current year	(b) Prio		(c) Two years b	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance	15,123,840		,955,281	12,482		11,492,52			5,404
b	Contributions	922,974		,100,451	1,705	-	1,318,41	1		39,732
c	Net investment earnings, gains,	/22,//+		,100,431	1,700	,307	1,510,41	,	1,00	07,152
C	and losses	214,439		400,129	110	3,936	445,57	2	1 2 2	31,392
٦				Î				1		
d	Grants or scholarships	769,241		332,021	00	,649	773,89	5	30	4,992
е	Other expenditures for facilities									
	and programs							_		
f	Administrative expenses							_		39,009
g	End of year balance	15,492,012		,123,840	13,955		12,482,62	7	11,49	2,527
2	Provide the estimated percentage of the cu			ine 1g, co	lumn (a)) held	as:				
а	Board designated or quasi-endowment	▶	6%							
b	Permanent endowment	94%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c s	hould equal 100	%.							
3a	Are there endowment funds not in the post	session of the or	rganizatio	n that are	held and adm	niniste	red for the			
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organ	izations listed as	s required	on Scheo	dule R?			3b		
4	Describe in Part XIII the intended uses of t		•							•
Part										<u> </u>
i art	Complete if the organization answ		Form 9	00 Part	IV line 11a	Soo	Form 990 Part	X lin⊝	10	
	· · · · · · · · · · · · · · · · · · ·									
	Description of property	(a) Cost or oth (investme			st or other s (other)	• • •	Accumulated	( <b>a</b> ) B	ook valu	e
1.	L = x = d	linearine		00313			depreciation		20	110
1a			226,630		0		010 5 15			06,410
b	Buildings		0		1,709,138		312,242			6,896
С	Leasehold improvements		0		143,695		74,162		6	9,533
d	Equipment		0		0		0			0
е	Other		0		0		0			0
Total	Add lines 1a through 1e. (Column (d) must	equal Form 990	). Part X	column (F	3), line $10c$ )				1.67	2.839

Part VII Investments—Other Securities.			h Soo Earm (	
Complete if the organization answer	ed "Yes" on Form 99	0, Part IV, line 11	D. See FUIII 9	90, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation of valuation (c) Method of valuation of valuation (c)	
) Financial derivatives	(	)		
2) Closely-held equity interests	(	)		
3) Other				
(A)				
<u>(B)</u>				
(C)				
(D)				
<u>(E)</u>				
(F)				
(G) (H)				
(⊓) otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	(			
Part VIII Investments—Program Related.				00 Dart V line 12
(a) Description of investment	(b) Book value	0, Part IV, line Tro	(c) Method of valua	
			st or end-of-year ma	rket value
(1) STATE BANK & TRUST	16,334,723			
(2) USB FINANCIAL	(	F		
(3)				
(4)				
(5)				
(6)				
(8)				
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	16,334,723			
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answer (a) Des	ed "Yes" on Form 99	-	d. See Form 9	990, Part X, line 15. (b) Book value
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answer (a) Des (1)	ed "Yes" on Form 99	-	d. See Form 9	
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answer (a) Des (1) (2)	ed "Yes" on Form 99	-	d. See Form 9	
(8) (9) Part IX Other Assets. Complete if the organization answer (a) Des (1) (2) (3)	ed "Yes" on Form 99	-	d. See Form 9	
(8) (9) Part IX Other Assets. Complete if the organization answer (a) Des (1) (2) (3) (4)	ed "Yes" on Form 99	-	d. See Form 9	
(8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answer (a) Des (1) (2) (3) (4) (5)	ed "Yes" on Form 99	-	d. See Form 9	
(8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answer (a) Des (1) (2) (3) (4) (5) (6)	ed "Yes" on Form 99	-	d. See Form 9	
(a)         (b)         (c)	ed "Yes" on Form 99	-	d. See Form 9	
(8) (9) Part IX Other Assets. Complete if the organization answer (a) Des (1) (2) (3) (4) (5) (6) (7) (8)	ed "Yes" on Form 99	-	d. See Form 9	
(8) (9) Part IX Other Assets. Complete if the organization answer (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	red "Yes" on Form 99	-	d. See Form 9	
(8)         (9)         Other Assets.         Complete if the organization answer         (a) Des         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answer	red "Yes" on Form 99 cription	0, Part IV, line 11		(b) Book value
<ul> <li>(8)</li> <li>(9)</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1)</li> <li>(2)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1)</li> <li>(2)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1)</li> <li>(2)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1)</li> <li>(1)</li> <li>(2)</li> <li>(2)</li> <li>(3)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(1)</li> <li>(2)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1)</li> <li>(1)</li> <li>(2)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1)</li> <li>(1)</li> <li>(2)</li> <li>(2)</li> <li>(3)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1)</li> <li>(1)</li> <li>(2)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1)</li> <li>(1)</li> <li>(1)</li> <li>(2)</li> <li>(2)</li> <li>(3)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1)</li> <li>(1)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(9)</li> <li>(1)</li> <li>(1)</li> <li>(2)</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li></ul>	red "Yes" on Form 99 cription	0, Part IV, line 11		(b) Book value
(8)         (9)         Other Assets.         Complete if the organization answer         (a) Des         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Dotal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answer         line 25.         (a) Description of liability	red "Yes" on Form 99 scription 15.)	0, Part IV, line 110		(b) Book value
(a)         (b)         (c)	red "Yes" on Form 99 cription 15.)	0, Part IV, line 110		(b) Book value
<ul> <li>8)</li> <li>9)</li> <li>otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►</li> <li>Part IX</li> <li>Other Assets.</li> <li>Complete if the organization answer <ul> <li>(a) Des</li> </ul> </li> <li>(a) Des</li> <li>(b) must equal Form 990, Part X, col. (B) line</li> <li>(c) Des</li> &lt;</ul>	red "Yes" on Form 99 cription 15.)	0, Part IV, line 110		(b) Book value
8)         (9)         Other Assets.         Complete if the organization answer         (a) Des         (a)         (a)         (a)         (b)         (c)	red "Yes" on Form 99 cription 15.)	0, Part IV, line 110		(b) Book value
(8)         (9)         Other Assets.         Complete if the organization answer         (a) Des         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Data L (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answer         line 25.         (a) Description of liability         (1) Federal income taxes         (2) DUE TO NDSCS         (3) LIABILITIES UNDER CHARITABLE TRUSTS         (4)	red "Yes" on Form 99 cription 15.)	0, Part IV, line 110		(b) Book value
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answer (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answer line 25. (a) Description of liability (1) Federal income taxes (2) DUE TO NDSCS (3) LIABILITIES UNDER CHARITABLE TRUSTS (4) (5)	red "Yes" on Form 99 cription 15.)	0, Part IV, line 110		(b) Book value
(8)         (9)         Other Assets.         Complete if the organization answer         (a) Des         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Datal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answer         line 25.         (a) Description of liability         (1) Federal income taxes         (2) DUE TO NDSCS         (3) LIABILITIES UNDER CHARITABLE TRUSTS         (4)         (5)         (6)	red "Yes" on Form 99 cription 15.)	0, Part IV, line 110		(b) Book value
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answer (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answer line 25. (a) Description of liability (1) Federal income taxes (2) DUE TO NDSCS	red "Yes" on Form 99 cription 15.)	0, Part IV, line 110		(b) Book value
(8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answer (a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answer line 25. (a) Description of liability (1) Federal income taxes (2) DUE TO NDSCS (3) LIABILITIES UNDER CHARITABLE TRUSTS (4) (5) (6) (7)	red "Yes" on Form 99 cription 15.)	0, Part IV, line 110		(b) Book value

Schedule D (Form 990) 2017

Sched	ule D (Form 990) 2017 NDSCS FOUNDATION	45-0407617	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants   2c		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
с -	Add lines 4a and 4b.	4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	5	0
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a h	Donated services and use of facilities	-	
b	Prior year adjustments         2b           Other losses         2c	-	
c d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	0
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b.	4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5	0
Par	t XIII Supplemental Information.	+ +	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		., line

Page 5


	Suppleme	ntal Informatio	n Regardir	ng Fundrai	ising or Gaming Ac	ctivities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or organization entered more than \$15,000 on Form 990-EZ, line 6a.				, Part IV, line 17, 18, or 1		2017	
Department of the Treasury Internal Revenue Service	·	Attac	ch to Form 99	0 or Form 99	Ю-ЕZ.	Open to F Inspectio	
Name of the organization		Go to www.irs	.gov/Form99		st instructions.	Employer identificati	
NDSCS FOUNDATION						45-04	
	EZ filers are not				ered "Yes" on For	m 990, Part IV, II	ne I7.
1 Indicate whether	the organization ra		igh any of t	he followir	ng activities. Check		
a Mail solicitation	ons email solicitations				of non-government g of government grant	•	
c Phone solicit					Iraising events	5	
d In-person sol			9 <u></u> - 1				
					(including officers, o		
• • •		•		•	rofessional fundraisi ant to agreements u	-	Yes No
	ed at least \$5,000 k			ers) pursue	ant to agreements a		
(i) Name and addres or entity (fund		(ii) Activity	custody o	draiser have control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			
1					0	0	0
2					0	0	0
3					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	0	0
Total     .     .       3     List all states in v	<u></u>	<u></u>	<u></u>		0 contributions or has	0	0
registration or lice	-	on is registered	of licensed			been notified it is e	xemptirom
	·						

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

			apis greater than \$5,00						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			Dreams Auction (event type)	(event type)	(total number)	(add col. <b>(a)</b> through col. <b>(c)</b> )			
ne			(even type)	(even type)	(lotal nambol)				
Revenue	1	Gross receipts	161,557		0	161,557			
R	2		14,390		0	14,390			
	3	minus line 2)	147,167		0	147,167			
	4	Cash prizes			0	0			
S	5	Noncash prizes			0	0			
Direct Expenses	6	Rent/facility costs			0	0			
ct Exp	7	Food and beverages			0	0			
Dire	8	Bentertainment			0	0			
	9	Other direct expenses	50,534		0	50,534			
	1( 1 <sup>-</sup>	1 Net income summary. Subtrac	ct line 10 from line 3, colur	mn (d)		( <u>50,534)</u> 96,633			
Pa	irt I	<b>Gaming</b> . Complete if t	he organization answe	red "Yes" on Form 99	90, Part IV, line 19, or r	eported more			
		than \$15,000 on Form	990-EZ, line 6a.		n				
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1	Gross revenue				00			
ses	2	Cash prizes				0			
Expen	3	Noncash prizes				0			
Direct Expenses	4	Rent/facility costs				0			
	5	Other direct expenses				0			
	6	Volunteer labor	☐ Yes% ☐ No	Yes% No	└── Yes <u>%</u> └── No				
	7	Direct expense summary. Add	l lines 2 through 5 in colun	nn (d)		(0)			
	8	Net gaming income summary.	Subtract line 7 from line 7	I, column (d)		0			
	<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities: ND</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li></ul>								
		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?							

Schedule G (Form 990 or 990-EZ) 2017

Sched	ale G (Form 990 or 990-EZ) 2017 NDSCS FOUNDATION 45-0407617 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
a b	The organization's facility       13a       %         An outside facility       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?
b	If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$ 0 and the amount of gaming revenue retained by the third party $\triangleright$ \$ 0
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	retain the state gaming license?
-	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$ 0
Part	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.							OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to	www.irs.gov/Form990		ion.			Inspection
Name of the organization		0010				E	Employer identif	fication number
NDSCS FOUNDATION							4	5-0407617
Part I General Information	on on Grants	and Assistance						
<ol> <li>Does the organization mainta the selection criteria used to</li> <li>Describe in Part IV the organ</li> </ol>	award the grants	s or assistance? .						X Yes No
Part II Grants and Other	Assistance to	Domestic Orga	nizations and Dom	estic Government	s. Complete if the or cated if additional spatial			d "Yes" on Form
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		escription of h assistance	(h) Purpose of grant or assistance
(1) NORTH DAKOTA STATE COLLEG 800 6TH STREET N WAHPETON, ND			906,313		Other			CASH GRANTS PROVIDED FOR
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other of</li></ul>						 <u></u> .		

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Page **2** 

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
t IV Supplemental Information. P	rovide the information r	equired in Part I, li	ne 2; Part III, columi	n (b); and any other additi	ional information.
I Line 2 Grants are paid to the North Dakota tural improvement to the campus. We provi				these grant funds	
ponitored through the request on payments a					

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questic Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	ons on $2017$
Name of the organization		Employer identification number
NDSCS FOUNDATION		45-0407617
	nange in split interest agreements (49,617) and rounding (2).	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
NDSCS FOUNDATION	45-0407617
	10 0 10 10 11