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## NP0000003 Form 990

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008 Open to Public

inter	mal Revenue &	ervice	Ine organization may have to use a copy of this return to satisfy state rep	orting requirem	ienis	Inspection
Α	For the 2008 c	alendar ye	ar, or tax year beginning $7/01/08$ , and ending $6/30/09$			
В	Check if applicable	Please	C Name of organization		D Employ	er Identification number
	Address change	use IRS	DAKOTA STATE UNIVERSITY FOUND	ATION		
$\exists$	Name change	label or print or	Doing Business As		23-	7299995
$\equiv$	-	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	ne number
ᆜ	Initial return	See	820 N WASHINGTON		605	-256-5157
╝	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		<b>G</b> Gross receip	
$\neg$	Amended return	tions.	MADISON SD 57042	Ì	C Citas reach	13 4 7 2
=		E Nome	e and address of principal officer		H(a) le thie a	group return for
	Application pending	9		ì	affiliates	
					H(b) Are all a	iffiliates
					included	
		<del>V</del>	501(c) ( <b>3</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527		II NO,	attach a list (see instructions)
<u>.                                    </u>	Tax-exempt sta		501(c) ( 3 ) ◀ (insert no )   4947(a)(1) or   527 DSU.EDU			
	Website: >	1==				xemption number
	Type of organization			ar of formation 🗘	970 l	M State of legal domicile SD
		Summar				
	1		he organization's mission or most significant activities			
ø	1		FA STATE UNIVERSITY FOUNDATION PROVIDES GIFTS,			
ano	GRA	ANTS AI	ND SCHOLARSHIPS TO OR FOR THE BENEFIT OF DAKOTA			
E	STA	ATE UNI	IVERSITY. THESE FUNDS ARE DISBURSED TO DSU			
Š	2 Check	this box I	If the organization discontinued its operations or disposed of more than 25%	of its assets		
ග ජ	3 Numbe	r of voting	members of the governing body (Part VI, line 1a)		3	37
Activities & Governance	4 Numbe	r of indepe	endent voting members of the governing body (Part VI, line 1b)		4	37
Ϋ́	5 Total n	umber of e	employees (Part V, line 2a)		5	6
Ę			volunteers (estimate if necessary)		6	
•	7a Total q	ross unrela	ated business revenue from Part VIII, line 12, column (C)		7a	
	_		siness taxable income from Form 990-T, line 34		7b	0
				Prior Yea		Current Year
_	8 Contrib	utions and	f grants (Part VIII, fine 1h)	889	,358	1,762,874
Revenue	9 Progra	m service	revenue (Part VIII, line 2g)			
8	1		ne (Part VIII, column (A), lines 3, 4, and 7d)	338	3,776	-1,136,961
æ			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,058	110,465
			dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,221		736,378
			r amounts paid (Part IX, column (A), lines 1-3)	·	3,161	644,267
					,,101	044,207
	4E Colono	s palu iuu	r-for-members (Flan X) roplumn (A), line 4)	23	3,552	125,896
Expenses	15 Salahe	s, other co	omperisation, employee benefits (Part IX, column (A), lines 5–10)		, 332	123,696
ë	b Table		raising fees (Part IX, column AX) ine 11e)	<del></del>		<del></del> -
X	b Total it	indraisingu 19	Expenses (Pan) (S collims (D) in 25) ► 235,311	404	051	CEO. CEO.
_	17 Other e		Part IX, column (A), lines 11a 10d 11f-24f)		,051	658,650
	18 Totale	xpenses /	Add times 13-17 (must equal Part IX, column (A), line 25)	1,100		1,428,813
_ s	19 Revenu	<u>ie less ext</u>	penses Subtractine 18 from line 12		,312	-692,435
Net Assets or Fund Balances	20 T-1-1-	(D	NY h 40)	Beginning of		End of Year
Sse Bala	20 Total as			6,764		7,321,418
멸	21 Total lia		art X, line 26)	1,545		2,116,023
_			d balances Subtract line 21 from line 20	5,219	,435	5,205,395
<u> P</u>			e Block			
	ال	Inder penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and is true, correct, and complete. Declaration of preparer (other than officer) is based on all informat	statements, and t	o the best of	my knowledge
	l .	ila bellet, it	is the confect, and complete becaration of preparer (other trial officer) is based on all information	ion of which prepared	arer nas any	knowleage 1 /
Sig	n	<b>—</b>	Comp ( Colon Con)		12	<u> </u>
lei	re 📗	Signatur	re of officer		Date	, , ,
			Amy Dockendort / SSU Controllor			
		Type or	print name and utle			
		reparer's	Date	Check if		Preparer's identifying number
Pai	a <sub>s</sub>	ignature	11/29	/OO self-		(see instructions) P00618663
$\boldsymbol{n}$	parer's 💳		Tason Maxwell CPA	09 employe	T .	10001000
Íse		irm's name	tor yours		EIN	<u> </u>
, , ,	<b>^</b>	self-employ ddress, and			Phone	COE DEC 4540
ř.			1202001, 02 37042 2040		_ no ▶	605-256-4542
			urn with the preparer shown above? (see instructions)	<u> </u>	<del></del>	Yes No
ĸΛ	For Privacy	/ Act and	Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2008)

# Form 990 (2008) DAKOTA STATE UNIVERSITY FOUNDATION

Part IV Checklist of Required Schedules

		$\overline{}$	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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? If "Yes," complete			
_	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			v
7	Schedule D, Part I	6		X
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	,		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7_		
0	complete Schedule D, Part III			x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	8		
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	-10		
• •	Parts VI, VIII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
-	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	_23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ŀ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions		j	
	24b–24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		İ	
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	_		
7	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		ł	v
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	990	<u> </u>

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		<u>X</u>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		<u> </u>
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	j		
	Part I	31		<u>X</u>
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		X
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		<u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1		
	III, IV, and V, line 1	34		_ <u>X</u> _
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u> </u>

Form **990** (2008)

72	Statements Regarding Other IRS Filings and Tax Compliance		
		Ye	No.
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		
_	U.S. Information Returns. Enter -0- if not applicable  Takes the purpose of Forms W.2C yielded in two 1s. Fotos 0 if not applicable.		I
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		1
С		_	x
2a			1
Za	Statements, filed for the calendar year ending with or within the year covered by this return  2a 6		I
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	ь   х	1
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	-	+
	instructions)		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		
	this return?	a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	b	
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, secunties account, or other financial		
	account)?	a	X
þ	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		
	and Financial Accounts.		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>b</b>	Х
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity		
_	Regarding Prohibited Tax Shelter Transaction?		<del> </del>
6a	Did the organization solicit any contributions that were not tax deductible?  (8)	a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
7	gifts were not tax deductible?  Oranginations that may receive deductible and that it is a reduction (72%)	b	╅
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than  \$75?	.   •	1
b	\$75? If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1	<u> </u>
•	required to file Form 8282?		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	+	+**
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		•
	benefit contract?	,	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		
	required?	ո	x
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		I
а	Did the organization make any taxable distributions under section 4966?	<u> </u>	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1
	amounts due or received from them )		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	a	ļ
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			,
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent  1b 37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	1	X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)	122		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16ь	1	:
Sec	tion C. Disclosure	1 100 1		
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
, -	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization DAKOTA STATE UNIVERSITY 820 N WASHINGTON			
M	ADISON SD 57042-1799	505-25	6-E	130
	3D 37042-1735 (	202 23	<u> </u>	<u> </u>

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

(A)	(B)	<b>.</b>		C)			(D)	(E)	(F)
Name and Title	Average hours per week	ន្ត Individual trustee or director	 Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
WAYNE PAULI									
BOARD MEMBER   GLEN STRAATME	VED	+	_	⊢	$\vdash$	$\vdash$	0	0	0
BOARD MEMBER	IEK			ļ		ŀ	o	o	O
DWAYNE PECKS			$\vdash$	┢	$\vdash$		0		
BOARD MEMBER							o	0	0
TIM PETERS		$\vdash$							
BOARD MEMBER					1		o	O	O
TED PINS		1-	 l —	<u> </u>	1			<u> </u>	
BOARD MEMBER		1					0	0	0
ALICE POPPEN			 _				_	· · · · · · · · · · · · · · · · · · ·	<del>_</del>
BOARD MEMBER							0	0	0
CATHY REGAS									
BOARD MEMBER							0	0	0
FLOYD RUMMEL									
BOARD MEMBER			<u> </u>				0	0	0
RANDY SCHAEFEI	R			ļ					
BOARD MEMBER			<u> </u>		<u> </u>		0	0	0
SCOTT SCHLISM	ER								
BOARD MEMBER	<del> </del>		 	_	_		0	0	0
DAN SCHOEPF								_ [	_
BOARD MEMBER					┞		0	0	0
LEE STODDARD									•
BOARD MEMBER	<del></del>	<del>   </del>	 	<u> </u>	├	$\vdash$	0	0	0
JIM THOMSEN BOARD MEMBER									^
CHRIS WEDE		$\vdash$		_	├-		0	0	0
BOARD MEMBER							o	o	O
CECELIA WITTM	AYER	$\vdash$			$\vdash$	<del> </del>			
BOARD MEMBER	<del></del>						o	0	0
GENE WOCKENFUS	SS	$\vdash$		-	$\vdash$				
EX OFFICIO							o	o	0
NORMA GOTH	··	П	 	$\vdash$	1				
BOARD MEMBER				l			o	o	O

Part VII Section A	A. Officers, Directors, Trus	tees	, Ke	y En	nplo	yees	, and	d Highest Compensated E	mployees (continued)				
(A)	(B)		-,-		C)			(D)	(E)		(F)	·	
Name and title	Average hours per week	<u> </u>	<del>-                                    </del>	Officer	1	nat ap		Reportable compensation from	Reportable compensation from related	}	Estima amour othe	nt of	
		Individual trustee or director	Institutional trustee	97	Key employee	Highest compensated employee	ег	the organization (W-2/1099-MISC)	compensatio from the organization and related organizations				
BRIAN KERN			<del> </del>										
BOARD MEMBER		ļ		<u> </u>	<u> </u>	<u> </u>		0	0	<u> </u>			(
DAN KERN BOARD MEMBER								o	o				
DOUGLAS KNOW	T.TON		-		-		<del> </del>	<u> </u>					
EX OFFICIO								o	o	ĺ			(
SHANTEL KREE	S												
BOARD MEMBER								0	0				(
DAVID BOCKOR	YMY									ĺ			
BOARD MEMBER PAT MARONEY	<del> </del>		<del> </del>			╁	_	0	0	<u> </u>			
BOARD MEMBER								0	0				(
DAN MEADOWS	-						$\vdash$						
BOARD MEMBER								0	0				(
DELON MORK						i							
BOARD MEMBER TRACY PARDY		-					ļ	0	0				
EX OFFICIO								o	0				(
STACY KRUSEN	ARK	_	<del> </del> —	<del>                                     </del>					•	<del></del>			
EX OFFICIO								o	0				(
JERRY TUNHE	М												
BOARD MEMBER			<u> </u>					0	0				(
AMY DOCKENDO	PRF								0				,
TREASURER KRISTINE AND	ERSON		<del>                                     </del>	_			-	0	0	<del></del>			
BOARD MEMBER								o	0				(
1b Total							<b></b>						
	viduals (including those in 1	a) wl	no re	ceiv	ed m	ore (	han	\$100,000 in reportable com	pensation from the				
organization ▶ 0													Т
3 Did the organization	list any former officer, direct	tor c	or tru	stee	kev	emr	love	e or highest compensated		Г		Yes	No
employee on line 1a	? If "Yes," complete Schedu	ile J	for s	uch i	ndıvı	iduaİ	•	,			3		X
	ited on line 1a, is the sum of I related organizations great												
ındıvıdual	related organizations great	ei in	ан ф	150,	0007	11 1	es,	complete scriedule 3 for sc	ICH		4		X
	d on line 1a receive or accru												,,
Section B. Independent	the organization? If "Yes,"	com	olete	Sch	edul	e J to	or su	ch person			5		X
1 Complete this table t	for your five highest comper	nsate	d inc	lepe	nder	nt cor	ntrac	tors that received more that	n \$100,000 of				
compensation from t	the organization (A) Name and business address						1		(B) ion of services			(C) mpensa	
	Name and business address							Descript	ion of services	$\longrightarrow$	Co	mpeńsa	tion
							l						
										$\longrightarrow$			
	<del></del>						$\vdash$		·				
									<del></del>				
	ependent contractors (includ	ıng tl	hose	ın 1	) wh	o rec	eive	d more than \$100,000 in					
Compensation from t	ine organization 🟲										0	000	(0000

Pa	rt V	III Statement of Rev	enue					
		*			(A) Total revenue	(B) Related or	(C)	(D) Revenue
		_			Total revenue	exempt	Unrelated business	excluded from tax
		•				function revenue	revenue	under sections 512, 513, or 514
S S	1a	Federated campaigns	1a			TOYONGO	– –	312, 313, 01 314
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b		1			
gu.	6	Fundraising events	1c		1			
jifts ar a	4	Related organizations	1d	<del></del>	1			
s, g	٥	Government grants (contributions)	1e		I			
ion		All other contributions, gifts, grants,			1			
he	'	and similar amounts not included above	1f 1,7	62,874	1			
텵	_			702,074	1			
ağ	9		a-1f \$	_	1 760 074			
<u>~</u>	n	Total. Add lines 1a-1f	·	<u> </u>	1,762,874			
Program Service Revenue	_			Busn. Code				
e e	2a			<del></del>				
e R	ь			$\vdash$				<del></del>
ξi	С			<u> </u>				
Se	d				_			<u> </u>
Ш	е							
lgo.	f	All other program service reve	enue	L				
P.	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, interes	st, and				
		other similar amounts)		▶ [	175,981			175,981
	4	Income from investment of tax	x-exempt bond pr	oceeds 🕨				
	5	Royalties		▶ [				
		(ı) Real	(II) F	Personal				
	6a	Gross Rents 194	1,290		<b>!</b>			
	b		1,932		ŧ	[		
	c		9,358		1	•		
	d	Net rental income or (loss)	7,550		169,358	[	Ī	169,358
			ine (ii	) Other	109,336			169,336
		sales of assets		, other	Į.	1		
	_	The state of the s	3,204			ĺ		
	b	Less cost or other	. 146		<b>‡</b>			
			6,146		1			
		Gain or (loss)	2,942		1 210 240	1 212 212	<b>‡</b>	
	d	Net gain or (loss)		•	-1,312,942	-1,312,942		<del>,</del>
	8a	Gross income from fundraising ev	ents					
970		(not including \$					1	
Σ		of contributions reported on line 10	c)	j	1		1	
~ E		See Part IV, line 18	a		1		1	
Other Revenu	þ	Less direct expenses	ь		1		1	
٥	C	Net income or (loss) from fund	draising events	<b>•</b>				
	9a	Gross income from gaming activiti	ies		1		1	
		See Part IV, line 19	a			I	1	
	b	Less direct expenses	ь				1	
	С	Net income or (loss) from gan	ning activities	<b>•</b>				
1	10a	Gross sales of inventory, less	,			_		
		returns and allowances	a					
İ	b	Less cost of goods sold	ь		1		1	
		Net income or (loss) from sale	es of inventory	•	†	Ì	Ī	
	<u>~</u>	Miscellaneous Revenu	-	Busn. Code			<del>, ,</del>	
}	11a				-58,893	Ì	ŧ	_50 003
	b	DECREASE IN SPLIT IN	I. MUREE.	<del>                                     </del>	30,893			-58,893
				<del>                                     </del>			<del></del>	
	C	AD -45		<del></del>				
	d	All other revenue		<u> </u>	F0 000			
	θ	Total. Add lines 11a–11d			-58,893			
	12	Total Revenue. Add lines 1h,	, 2g, 3, 4, 5, 6d, 7d					
		9c, 10c, and 11e		<u> </u>	736,378	-1,312,942	0	286,446

### 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) but are not required to complete columns (B), (C), and (D).

_					<del>(-<i>)</i>.</del>
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	· ·	644.065	644.065		
	organizations in the U.S. See Part IV, line 21	644,267	644,267		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	İ			
	U S See Part IV, lines 15 and 16				······
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	}			
_	persons described in section 4958(c)(3)(B)	125,437	<del></del>	105 407	<del></del>
7	Other salaries and wages	125,437		125,437	<del></del>
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)			<del></del>	<del></del>
9	Other employee benefits	459		459	
10	Payroll taxes	439		439	
11	Fees for services (non-employees)				
a	•				
	Legal Accounting	8,500		8,500	· · · · · · · · · · · · · · · · · · ·
	Lobbying	0,500		8,300	
9					
f	Investment management fees	13,664		13,664	
g	<u> </u>	25,001	***	13,004	<del></del>
12	Advertising and promotion	17,365		17,365	
13	Office expenses	11,303		11,303	
14	Information technology			11/505	
15	Royalties				
16	Occupancy				
17	Travel	13,233	7	13,233	
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	70,656		70,656	
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization	50,646	50,646		
23	Insurance		•		·····
					······································
24	Other expenses Itemize expenses not			1	
	covered above. (Expenses grouped together			1	
	and labeled miscellaneous may not exceed			I	
	5% of total expenses shown on line 25 below.)				
а	FUNDRAISING EXPENSE - OTH	235,311			235,311
b	OFFICE EXPENSE - MANAGEME	224,154		224,154	
С	ALUMNI SUPPORT - PROGRAMS	8,072	8,072	<b>^-</b>	<del>.</del>
d	MISC EXPENSE - PROGRAMS	5,746	5,746		
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,428,813	708,731	484,771	235,311
26	Joint Costs. Check here If following				•
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Assets										
Assets					(A) Beginning of year		( <b>B</b> End of			
Assets	1	Cash—non-interest bearing	·		Dogg o. you.	1	2.10 0.	,		
Assets	2	Savings and temporary cash investments		<u> </u>	343,683	2	6	19,	280	
Assets	3	Pledges and grants receivable, net		<u> </u>	0.10,000	3		<u> </u>		
Assets	4	Accounts receivable, net		<u> </u>	18,699	4	_	4.	645	
Assets	5	Receivables from current and former officers, directors, tru	istees key	, –		7	<del>-</del>	-,		
Assets		employees, or other related parties Complete Part II of So	•			5				
Assets	6	Receivables from other disqualified persons (as defined up				,				
Assets		4958(f)(1)) and persons described in section 4958(c)(3)(B								
Assets		Part II of Schedule L	, 55	Ĭ		6				
Asset	7	Notes and loans receivable, net		F	4,645	7			-	
ASS	8	Inventories for sale or use		-		8				
+	9	Prepaid expenses and deferred charges				9	-			
			10a	1,576,704		3				
		Less accumulated depreciation Complete	104							
		Part VI of Schedule D	10ь	153,842	1,099,047	10c	1,4	22	862	
	11	Investments—publicly traded securities	100		4,954,943	11	4,9			
	12	Investments—other securities See Part IV, line 11		<u> -</u>	1,331,313	12	-,,,	<del>55</del> ,	370	
	13	Investments—program-related See Part IV, line 11			·	13				
_	14	Intangible assets			·,	14				
$\dashv$	15	Other assets See Part IV, line 11			343,742	15	2	91,	253	
$\dashv$	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,764,759	16	7,3			
	17	Accounts payable and accrued expenses			0,704,733	17	,,,,	<u>~                                    </u>	410	
	18	Grants payable		<u> </u>						
	18 Grants payable 18 19 Deferred revenue 19									
	20	Tax-exempt bond liabilities		<del> </del>		20	<del></del>			
ဖွ	21	Escrow account liability Complete Part IV of Schedule D		<u> </u>		21	<del></del>			
Liabilities	22	Payables to current and former officers, directors, trustees	kov	<u> </u>		21				
<u> </u>		employees, highest compensated employees, and disqual	•							
ا <u>ت</u>		persons Complete Part II of Schedule L	illed	ļ.		22	i			
	23	Secured mortgages and notes payable to unrelated third p	arties	<del> -</del>		23				
	24	Unsecured notes and loans payable	aruc3	<u> </u>		24				
Ì	25	Other liabilities Complete Part X of Schedule D		-	1,545,324	25	2,1	16	023	
	26	Total liabilities. Add lines 17 through 25			1,545,324	26	2,1			
s		Organizations that follow SFAS 117, check here ▶ 🄀	and	-	2/010/021			<u> </u>	<u> </u>	
nces		complete lines 27 through 29, and lines 33 and 34.	_							
	27	Unrestricted net assets			53,576	27	-1,7	30	615	
Bal	28	Temporarily restricted net assets		<u> </u>	-476,400	28		59,		
or Fund Bala	29	Permanently restricted net assets			5,642,259	29	6,6			
5		Organizations that do not follow SFAS 117, check here	• 🗀	F	0,0,-0			,		
בַ		and complete lines 30 through 34.				1				
	30	Capital stock or trust principal, or current funds		ſ		30				
ë	31	Paid-in or capital surplus, or land, building, or equipment fu	ınd		<del></del>	31		-		
SS	32	Retained earnings, endowment, accumulated income, or o		<b>-</b>		32				
Net Assets	33	Total net assets or fund balances	anci iunus	-	5,219,435	33	5,2	05	395	
ž	34	Total liabilities and net assets/fund balances			6,764,759	34	7,3			
—	ırt X				0,101,100	34	- , , , ,			
	<u>-</u>				<u> </u>			Yes	No	
1	Acc	counting method used to prepare the Form 990 C	ash 🔀	Accrual Othe	er					
2a	We	re the organization's financial statements compiled or review		independent accountant?	•		2a		x	
b		re the organization's financial statements audited by an inde	•	*			2b	Х		
С		res" to lines 2a or 2b, does the organization have a commit	-		versight of					
		audit, review, or compilation of its financial statements and		•	•		2c	X		
3a		a result of a federal award, was the organization required to								
		Single Audit Act and OMB Circular A-133?	•				3a			
<u>b</u>										

# **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DAKOTA STATE UNIVERSITY FOUNDATION

The organization is not a private foundation because it is (Please check only one organization)

Employer identification number 23-7299995

1	П				ociation of churches described in	section 1	70(b)(1)(	A)(i).							
2	Н				A)(ii). (Attach Schedule E)										
3	Ш	A hospital or	a cooperativ	e hospital service	e organization described in sect	ion 170(b	)(1)(A)(iii)	. (Attach	Schedu	ıle H)					
4		A medical res	earch orga	nization operated	I in conjunction with a hospital de	escribed in	section '	170(b)(1	)(A)(iii).	Enter th	e hospi	ıtal's naı	me,		
	_	city, and state	<b>;</b>												
5	X	An organizati	on operated	for the benefit o	f a college or university owned o	r operated	by a gove	ernmenta	al unit de	escribed	ın				
	_	section 170(	o)(1)(A)(iv)	(Complete Part	II )										
6		A federal, sta	te, or local (	government or go	overnmental unit described in sec	ction 170(	b)(1)(A)(v	/).							
7		An organization	on that norn	nally receives a s	substantial part of its support from	n a govern	mental ur	nit or fron	n the ge	neral pu	blic				
		described in s	ection 170	(b)(1)(A)(vi). (Co	omplete Part II)										
8		A community	trust descri	bed in section 1	70(b)(1)(A)(vi). (Complete Part I	l )									
9		An organization	on that norm	nally receives (1	) more than 33 1/3 % of its suppo	ort from co	ntribution	s, memb	ership f	ees, and	aross				
Ì	_				pt functions—subject to certain e						_				
		=			d unrelated business taxable inc	•	. , ,								
		• •			), 1975 See section 509(a)(2). (										
10		•	-		exclusively to test for public safet	•		a)(4), (se	e instru	ctions)					
11	П	-	-	=	exclusively for the benefit of, to pe	-	•			,					
(		•	•	•	ed organizations described in sec						tion				
					ne type of supporting organization										
		a Type		Type II	c Type III–Function		•	A	—~~~	 e III–Oti	nor				
e [					anization is not controlled directly			or more			101				
J					and other than one or more publi						rtion				
		509(a)(1) or s			and outer than one or more pass.	ory suppor	tou organ	124110113	acsonbe	.u	20011				
f			,	, , ,	mination from the IRS that it is a	Type I Ty	nell or l	Tuna III e	upportin	ıa.					
•		organization,			mination from the tivo that it is a	Type I, I	rpe II, oi	ype iii s	арропа	ig					
~		_			on accepted any gift or contribut	ion from a	ny of the								Ш
g		following pers		as the organizat	on accepted any gift of contribut	ion nom a	ny or trie								
					atasla athan alama attanathan	.41							Г	1	
					ntrols, either alone or together w	ıın person:	s describe	ea in (ii)						Yes	No
			_		the supported organization?								11g(i)		
		•		a person describ	• •								11g(ii)		
				•	escribed in (i) or (ii) above?								[11g(iii)]		
h		Provide the to	ollowing into	rmation about tr	e organizations the organization	supports									
(i) N		of supported	(	(ii) EIN	(III) Type of organization		organization	(v) Did y		(vi) I		()	vii) Amo		
	orga	anızatıon			(described on lines 1–9 above or IRC section	1	sted in your document?	the organ	nzation in	organizat (i) organi			suppo	ort	
					(see instructions))	govorning	dodamenti		ort?	US					
						Yes	No	Yes	No	Yes	No				
						Ì						-			
						1									
							i								
							İ			]					
						<del> </del>									
		,													
				····											
Γotal				······											

DAKOTA STATE UNIVERSITY FOUNDATION Schedule A (Form 990 or 990-EZ) 2008 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 580,059 760,039 938,497 889,358 1,762,874 4,930,827 Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1-3 580,059 760,039 938,497 889,358 1,762,874 4,930,827 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) Public support. Subtract line 5 from line 4 4,930,827 Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2006 (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 580,059 760,039 938,497 889,358 1,762,874 4,930,827 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 139,245 182,266 218,052 183,766 175,981 899,310 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 5,830,137 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 14 84.5748 % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 67.2994 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			~ <u>~</u>			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				1		
	lendar year (or fiscal year beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12 )						
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourth	n, or fifth tax year a	is a section 501(c)(	3)	▶ □
Sec	tion C. Computation of Public Su	pport Percenta	ige				
15	Public support percentage for 2008 (line 8,	column (f) divided l	by line 13, column (	f))		15	%
16	Public support percentage from 2007 Schee	dule A, Part IV-A, III	ne 27g			16	%
Sec	tion D. Computation of Investmen	it Income Perc	entage			<del></del>	
17	Investment income percentage for 2008 (lin	e 10c, column (f) d	livided by line 13, co	olumn (f))	<del></del>	17	%
18	Investment income percentage from 2007 S	Schedule A, Part IV	'-A, line 27h			18	%
19a	33 1/3 % support tests—2008. If the organ				•		
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2007. If the organ						▶ 🗌
	line 18 is not more than 33 1/3 %, check this					•	▶ □
20	Private foundation If the organization did			•	• • • •		I H

Page 3

Schedule A (Form 990 or 990-EZ) 2008 DAKOTA STATE UNIVERSITY FOUNDATION

23-7299995

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number DAKOTA STATE UNIVERSITY FOUNDATION 23-7299995 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

77.7	<del></del>	ATE UNIVERSIT				99995	Page
P	rt III Organizations Maintaining						(continued)
3	Using the organization's accession and other items (check all that apply)	records, check any of the fo	llowing that are a sig	gnificant u	se of its col	lection	
а	Public exhibition	d 🗌 Loan o	or exchange progran	ns			
b	Scholarly research	e Other					
С	Preservation for future generations						
4	Provide a description of the organization's coll Part XIV	ections and explain how the	ey further the organiz	zation's ex	cempt purpo	se in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, his be maintained as part of the	storical treasures, or e organization's colle	other sim	ılar	ſ	Yes No
Pa	Trust, Escrow and Custodi Part IV, line 9, or reported a	al Arrangements. C	omplete if orgai	nization	answere	d "Yes" to Fo	
1a	Is the organization an agent, trustee, custodial				ot		
	included on Form 990, Part X?	,, ,, ,, ,, ,, ,, ,, ,, ,,, ,, ,				Γ	Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following to	able			_	
	<b>3</b>	J					Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	-
2a	Did the organization include an amount on For	m 990, Part X, line 21?					Yes No
b	If "Yes," explain the arrangement in Part XIV						
Pa	rt V Endowment Funds. Compl	ete if organization an	swered "Yes" to	o Form	990, Parl	IV, line 10.	
		(a) Current year	(b) Pnor year	(c) Two	years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance	5,707,608	·				
b	Contributions	1,093,200					
С	Investment earnings or losses	-1,862,134					
d	Grants or scholarships						
е	Other expenditures for facilities				•		
	and programs						
f	Administrative expenses				~~~~		
g	End of year balance	4,938,674					
2	Provide the estimated percentage of the year e						
а	Board designated or quasi-endowment	<u>1</u> 3 <u>.23</u> %					
	Permanent endowment ▶_ 86.77%						
С	Term endowment ▶ %						
3a	Are there endowment funds not in the possess	ion of the organization that	are held and admini	stered for	the		·
	organization by						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" to 3a(II), are the related organizations I						3b
4	Describe in Part XIV the intended uses of the c	· · · · · · · · · · · · · · · · · · ·					
<u> Pa</u>	rt VI Investments—Land, Buildi						
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other		(c) De <sub>l</sub>	preciation	(d) Book value
1a	Land		128	,800			128,800
b	Buildings					_	<del>-</del>
С	Leasehold improvements						
d	Equipment						
	Other		1,447	,904		153,842	1,294,062
Total	. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, column (B),	, line 10(c) )				1,422,862

Schedule D (Form 990) 2008 DAKOTA STATE UNIVERSI	TY FOUNDATION	23-7299995	Page 3
Part VII Investments—Other Securities. See Form 990	0, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method o	f valuation
(including name of security)		Cost or end-of-ye	ar market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	"		
	- · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
			-,
	**		··· · · · · · · · · · · · · · · · · ·
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 99	0. Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method o	f valuation
(4)	(=, ===	Cost or end-of-ye	
<del></del>	<del> </del>		
			· .
	<del></del>	<u>.</u>	
	-		
	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
	<del> </del>	···	
	*		<del></del>
	-		
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description	<del></del>	··	(b) Book value
		<del></del>	
	<del></del>		
<del>-</del>	<del></del>	·	
	*****		
	<del></del> "		
			, <u> </u>
		· <del>-</del> ·	
		<del> </del>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	-		
Part X Other Liabilities. See Form 990, Part X, line 25		<del></del>	
(a) Description of liability	(b) Amount		
Federal income taxes	1 115 407		
INVESTMENTS HELD FOR OTHERS	1,115,407		
LOAN PAYABLE	971,612		
ANNUITIES PAYABLE	28,254		
ACCRUED INTEREST	750		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,116,023		
In Part XIV, provide the text of the footnote to the organization's financial state	ments that reports the organi	zation's liability for	
uncertain tax positions under FIN 48			

Sche	dule D (Form 990) 2008 DAKOTA STATE UNIVERSITY FOUNDA			5		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to F	inanc	ial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	736	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,428	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-692	
4	Net unrealized gains (losses) on investments			4	678	<u>, 395</u>
5	Donated services and use of facilities			5	_	
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV)			8		
9	Total adjustments (net) Add lines 4-8			9	678	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9			10	-14	,040
Pa	rt XII Reconciliation of Revenue per Audited Financial Statement	s Wil	th Revenue per Retu	rn		
1	Total revenue, gains, and other support per audited financial statements			1	1,414	,773
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	,				
а	Net unrealized gains on investments	2a	678,395			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	_2d				
0	Add lines 2a through 2d			2е	678	
3	Subtract line 2e from line 1	1	ſ	3	736	, 378
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 XIV)	_4b	L			
C	Add lines 4a and 4b			4c		
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)		<del></del>	5	736	,378
	rt XIII Reconciliation of Expenses per Audited Financial Statemer	its W	ith Expenses per Re	T	1 100	
1	Total expenses and losses per audited financial statements			1	1,428	,813
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1	1			
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		1 1		
C	Losses reported on Form 990, Part IX, line 25	2c		1 1		
d	Other (Describe in Part XIV)	2d	<u> </u>			
9	Add lines 2a through 2d			2e	1 100	
3	Subtract line 2e from line 1	1	ſ	3	1,428	, 813
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
þ	Other (Describe in Part XIV)	_4b		1 1		
	Add lines 4a and 4b			4c	1 400	013
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	1,428	, 813
	rt XIV Supplemental Information			_	·	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines		14, Part IV, lines 1b			
	b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and	40				
—	<u> Part X - Liability Under FIN 48 Footnote</u>	-	<del>_</del>			
_:	IN 2008, THE FASB ISSUED FSP SIN 48-3, EFFEC	TIV	E DATE OF FAS	B		
					49.3	
_	INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC	. EM T	EVEKTOFO' EOF	E TIM	40_3	
_:	PERMITS AN ENTITY WITHIN ITS SCOPE TO DEFER	THE	EFFECTIVE DA	TE O	F_FASB _	
	INTERPRETATION 48, ACCOUNTING FOR UNCERTAINT	י צי	N INCOME TAXE	S. T	O ITS	
_				. – –		
_	ANNUAL FINANCIAL STATEMENTS FOR FISCAL YEARS	_				<b>'</b>
_;	2008. THE FOUNDATION HAS ELECTED TO DEFER T	HE.	APPLICATION C	F_F <u>I</u>	N_4 <u>8</u>	

Schedule D (Form 990) 2008 DAKOTA STATE UNIVERSITY FOUNDATION 23-7299995 Page 5  Part XIV Supplemental Information (continued)
_Part XIV - Supplemental_Financial_Information
THE AMOUNT APPEARING ON LLINE 2A OF THE RECONCILIATION OF EXPENSES PER
_AUDITED_FINANCIAL_STATEMENTS WITH_EXPENSES PER RETURN_IS UNREALIZED_GAIN ON_
_INVESTMENTSTHIS AMOUNT_WAS_INCLUDED AS_AN INCOME_PER_THE_AUDITED
_FINANCIAL_STATEMENTS,_AND_IS_NOT_REPORTABLE_ON_FORM_990_BASED_ON_IRS_FORM
_INSTRUCTIONS
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

OMB No 1545-0047 & 2008

Open to Public Inspection

Name of the organization						Employer	Employer identification number	er	ĺ
	DAKOTA STATE UNIVERSITY	SITY FOU	FOUNDATION	N.		23-72	23-7299995		- 1
Part	General Information on Grants and Assistance	Assistance							ı
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	e amount of the g	rants or ass	sistance, the grantees	eligibility for the grant	s or assistance, an	Ð	☐ Yes ※ No	_
2 Descri	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	itoring the use of	grant funds	in the United States					-1
Part	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	vernments an ecipient that re	id Organ eceived r	Organizations in the United States. Complete if the organization answered "Yes" on seived more than \$5,000. Check this box if no one recipient received more than \$5,00	ited States. Con Check this box	າplete if the org if no one recip	yanization ansv ient received n	wered "Yes" on nore than \$5,000. Use ▶	
-	(a) Name and address of organization	(b) EIN	Space 18 (c) IRC	(d) Amount of cash grant (e) Amount of non-cash (hock EM) annaisa	(e) Amount of non-cash	(f) Method of valuation (hock FMV annaisal	(g) Description of	(h) Purpose of grant	71
	or government		if applicable		assistance	other)	non-cash assistance	or assistance	-
DAKOTA	STATE UNIV.								l
830 N. 1	WASHINGTON								
MADISON	SD 57042			644,267					1
		{ 							I
									1
									1
									I
									I
									l I
2 Enter t	Enter total number of section 501(c)(3) and government organizations	rganizations						<b>A A</b>	

Schedule I (F	Schedule I (Form 990) 2008 DAKOTA STATE UNIVERSITY FOUNDATION 23-7299995  Part II Grants and Other Assistance to Individuals in the United States Complete if the organization answered "Yes" on Form 990 Part IV line 22	to Individuals in the	FOUNDATION 2	3-7299995	ution answered "Yes" on Ed	Page 2
	Use Schedule I-1 (Form 990) if additional space is needed.	if additional space is	s needed.			1000, 1 attly, 1810 AZ.
_	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
			:			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informat	ion required in Part I	line 2, and any other addi	tional information.

Schedule I (Form 990) 2008

#### **SCHEDULE J-2** (Form 990)

### **Continuation Sheet for Form 990**

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the Organization

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

inspection

Name of the Organization	AKOTA STATE	UNI	VE	RS	ΙT	Y I	FOT	JNDATION	Employer Iden 23-729	trication number
Part I Continu Employ		irect	ors	, Tr	ust	ees	, Ke	ey Employees, and Hi	ghest Compensated	
(A) Name and Title	(B) Average hours	Pos	ition (			hat ap		(D) Reportable	(E) Reportable	(F) Estimated
	per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RICHARD ANDER BOARD MEMBER	SON		<del> </del>					0	0	0
MILES BEACOM BOARD MEMBER								0	0	C
MICHAEL BROOF BOARD MEMBER								0	0	C
LARRY CANFIEL BOARD MEMBER	D				_	ļ		0	0	c
JIM CARLON BOARD MEMBER JUDY DITTMAN						ļ		0	0	
BOARD MEMBER BECKY HALMA		_				<u> </u>		0	0	0
BOARD MEMBER BOB ELLSWORTH		-	_					0	0	0
BOARD MEMBER TOM FARRELL		<del> </del>					_	0	0	o
BOARD MEMBER KAZZI FOSTER-	TEEL	+				<u> </u>		0	0	0
BOARD MEMBER DAVE GASSMAN BOARD MEMBER								0	0	0
DAVID GEIVER BOARD MEMBER								0	0	0
		ļ								
									-	
<del>-</del>										

SCHEDULE O

Supplemental Information to Form 990

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

DAKOTA STATE UNIVERSITY FOUNDATION

Employer Identification number 23-729995

Form 990 - Organization's Mission or Most Significant Activities STUDENTS OR DEPARTMENTS BASED ON FINANCIAL NEED,

QUALIFICATIONS, AND/OR IN ACCORDANCE WITH THE DONOR'S WISHES.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
THE DAKOTA STATE UNIVERSITY FOUNDATION FOLLOWS THE POLICIES OF DAKOTA STATE
UNIVERSITY AS SET BY THE SOUTH DAKOTA BOARD OF REGENTS. UNDER THIS POLICY
THERE IS A RULE GOVERNING CONFLICT OF INTEREST WHICH REQUIRES A FINANCIAL
DISCLOSURE FOR ANY CONFLICT OF INTEREST WHICH IS SUBMITTED TO THE BOARD OF
REGENTS ON A CONTINUING BASIS.

Form **4562** 

Department of the Treasury Internal Revenue Service **Depreciation and Amortization** 

(Including Information on Listed Property)

► See separate instructions.

Attach to your tax return.

23

OMB No 1545-0172 2008

achment 67

Name(s) shown on return Identifying number DAKOTA STATE UNIVERSITY FOUNDATION 23-7299995 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 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 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 22.587 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 39,916 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use year placed in (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property f 20-year property g 25-year property S/L 25 vrs 12/15/08 374,460 Residential rental 27 5 yrs S/L MM property ММ 27 5 yrs S/L Nonresidential real MM 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs b 12-year S/L 40-year 40 yrs MM S/L Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 22 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr 22 69,879 23 For assets shown above and placed in service during the current year.

enter the portion of the basis attributable to section 263A costs

Page 2

Form 4562 (2008

Form	4562	(2008)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) Yes No No 24b If "Yes," is the evidence written? 24a Do you have evidence to support the business/investment use claimed? Yes (c) (a) (b) (e) (f) (h) (i) (d) (g) Rusinassi Type of property Date placed in Cost or other Basis for depreciation Method/ Elected Recovery Depreciation investment (list vehicles (business/investment period section 179 service basis Convention deduction use first) use only) percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use Property used 50% or less in a qualified business use S/L-S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles Total business/investment miles driven (a) (b) (d) **(f)** (c) (e) during the year (do not include commuting Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 38 See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (e) (b) (c) (d) (f) Amortization (a) Date amortization Amortizable Code Amortization for period or Description of costs begins amount section this year percentage 42 Amortization of costs that begins during your 2008 tax year (see instructions) 43 Amortization of costs that began before your 2008 tax year 43 Total. Add amounts in column (f) See the instructions for where to report 44

Forms					
990	1	99	0-	P	F

## Other Notes and Loans Receivable

2008

Name

For calendar year 2008, or tax year beginning 7/01/08, and ending

6/30/09

**Employer Identification Number** 

23-7299995

## DAKOTA STATE UNIVERSITY FOUNDATION

Form 990, Part X, Line 7 - Additional Information

Name of borrower	Relationship to disqualified person
(1) DAKOTA STATE UNIVERSITY	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
1)	4,645		
2)			
3)			
4)			
5)			
5)			
7)			
8)		<u></u>	
9)			
0)			
Totals	4,645		