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SCANNED JUN 3 0 2011)

Form **990**

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)

20**09**

©UUJ

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For th	e 2009 ca	alendar	ar, or tax year beginning			nd ending	June			0	
В	Check if a	applicable	Please	Name of organization Norti	h Dakota State	University De	velopment	Fndn) Employ	er identi	fication n	ımber
		change	use IRS label or	Doing Business As NDSU	Development F	oundation/Alı	umni Asso	ciation	23		7120898	3
	Name ch	-	print or	Number and street (or PO box if	mad is not delivered to	street address)	Room/suite	E	Telepho	ne numb	er	
		-	type See	241 University Dr N			Ì		(701)	2	31-6800)
	Initial ret -		Specific	City or town, state or country	, and ZIP + 4				,			
	Terminat		Instruc- tions	argo, ND 58102-2524				l,	Gross re	cointe ¢	48,078	R 445
	Amende		E Nar	and address of principal office								
، لــا	Applicatio	n pending		•				H(a) Is thus a				
	<u>.</u>			. Miller, Exec. Directo				H(b) Are all				∐No
<u> </u>		empt status		· · · · · · · · · · · · · · · · · · ·	4947(a)(1) or	527		1	" attach a	-	instruction	ıs)
				oundation.com	٠	- ·		H(c) Group ex				
				ion Trust Association L	J Other ▶	L Year	of formation	1971	VI State of	legal dor	nicile NE	<u> </u>
Pa	art I	Summ										
	1 1	Briefly de	escribe	e organization's missio	n or most signif	cant activities	to advar	nce educa	tion, res	earch	and ser	vice
		at North	Dakot	State Univversity; to w	ork with faculty	, staff, studei	nts, alumn	i, busines	s and th	e comr	nunity t	0
Activities & Governance		represe	nt com	on interests; to raise f	unds, manage a	ssets and ad	minister re	esources t	o stimu	late co	ntinued	
Ē	1 7			he university.								
Š				if the organization discontin	ued its operations or	disposed of more	than 25% of	its net assets	3			
Ğ	1			members of the govern					3			60
وي دي	1			ndent voting members			 (Lling 1h)		4			58
ĝ.	1			_	-	y body (Fait V	1, 11116 110)		5			126
휺	1			mployees (Part V, line 2	•				6			135
ď				olunteers (estimate if no					7a			2,296
	7a	lotal gro	ss unre	ted business revenue fr	OUNH #THANKHE	KEAFMAF :	SERVICE		t			
	D	net unre	iated b	ness taxable income fr				Prior Yea	7b	<u> </u>	rrent Year	1,110
						90, ND 581	02					
<u>.</u>	8	Contribut	tions ai	grants (Part VIII, line 1)	h)	M '0' oòui	├─		94,366		10,34	
Revenue				evenue (Part VIII, line 2	0,	N - 8, 2011	⊢		B6,430			9,500
ě				e (Part VIII, column (A),					96,343			<u>1,463</u>
	111 (Other rev	venue (rt VIII, column (A), lines lines 8 through 11 (mus	5, 6d, 8c, 🔁 🗖	CHIVE	ח.⊢		83,149			8,908
	12	Total reve	enue – a	lines 8 through 11 (mus	t equal Part Vill,	Southing (A) lime	*1 2)	11,6	67,602		10,56	3,290
	13 (Grants a	nd simi	amounts paid (Part IX	, column (A), line	41408		8,2	13,184		5,23	8 <u>,212</u>
	14 1	Benefits	paid to	r for members (Part IX,	column (A), line	4)			0			0
ses	1		•	pensation, employee ber			5-10)	2,6	28,090		2,61	4,671
Expenses	1			aising fees (Part IX, colu					0			0
Ä	1			kpenses (Part IX, column				10				
			-	art IX, column (A), lines				1,4	70,722		1,13	0,709
			•	dd lines 13-17 (must e			25)	12,3	11,996		8,98	3,592
				nses. Subtract line 18 fro					44,394			9,698
o c							Beg	ginning of Cur		Er	d of Year	
ets	00 -	Tatal age	anto (De	V line 16\			<u> </u>		98,165		155,42	0.024
Net Assets Fund Baland	20		-	X, line 16)			· · ·		42,695		30,87	
te de	21 22			rt X, line 26) I balances. Subtract lin		n	· · · 		55,470		124,54	
	art		ature		e z i nom me z	·	··	112,0	55,410 		124,04	<u> </u>
LE	11 1			erjury, I declare that I have exa	mined this return in	cluding accompan	vina schedule	s and stateme	ents and to	n the hes	t of my kno	wiedge
		and balle	it is tru	correct, and complete Declar	ration of preparer (ot	her than officer) is	based on all	information o	f which pro	parer ha	s any knov	wledge
٥.		(-	124.	1 7 / 160				1 4	18/20	n //		
Sig	-		PUNAU	27/20 VIZ				Data	1010	///		
He	ere		ature of	G. PETERSON	1 4	- 1- 4		Date	2			
		<u> </u>	MAC		, 4220cia	e Executiv	e Drec	x07-F	THRM	<u> </u>		
		Тур	e or print	me and title			1 20					
		Preparer	's			Date	Checl self-		Preparer's k see instruct		number	
Pai	d	signature	· 🖊					oyed ▶ 🔲 ˈ	see matruct	10113)		
	parer's		ame (or y	5				EIN	•			
UŞE	Only	if self-em address.	nployed), and ZIP	· • • • • • • • • • • • • • • • • • • •				Phone no	> ()		
Ma	v the			eturn with the preparer	shown above?	(see instructio	ns)				Yes	No
1410	y are	10 0100		and proparor		,	··-/	<u> </u>	•			

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Creates opportunites to advance education, research and service at NDSU. We work in close collaboration with faculty, staff, students and alumni, along with business, industry and the community, to best understrand and represent common interests. With the needs of the entire university in mind, we efficiently and effectively raise funds, manange assets and administer other privately funded resources to sitmulate continued development at NDSU.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,380,636 including grants of \$ 0) (Revenue \$ 0) Scholarships and awards to students enrolled at North Dakota State University
4b	(Code) (Expenses \$ 2,857,576 including grants of \$ 0) (Revenue \$ 0) Grants to North Dakota State University for buildings, equipment, research, lectures, faculty development, supplies, travel and other departmental needs and activities not funded through state appropriations or student tuition and fees.
4c	(Code) (Expenses \$ 444,545 including grants of \$ 0) (Revenue \$ 122,583) Alumni records, newsletters and special events such as Homecoming, city outreach visits, alumni awards, student recruiting and programming and alumni/student exchanges. Sponsor university programs such as Harvest Bowl and Celebraton of Excellence.
4d	Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 5682.757

rei	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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 similar funds or accounts where 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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	✓	
9	Did the organization report an amount in Part X, line 21; 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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	`		,
•	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.	`	,	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48° If "Yes," complete Schedule D, Part X.			:
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	√	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		at about	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		1
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		1
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		✓
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	17		1
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	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		√

Form	990 (2009)		P	age 4
	rt IV Checklist of Required Schedules (continued)	_		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	1	
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 to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	/	
2 5a	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		1
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a	✓	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			

24b through 24d and complete Schedule K. If "No," go to line 25	24a	✓	
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		√
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓	
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
Is the organization 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		✓
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26	✓	
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		√
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a	✓	
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓	
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		1
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓	
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	✓	
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		1
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		√ _
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Pal	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	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			
	Little the humber of Forms W-2d included in line 1a. Little -0- in not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 126 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a	1	
.	this return?	3b	7	
	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		1
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		···
7	Organizations that may receive deductible contributions under section 170(c).		œ	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	1	
_	and services provided to the payor?	7b	V	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_	
С .	required to file Form 8282?	7с		✓
	if fes, indicate the number of Forms 6262 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?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		-
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	initiation rees and capital contributions included on rare vin, line 12			
	Gross receipts, included on Form 330, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Grees income from members or shareholders			
	Gloss income from members of shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	12a		-

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		<u> </u>	
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			١.
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		√
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		√
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			,
	of the governing body?	7a		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	}		
	the year by the following.	<u> </u>		ļ
	The governing body?	8a	✓	
_	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
500	tion B. Policies (This Section B requests information about policies not required by the Inte			
	enue Code.)	<i>3111</i> (41		
			Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a		1
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	-		
	form?	11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		✓
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	١		,
	describe in Schedule O how this is done	12c	_	✓
13	Does the organization have a written whistleblower policy?	13	-	
14	Does the organization have a written document retention and destruction policy?	14	 	/
15	Did the process for determining compensation of the following persons include a review and approval by		İ	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
	The organization's CEO, Executive Director, or top management official	15a	┡	1
þ	Other officers or key employees of the organization	15b		-
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		1	İ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		1
	with a taxable entity during the year?			Ť
D	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?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	c)(3)s	only)	
-	available for public inspection. Indicate how you make these available. Check all that apply	. , ,	• • •	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	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 reco	rds o	f the	
	organization: ► Ronald G. Peterson, 1241 University Dr N, Fargo, ND 58102-2524, (701) 231-6865			·

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. 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 the organization did not co	mpensate	any o	urr	ent	offi	cer, d	irec	tor, or trustee.		
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		on (d		k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee 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
DALE O ANDERSON									0	0
Trustee	.5	✓						0	o l	<u> </u>
SALLY BERRELL Trustee	.5	1						0	0	0
BARBARA BURGUM Trustee	.5	1						0	0	0
ROBERT E CHALLEY Trustee	.7	1						0	0	0
PAUL COSSETTE Trustee	.5	1						0	0	0
TERRENCE C DAHL Trustee	.5	1						0	0	0
SPENCER DUIN Trustee	.5	1	-					0	0	0
DAVE EKMAN	.5	./						0	0	0
Trustee LARRY ELLINGSON Trustee	.5	1			-			0	0	0
JANE BALE EMISON Trustee	.5	1						0	0	0
SUSAN FREEMAN Trustee	.5	1						0	0	0
KRISTI HANSON Trustee	.5	1						0	0	0
MICHAEL E HANSON Trustee	.5	/						0	0	0
RICHARD A HANSON Trustee	.5	1					-	0	0	0
ROBERT HELLER Trustee	.5	,,				-		0	0	0
LARRY HOLWEGER Trustee	.5	y						0	0	0

Par	t VII Section A. Officers, Directors, Tru	T	/ Emp	loy	•		d Hig	hes			ntinue		
	(A)	(B)			•	C)			(D)	(E)	(F)		
	Name and title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fi org an	stimat nount other pensa rom ti ganiza d rela aniza	t of r ation he ation ated
PAL	LHORN	.5	١.						0	o			0
	NK JENNINGS		✓	-	-	├		├					
	stee/Chair of board	3	,		/				0	0			0
	ICY JOHNSON		V	╁	Y	\vdash							
Trus		.5	1	ŀ					0	0			0
BAF	RBARA JONES	_	-			T							
Trus	itee	.5	1						0	0			0
NAN	ICY JOHNSON HORDHEIM	_							0	0			0
Trus		.5	1	<u> </u>		<u></u>		<u> </u>	U		ļ		
	N R KLAI II	.5							o	0			0
Trus			✓	<u> </u>	-								
Trus	HARD W KLOUBEC	.7	,						o	0			0
	RANCE KRISTENSEN	<u> </u>	√	 	-	 	-				-		
Trus		.5	/						0	0			0
	SEL J KUZEL		-	H		\vdash		-			 		·····
Trus	itee	.5	1						0	0			0
RO	BERT LERVICK	_	Ť	Г	_	⇈							
Trus	itee	.5	✓						0	0			0
	E LILLESTOL	.5							0	0			0
Trus		.5	1	<u> </u>					0		<u> </u>		
	NDY LIPP	.5							0	o			0
Trus	DMAS E LUNDEEN		/	 	-	<u> </u>		-		_			
Trus		.5	,						0	0			0
	Total	<u> </u>		<u> </u>	1	<u> </u>	L	<u> </u>	936,109	0	<u> </u>	17	2.081
2	Total number of individuals (including but	not limited	to the	ose	list	ed a	above	e) w		<u>_</u>	00 in		<u>,001</u>
_	reportable compensation from the organiz			500			20010	., ···		510 than \$100,0			
	<u> </u>		_									Yes	s No
3	Did the organization list any former office	er. director	or tri	uste	ee. J	kev	empl	ove	e. or highest c	compensated			
	employee on line 1a? If "Yes," complete S										3		1
4	For any individual listed on line 1a, is the	sum of rep	ortabl	le c	omp	oens	sation	an	d other compe	nsation from			
	the organization and related organizations												-
	ındıvidual				•						4	✓	+
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	composite to the compos	sen Sch	satı nedi	on : ile :	rom I for s	any such	unrelated org	anization for	5		1
Sec	etion B. Independent Contractors									· • •	, • 1		
1	Complete this table for your five highest of	ompensate	d ind	epe	ende	ent o	contra	acto	rs that receive	d more than \$1	00,000) of	
	compensation from the organization	<u></u>											
	(A) Name and business ad	dress							(B) Description of s	ervices	(C Compe		on
TL	Stroh, Architects, 8 N 7th St, Fargo, ND 5	8102						Ar	chitect & Con	str Mgmt		29	4,337
	nmonfund, 15 Old Danbury Rd, Wilton, C							ln	vestment Man	agement		11	4,233
								_					
								₩					
								Ļ					
2	Total number of independent contractors (more than \$100,000 in compensation from	including b m the orgai	ut not nizatio	∷lim on ≱	nited ► 2	1 to	those	list	ed above) who	received			

Form 9	90 (20	009)	_						Page 9
Part	VIII	Statement of Re	venue	-					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns		1a		ŀ			
gra	b	Membership dues		1b					
fts,		Fundraising events .		1c	217,718				
<u>.</u>		Related organizations		1d	4 007 700				
sin	_	Government grants (contri	-	1e	1,097,768				
je čti	f	All other contributions, gifts, g		1f	0.029.675				
를 달		and similar amounts not include			9,028,675 2,075,137				
Cor		Noncash contributions include Total. Add lines 1a–1f	ed in lines Ta-1	11. 2	—	10,344,161			
		Total. Add lines 1a-11		·	Business Code	10,011,101	•		
, nuc	2a	Travel program royalt	ties	-	561500	1,329		1,329	
3ev	Za b	Insurance program ro	<i></i>	····- -	524298	967		967	
9	C	Fees from gov't agend	- ·	····	561000	427,204	427,204		
e.V	٦ ا								
Program Service Revenue	ے ا			····					
gra	f	All other program service							
Pro	g	Total. Add lines 2a-2f		<u> </u>	•	429,500			
	3	Investment income (inc	ludina divi	dends.	interest, and				
						1,384,854			1,384,854
	4	Income from investment o			I	1,942			1,942
	5	Royalties		<u> </u>	▶	285,634			285,634
			(i) Real	.	(ii) Personal				
	6a	Gross Rents .		,664					
	b	Less. rental expenses		1,689		1	j		
	ľ	Rental income or (loss)	·	3,025		450.005			450.005
	d	Net rental income or (lo			▶	-453,025			-453,025
	7a	Gross amount from sales of	(i) Securitie		(II) Other 302,191	*			
		assets other than inventory	32,297	7,321	302,191	· ·			
	b	Less: cost or other basis	33,942	730	165,032	l	* '		
	_	and sales expenses .	-1,645		137,159				
		Gain or (loss)	1,0-1	3,4.0	>	-1,508,259		······································	-1,508,259
une		Gross income from events (not including \$	fundraisii 217,71			1,000,200	,		1,000,200
Other Reve		of contributions reported	d on line 1			ĺ			
π.		See Part IV, line 18		a	92,330				
Ę.		Less direct expenses		. ьL	42,691				
ŏ	С	Net income or (loss) fro	om fundrais	sing ev	ents 🕨	49,639			49,639
	9a	Gross income from gam See Part IV, line 19							
		Less: direct expenses. Net income or (loss) fro			ies ▶				
		Gross sales of inverteurns and allowances	·	. a					
		Less cost of goods so			v . ▶				
	 c	Net income or (loss) from Miscellaneous Revo		T	Business Code		-		
		Change in COV of life				46 000			16,980
	11a	Alumni Merchandise			524113 453220	16,980 10,190			10,380
	b			·	733220	10,130			10,130
	C	All other revenue			900099	1,674			1,674
		All other revenue Total. Add lines 11a-1		L		28,844			1,074
	ı e		tructions.	٠.	🟲	10,563,290	427,204	2,296	-210,371

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to comp	elete columns (B), (C	C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,238,212	5,238,212		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		,
4	Benefits paid to or for members	0	0		<u> </u>
5	Compensation of current officers, directors, trustees, and key employees	397,967	0	397,967	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	1,605,367	236,811	458,390	910,166
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	141,040	23,083	39,804	78,153
9	Other employee benefits	328,831	43,726	129,176	155,929
10	Payroll taxes	141,466	23,363	46,939	71,164
11 a	Fees for services (non-employees). Management	0	0	0	0
	Legal	25,971	0	25,971	0
	Accounting	48,419	630	47,789	0
	Lobbying	0	0	0	<u> </u>
е	Professional fundraising services See Part IV, line 17	0	· (%) · · · · · · · · · · · · · · · · · · ·		0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	43,900	15,292	4,033	24,575
13	Office expenses	264,923	36,452	154,515	73,956
14	Information technology	74,571	0	74,571	0
15	Royalties	439,034	0	129 024	0
16	Occupancy	138,034 128,135	16,811	138,034 10,724	100 600
17	Travel	120,133	10,011	10,724	100,600
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	o	o	0
19	Conferences, conventions, and meetings .	18,947	1,917	16,205	825
20	Interest	92,002	0	92,002	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization.	168,578	0	168,578	0
23	Insurance	13,466	0	13,466	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)		-		
а	Public Relations / Donor Cultivation	76,029	29,237	21,303	25,489
b	Dues & Subscriptions	20,511	0	20,511	0
c d					
е		17,223	17,223	0	
f 25	All other expenses	8,983,592	5,682,757	1,859,978	0 1,440,857
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				000

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	100	1	100
2	Savings and temporary cash investments	7,838,057	2	6,166,689
3	Pledges and grants receivable, net	7,617,757	3	6,766,13
4	Accounts receivable, net	2,365,012		2,810,132
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	
ω	Notes and loans receivable, net	1,441,840	7	1,367,402
Assets 8 8	Inventories for sale or use	0	8	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
8 9 9	Prepaid expenses and deferred charges	45,844	9	40,025
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
h	Less. accumulated depreciation 10b 8,371,088	42,983,552	10c	43,451,234
11	Investments—publicly traded securities	9,880,092	_	11,435,575
12	Investments—other securities. See Part IV, line 11	72,995,242	12	82,266,724
13	Investments—program-related See Part IV, line 11	0	13	
14	Intangible assets	0	14	C
15	Other assets. See Part IV, line 11	1,330,669	15	1,116,008
16	Total assets. Add lines 1 through 15 (must equal line 34)	146,498,165	16	155,420,024
17	Accounts payable and accrued expenses	1,634,929	17	417,142
18	Grants payable	0	18	0
19	Deferred revenue	6,194,691	19	6,306,492
20	Tax-exempt bond liabilities ,	25,139,151	20	23,519,636
	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	C
Liabilities 22 22 22 22 22 22 22 22 22 22 22 22 22	Payables to current and former officers, directors, trustees, key			
ğ	employees, highest compensated employees, and disqualified	`		
ا ت	persons Complete Part II of Schedule L	. 0	22	0
23	Secured mortgages and notes payable to unrelated third parties .	0	23	0
24	Unsecured notes and loans payable to unrelated third parties .	13,541	24	10,293
25	Other liabilities Complete Part X of Schedule D	660,383	25	623,238
26	Total liabilities. Add lines 17 through 25	33,642,695	26	30,876,801
ces	Organizations that follow SFAS 117, check here ▶	· · · · · · · · · · · · · · · · · · ·		
[27	Unrestricted net assets	4,660,764		9,388,991
മ് 28	Temporarily restricted net assets	22,897,759	-	19,721,507
일 29	Permanently restricted net assets	85,296,947	29	95,432,725
Net Assets or Fund Balance 25 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
\$ 30	Capital stock or trust principal, or current funds		30	
စ္တို 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ 32	Retained earnings, endowment, accumulated income, or other funds		32	
₹ 33	Total net assets or fund balances	112,855,470		124,543,223
34	Total liabilities and net assets/fund balances	146,498,165	34	155,420,024

Form **990** (2009)

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in			
_	Schedule O.	20		
	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	2a 2b	1	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			ļj
За	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		✓
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** (2009)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u>Nor</u>	th D	akota State	University Deve	elopment Foundation	1				23 :		7120898	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganızatio	ons mus	t compl	ete this	part.) Se	e instru	ctions	
ſhe	orga	anization is n	ot a private foun	idation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box.	.)		
1				rches, or association	-	-	-	-		-		
2	_			on 170(b)(1)(A)(ii). (Att						,,,		
3				hospital service organ			ın sectio	n 170(b)	(1)(A)(iii).			
4		A medical re	esearch organiza	ation operated in conj	unction v	with a ho	spital de	scribed i	n sectio r	170(b)(1)(A)(iii).	Enter the
5	7	An organizat		the benefit of a colle							ıl unit de:	scribed in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v)).		
7		An organizat	ion that normally	receives a substantia (1)(A)(vi). (Complete P	al part of			=			the gene	ral public
8				d in section 170(b)(1)		:omnlete	Part II \					
9	\exists		•	receives: (1) more that				m contrib	utions m	nemhereh	ın fees s	and arase
3		receipts from support from	n activities relate n gross investm	ed to its exempt function to the ent income and unre after June 30, 1975.	tions-su lated bus	bject to d	certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 33%	% of its
10 11		An organization	tion organized a one or more pul	nd operated exclusive and operated exclusive blicly supported organ at describes the type	ely for th	ne benefi describe	t of, to p d in secti	oerform t on 509(a)	he functi)(1) or sec	ons of, o	(a)(2). Se	e sectio n
		_									_	
е			this box, I cert	J Type II c tify that the organizat on managers and other	tion is no		led direc	tly or inc	directly by	y one or		squalified
		509(a)(1) or s	section 509(a)(2)	-					_			
f		_	zation received, check this box	a written determinati			that it is	a Type I	l, Type II 	, or Type	: III supp	orting _
g		Since Augus following per		the organization acce	epted any	gift or c	ontribution	on from a	iny of the	•		
			· ·	r indirectly controls, ending body of the supp		-		th persor	ıs descrit	oed in (ii)	11g(i)	Yes No
				rson described in (i) a of a person described		 (II) above					11g(ii) 11g(iii)	
h				ation about the suppo					-	-		
(i) Name		e of supported janization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) is	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	s the ion in col zed in the S?		nount of oport
					Yes	No	Yes	No	Yes	No		
-												
	_											
				"								
					-							
												···

Total

	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,823,062	13,457,257	12,685,690	10,994,366	10,344,161	61,304,536
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				:		
4	Total. Add lines 1 through 3	13,823,062	13,457,257	12,685,690	10,994,366	10,344,161	61,304,536
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						13,496,004
_	shown on line 11, column (f)						47,808,532
6	Public support. Subtract line 5 from line 4.	I			1	1	47,000,332
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		13,823,062	13,457,257	12,685,690	10,994,366	10,344,161	61,304,536
7	Amounts from line 4	13,023,002	10,401,201	12,000,000	10,554,555	10,044,101	01,001,000
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,756,401	4,400,950	5,388,281	4,994,401	4,584,094	23,124,127
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,789	3,268	2,466	3,003	2,296	15,822
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,192,939	113,743	185,730	35,627	28,848	1,556,887
11	Total support. Add lines 7 through 10 .	*	×	l	*		86,001,372
12	Gross receipts from related activities, etc					12	2,185,114
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>	d, third, fourth,			n 501(c)(3) ▶ □
-				column (f)		14	56 %
14	Public support percentage for 2009 (line			, column (i))		15	56 %
15	Public support percentage from 2008 Sci 331/3 % support test—2009. If the organic			 			
16a	and stop here . The organization qualifies						▶ 🗹
L.	33% % support test—2008. If the organization						
b	box and stop here. The organization qua						▶ □
170	10%-facts-and-circumstances test—20	•		-			· –
17a	more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum ances" test. The	stances" test, c organization qua	heck this box a difies as a public	ind stop here. Iy supported org	Explain in Part ganization	IV how the ▶ □

	dule A (Form 990 or 990-EZ) 2009						Page 3
Par	Complete only if you checket				1)(2)		
Sec	tion A. Public Support						
Ca	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					····-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b	Section 1				,	
Soc	tion B. Total Support	William Design		assettication care	. (8		
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	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						
с 11	Add lines 10a and 10b						
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 organization, check this box and stop			nd, third, fourth			
Sec	tion C. Computation of Public Su	pport Perce	ntage				-

	organization, check this box and stop here							
Sec	tion C. Computation of Public Support Percentage							
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%					
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%_					
Sec	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .	17	%					
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	%%					
	331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is it							
	17 is not more than 331/6%, check this box and stop here. The organization qualifies as a publicly	supported organ	มิสสเดก ▶ ∟					

33½% support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization
□

Page	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
PART II, L	INE 10:
This amo	unt includes primarily the change in cash surrender value of life insurance policies of which the organization
is the owr	ner and beneficiary. The larger amounts in 2005 and 2007 include affinity credit card royalties.
 -	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Nort	h Dakota State University Development Foundation	23 ;	7120898
Pai	Organizations Maintaining Donor Advised Funds or Other Similar I the organization answered "Yes" to Form 990, Part IV, line 6.	Funds or A	counts. Complete if
	(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets he funds are the organization's property, subject to the organization's exclusive legal collections.	eld in donor a	advised Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grused only for charitable purposes and not for the benefit of the donor or donor advisor purpose conferring impermissible private benefit?	or, or for any	other
Pai		to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
-			cally important land area
		on of a certifie	ed historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute easement on the last day of the tax year.		<u></u>
			Held at the End of the Tax Year
а	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
С	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	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or the tax year ►	terminated by	the organization during
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspectiviolations, and enforcement of the conservation easements it holds?		of Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	ion easement	s during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation e ▶\$	asements du	ring the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirement $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(i)$?		. Yes 🗌 No
9	In Part XIV, describe how the organization reports conservation easements in its reve balance sheet, and include, if applicable, the text of the footnote to the organization's	enue and expe s financial sta	ense statement, and tements that describes
Б.	the organization's accounting for conservation easements. Till Organizations Maintaining Collections of Art, Historical Treasures, or	Other Simil	ar Accate
Pal	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Sinn	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or reprovide, in Part XIV, the text of the footnote to its financial statements that describes	esearch ın fur	d balance sheet works of therance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue stat historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	search in furt	herance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	•	\$ 32,685
	(ii) Assets included in Form 990, Part X	>	\$
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:		
a b	Revenues included in Form 990, Part VIII, line 1		\$

Par	t III Organizations Maintaini	ng Collections	of Art, Historic	cal Treasures	, or O	ther Similar As	sets (contir	nued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):							
а	Public exhibition		a 🔲	Loan or excha	ange p	rograms		
b	Scholarly research		е 📙	Other				
С	Preservation for future generat	ions						
4	Provide a description of the organiz Part XIV.	ation's collections	s and explain he	ow they further	the or	rganization's exe	mpt purpose	e in
5	During the year, did the organization sassets to be sold to raise funds rather	solicit or receive do	onations of art, hained as part of	iistorical treasur the organization	es, or	other similar ection?	√ Yes [] No
Par	Escrow and Custodial A IV, line 9, or reported an	arrangements. C amount on Form	omplete if the 990, Part X, III	organization a ne 21.	ınswer	red "Yes" to For	m 990, Part	
	Is the organization an agent, trusted included on Form 990, Part X?						t ☐ Yes ☐	□ No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the follov	ving table:	Γ	T		
						- 	nount	
С	Beginning balance				. <u>1c</u>	 		
d	Additions during the year				. <u>1d</u>	-i		
e	Distributions during the year				. <u>1e</u>			
f	Ending balance				. 1f	<u>.</u> J		
	Did the organization include an amount "Yes," explain the arrangement in	Part XIV					Yes L	_ No
Par	t V Endowment Funds. Co							
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Four years	s back
1a	Beginning of year balance	79,606,173	99,189,94				ļ	
b	Contributions	4,552,123	5,524,00	16				
С	Net investment earnings, gains, and losses	9,697,616	-20,289,71	2	, ,	· •		
d	Grants or scholarships	1,734,701	1,821,37	'3 / , '				
е	Other expenditures for facilities			Î	I	*		(
	and programs	2,043,927	1,578,81		, '*			
f	Administrative expenses	1,544,057	1,417,88	30 📴				
g	End of year balance	88,533,227	79,606,17	3			<u> </u>	
2	Provide the estimated percentage of	of the year end ba	lance held as					
а	Board designated or quasi-endown	nent ▶1	2 %					
b	Permanent endowment ▶	88 %						
С	Term endowment ▶	6						
За	Are there endowment funds not in th	e possession of th	ne organization t	hat are held an	id adm	inistered for the		1
	organization by							No
	(i) unrelated organizations			<i>.</i>			3a(i)	↓ ✓
	(ii) related organizations						3a(ii)	-
	If "Yes" to 3a(ii), are the related organization	anizations listed a	is required on S	Schedule H?	• •		3b	1
4	Describe in Part XIV the intended us				ort V	lino 10		
Par								
	Description of investment	(a) Cost or of		Cost or other asis (other)		Accumulated epreciation	(d) Book valu	
1a	Land		,590,202	594,068				4,270
b	Buildings	•	.697,569	3,679,398		5,494,202		2,765
c	Leasehold improvements		.740,924	0		711,431		<u>9,493 </u>
d	Equipment		735,591	3,384,574		1,914,644		<u>5,521</u>
e_	Other		0	399,996		250,811		<u>9.185</u>
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, colun	nn (B), line 10(c)	<i>.) .</i> .	•	43,45	1,234

Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other Corp Equity Stocks & Mutual Funds	45,544,064	End of Year Market Value	<u></u>
Corp Bonds & Mutual Funds	14,210,118	End of Year Market Value	
Auction Rate Securities		End of Year Market Value	
Partnerships	7,744,521	End of Year Market Value	
Mineral Rights	103,973	End of Year Market Value	
Commodities Funds	3,223,387	End of Year Market Value	
Real Estate Fund	236,116	End of Year Market Value	
Hedge Funds	10,962,665	End of Year Market Value	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	82,266,724		
Part VIII Investments—Program Related		line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	141 - Civ. 714.		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Par	t X line 15	<u> </u>	
Culei Assets. Occ r offir 350, r di	(a) Description		(b) Book value
Cash Surrender Value of Life Insurance	(a) becomplies		394,557
Accrued Interest Receivable			22,539
Split Interest Trusts Held by Others	****		698,912
Ophic interest Trusts Field by Callets			000,012
	- NT - 1 - 1 - 1		
Total. (Column (b) must equal Form 990, Part X, col. ((B) line 15)		1,116,008
Part X Other Liabilities. See Form 990,		<u> </u>	.,,
1. (a) Description of liability	(b) Amount		į.
Federal income taxes	(5) / 1110511		,
Cash & Investments Held for Others	623,23	8 .	ļ
Oddit w Investments field for Others	020,20	<u>-</u>	
		-	,
		-	i
		_	!
			!
		-	i
		1	
		┥	,
		┥	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	623,23	a	
Total. (Column (b) must equal Form 330, Fart A, Col. (b) line 20)	023,23	<u> </u>	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Dage	
⊬age	•

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tater	nents			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,563,290			
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,983,592			
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,579,698			
4	Net unrealized gains (losses) on investments	4	10,108,055			
5	Donated services and use of facilities	5	0			
6	Investment expenses	6	0			
7	Prior period adjustments	7	0			
8	Other (Describe in Part XIV.)	8	0			
9	Total adjustments (net). Add lines 4 through 8	9	10,108,055			
<u>10</u>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	11,687,753			
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e pe				
1	Total revenue, gains, and other support per audited financial statements	1	24,138,102			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	5				
b	Donated services and use of facilities	0				
C	Recoveries of prior year grants	0				
d	Other (Describe in Part XIV)	7				
е	Add lines 2a through 2d	26	13,574,872			
3	Subtract line 2e from line 1	3	10,563,230			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		Š.			
а	investifient expenses not included on Form 990, Fart vin, line 70 .	<u>0</u>				
b		0 3				
C	Add lines 4a and 4b ,					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		10,000,200			
Pai	Reconciliation of Expenses per Audited Financial Statements With Expense	ses p				
1	Total expenses and losses per audited financial statements	1	12,450,349			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	0				
b	Prior year adjustments	0				
C	Other losses	0 😯				
d	Other (Describe in Part XIV.)					
e	Add lines 2a through 2d	26	+			
3	Subtract line 2e from line 1	3	8,983,532			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	U				
b	Other (Describe III Fart XIV)	0	60			
_c	Add lines 4a and 4b	5				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIV Supplemental Information		8,983,592			
Com and this	Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Part V, Line 4 - Use of endowment funds: to follow donors' wishes to provide an ongoing, reliable source of funding					
	to North Dakota State University for student scholarships, faculty support, departmental support and organization					
оре	operations.					
Part X, liability for uncertain tax positions (footnote to financial statements):						
The	The Company has adopted the provisions of FASB Accounting Standards Codification Topic ASC 740-10 (previously					
Fin	Financial Interpretation No. 48, Accounting for Uncertainty in Income Taxes), on July 1, 2009. The implementation of					
this	this standard had no impact on the financial statements. As of both the date of adoption, and as of June 30, 2010,					

Page	
raue	•

Part XIV Supplemental Information (continued)
the unrecognized tax benefit accrual was zero. The Company will recognize future accrued interest and penalties
related to unrecognized tax benefits in income tax expense if incurred. The Company is no longer subject to Federal
tax or state examinations by tax authorities for years before 2006.
Part XII, line 2d - Reclassification of rental property and event revenue and expenses.
Part XII, line 4b - gross up travel royalties by amount of public relations expense.
Part XIII, line 2d - Reclassification of rental property and event revenue and expenses.
Part XIII, line 4b - Increase public relations expense by amount netted against travel royalties.
Part III, line 4 - Bronze statue and wall hanging, depicting the bison, mascot and symbol of North Dakota State University.
Items are on public display to promote the university.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Internal Revenue Service Name of the organization Employer identification number 7120898 North Dakota State University Development Foundation 23 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Solicitation of government grants ьL Internet and email solicitations □ Special fundraising events c Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Ves No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name of individual (III) Did fundraiser have (v) Amount paid to (or retained by) (vi) Amount paid to (or retained by) (iii) Activity (iv) Gross receipts custody or control of or entity (fundraiser) from activity contributions? fundraiser listed in col (i) organization Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	more than \$15,000 on F					repo	пеа	
			(a) Event #1 Auction	(b) Event #2	(c) Other events	(d) To			
			(event type)	(event type)	(total number)	CC	ol (c))		
Revenue	1	Gross receipts	310,048					310,	048
ا تت		Less: Charitable contributions	217,718					<u>217,</u>	<u>718</u>
	3	Gross income (line 1 minus line 2)	92,330	**				92,	330
	4	Cash prizes	0						
	5	Noncash prizes	0						<u></u>
ses	6	Rent/facility costs	0						
Direct Expenses	7	Food and beverages	42,691					42,	691
Orect	8	Entertainment	.0						
_	9	Other direct expenses .	0						
	10 11	Direct expense summary. Ad Net income summary. Comb				(42,6 49,	91) 639
Pa	rt III	Gaming. Complete if than \$15,000 on Form		vered "Yes" to Form	990, Part IV, line 19,	or repo	rted	mor	e
nue		than \$10,000 cm i onto	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Tot col (a)	al gamı through		
Revenue	1	Gross revenue .							
ses	2	Cash prizes		111.00 4.11					
Direct Expenses	3	Noncash prizes							
Jirect I	4	Rent/facility costs .							
٠	5	Other direct expenses .							
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No				
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	<u> </u>			···	
_	En:	tor the state(a) is which the s	rangization appratos as	omina activities:		Γ	Y	es	No
9 a b	ls 1	ter the state(s) in which the c the organization licensed to c 'No," explain.			es?		9a		
		ere any of the organization's (gaming licenses revoke	d, suspended or termin	nated during the tax ye	ar?	10a		
11 12		es the organization operate of			a nartnership or other	· · -	11		
12	IS 1	the organization a grantor, be	shellclary or trustee of	a trust of a member of	a parmership of other	entity [12		

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

Open to Publ Inspection

Employer identification number

7120898 23

Part | General Information on Grants and Assistance North Dakota State University Development Foundation Name of the organization

2 □ 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 ✓ Yes Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

Part IV and Schedule I-1 (Form 990) if additional	l-1 (Form 990) i		space is needed				•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North Dakota State University Fargo, ND	45-6002439	ND State Univ.	5,238,212	0			See Part IV
			:				
2 Enter total number of section 501(c)(3) and government organizations	01(c)(3) and goverr	ment organizations					+
3 Enter total number of other organizations	ganizations .					•	0
ı							

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

Cat No 50055P

Schedule I (Form 990) 2009

Page 2

Schedule 1 (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part II, line 1, column (h) - Cash grants provided for student scholarships, faculty support, departmental support for equipment, research, supplies, travel, etc. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part I, Line 2 - Grants are paid to or at the direction of North Dakota State University. We provide grants in accordance with applicable donor restrictions. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant Otherwise, we rely on the University to monitor appropriate use of funds. (b) Number of recipients (a) Type of grant or assistance Part III

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

7120898

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

North Dakota State University Development Foundation

Employer identification number

Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Written employment contract ✓ Compensation committee ☑ Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a a Receive a severance payment or change-of-control payment?.... 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . c Participate in, or receive payment from, an equity-based compensation arrangement?. If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization?........... If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Page 2

Schedule J (Form 990) 2009

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)—(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	Poor trampator (2)	oldesetach (a)	Total of ordinary	actoracomo (i)
(A) Name	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)+(i)(a)	reported in prior Form 990 or Form 990-EZ
James C Miller	€ :	192634	36000	4401	19513	18779	271327	
	€							
lacon I Wohlman	3	128784	- 1	3190	13184	16770	161928	
	(11)							
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	€ €							
	€ 6							
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	(ii)							
	(E)							
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Schedule J (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization North Dakota State University Development Foundation Employer identification number 23 7120898

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees**

(A)	(B)	0	/		C)	that -	ne A	(D)	(E)	(F) Estimated
Name and title	Average hours per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DANIEL G LYSNE Trustee	.5	,						0	0	0
RUSSELL D MARING	.,	-				-	\vdash	•		
Trustee	.5	1				•		0	0	0
RICHARD MARSDEN		 •	Ħ					_		-
Trustee	.7	1						o	o	0
JAMES MEIER		<u> </u>	\vdash	<u> </u>						
Trustee	.7	1						o	o	0
LARRY MILSOW		_	 			Ì	T			
Trustee	.5	1						o	o	0
ROBERT C MONTGOMERY	1	<u> </u>	Т			 				
Trustee	.7	1						o	o	0
CLIFFORD A MOORE		 ' -		 					-	
Trustee	.5	1						o	o	0
CONNIE NICHOLAS		 '	1	<u> </u>				-		
Trustee	.5	1						0	o	0
DAVID OLIG										
Trustee	.5	1						0	o	0
RONALD G OLSON		1								
Trustee/President	3	/		1		1		o	0	0
JOHN Q PAULSEN										
Trustee	.7	1						0	0	0
DANIEL S PAULSON										
Trustee	.5	1						0	0	. 0
GARY PAULSRUD										
Trustee	.5 _	/				İ		0	0	0
CARL PFIFFNER										
Trustee	.5	1	l					0	0	0
RYN PITTS]									
Trustee/Vice President	3	✓		✓				0	0	0
JAN PROMERSBERGER]				ŀ					
Trustee	.5	1		$oldsymbol{ol}}}}}}}}}}}}}}}}}$		<u> </u>		0	0	0
JAMES ROERS]]		
Trustee	.7	1	$oxed{oxed}$		<u> </u>	L		0	0	0
EILEEN SCHEEL										
Trustee	.5	✓	<u> </u>			<u> </u>	<u> </u>	0	0	0
JEFFREY SCHLOSSMAN			1			1		[
Trustee	.5	1	<u> </u>	_	<u> </u>	ļ	<u> </u>	0	0	0
DAVID J SELVIG										
Trustee	.5	1	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	_	\perp	<u> </u>	<u> </u>	0	0	0
MARY LOU SHOTT			1							l
Trustee	.5	✓	L	L				0	0	0

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

North Dakota State University Development Foundation

Employer identification number 7120898 23

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees				-		- '	-	_		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours	Posit	ion (d	checl	k all	that ap		Reportable	Reportable	Estimated
	per week	유	ins	Officer	<u>~</u>	em Hig	For	compensation from	compensation from related	amount of other
		Individual trustee or director	Institutional trustee	cer	Key employee	P es	Former	the	organizations	compensation
	1	S E	iona		륯	8 8	`	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		trus	3		yee	ğ		(1. 2 1000 1100)		and related
		tee	uste		-	ens	İ			organizations
			ä			Highest compensated employee		:		
JOHN W SHOTWELL		<u>† </u>		-						
Trustee	.7	1								
KENNETH SKUZA										
Trustee	.5	1								
TERRY STROH			 				İ			
Trustee	.5	1								
STEVEN J SWIONTEK		•				_				
Trustee/Treasurer	3	1		1						
JONAL UGLEM		Ť		Ť	_					
Trustee/Senior Vice President	3	1	1	1						
CHARLES ULMER		<u> </u>	ļ	' -					·····	
Trustee	.5	1								
JEFFRY VOLK										
Trustee	.5	1								
JAMES S WIELAND		 					 			
Trustee	.5	1								
JOHN S WOLD		†				<u> </u>				
Trustee/Secretary	3	1		1						
JOSEPH A CHAPMAN		Ť	1	Ť		 				
Trustee & Past President NDSU	0	1						125,329		
JAMES C MILLER	<u> </u>	ľ	T	_	_					······
Executive Director	50			1	1			233,035		37,357
RONALD G PETERSON			 	Ť	Ť			,		
Controller	50			1		ŀ		108,104		31,761
JASON L WOHLMAN										
Assoc Exec Director Development	50					1		131,974		29,173
SHERRI A SCHMIDT						<u> </u>				
Assoc Exec Director Alumni	50					1		122,406		17,967
M SCOTT BARRETT						<u> </u>		•		
Director, Planned Giving	40		ŀ		l	1		111,061		30,603
LEO R RINGEY	1	1	T .			1				-
Major Gifts Officer	40					1		104,200		25,220
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	1									
			Г							
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SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

► Attach to Form 990. See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

7120898

Employer Identification number 23

North Dakota State University Development Foundation							23		7120898	868	
Part i Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	eoud enssi (e)	,	(f) Description of purpose	purpose	(6) De	(g) Defeased	(h) On behalf of issuer	e of
A Cass County, North Dakota	45-6002205	147740AW	12/18/2003	4,354,296	-	Finance constr. of equine bldg.	uine bldg.	Yes	2>	Yes	2>
B Cass County, North Dakota	45-6002205	None	12/20/2005	3,500,000	00 Finance constr.	onstr. & eq	& equip. of offices	(0)	>		>
C City of Fargo, North Dakota	45-6002069	None	11/29/2007	18,711,428		constr. class	Finance constr. classroom bldgs.		>		>
D North Dakota State Univ. Development Fndn	23-7120898	None	9/15/2008	000'006	_	const. univ.	Finance const. univ. president home	Ĕ	>	>	
Ш										-	
Part II Proceeds											
	A		8		င	q			ш		
1 Total proceeds of issue	4	4,364,395	3,59	597,360	19,152,457		903,924				
2 Gross proceeds in reserve funds		0		0	0		0				
3 Proceeds in refunding or defeasance escrows		0		0	0		0				
4 Other unspent proceeds		0		0	0		0				
5 Issuance costs from proceeds		146,205	1	13,143	293,628		0				
6 Working capital expenditures from proceeds		0		0	0		0				
7 Capital expenditures from proceeds	4	4,218,190	3,58	3,584,217	18,858,829		903,924				
8 Year of substantial completion		2004		2007	2009		2009				
	Yes	No	Yes	No Yes	No	Yes	No	Yes		No	
9 Were the bonds issued as part of a current refunding issue?		,		<i>,</i>	<i>,</i>		/				
10 Were the bonds issued as part of an advance		``			``						
11 Has the final allocation of proceeds been made?	<u> </u>	-	\		•	>	•		╁		
12 Does the organization maintain adequate books and				,						`	
records to support the final allocation of proceeds?	>		>	>		>			4	>	
	4		α		C				Щ	ŀ	Ì
1 Was the organization a partner in a partnership or a	Yes	No		No Yes	No	Yes	No	Yes	-	Š	
member of an LLC, which owned property financed by tax-exempt bonds?	,	>	•	,	>		>				
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		>			`>		>			:	

Schedule K (Form 990) 2009

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

¢	V
	Ф
	g

Part III Private Business Use (Continued)										
	<		-	İ						
3a Are there any management or service contracts with	Yes	S Z	Yes	2	Yes	02	Yes	2	Yes	e Z
private business use?		>		`		>		>		
b Are there any research agreements with respect to the financed property which may result in private business use?		>		>		>		>		
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		>	2	>		>		>		
4 Enter the percentage of financed property used in a private business use by entitles other than a section 501(c)(3) organization or a state or local government ▶		% 0		% 0	;	0 %		% 0		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . ▶		% 0		% 0		% 0		% 0		%
6 Total of lines 4 and 5		% 0		% 0		% 0		% 0		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	>		>		>		>			
Part IV Arbitrage										
	1	A	a			ပ		۵		.
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed	Yes	N _O	Yes	No	Yes	°	Yes	N _o	Yes	No.
with respect to the bond issue?		<i>/</i>		/		/		<i>/</i>		
2 Is the bond issue a variable rate issue?		`^		>	>			>		
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	-	>		>		>		>		
b Name of provider										
						,				
4a Were gross proceeds invested in a GIC?		>		>		>		>		
b Name of provider										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?		<i>></i>		^		>		`>		
6 Did the bond issue qualify for an exception to rebate? .	>		>		>		>			
	' 							- ,	Schedule K (F	Schedule K (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Employer identification number

North Dakota State University Developm	nent Fou	ndatio	1			2	3 🗄		713	20898	3	
Part I Excess Benefit Transactions Complete if the organization answ								Part V	, line 4	40b.		'
1 (a) Name of disqualified person				(b) (Description of	transaction					(c) Cor	rected?
tay wante of disquamed person				(0)	Description of	u ansaction					Yes	No
2 Enter the amount of tax imposed on							ng the	year				
under section 4958							•					
3 Enter the amount of tax, if any, on lir	ie 2, abo	ve, rein	nbursea by	tne orga	inization		•		> \$			
Part II Loans to and/or From Interes	sted Pe	rsons.		•								
Complete if the organization a	nswered	"Yes"	on Form 99	90, Part I	V, line 26,	or Form 9	90-E	Z, Pa	rt V, I	ine 3	Ва.	
(a) Name of interested person and purpose		to or from			(d) Balan	ce due	(e) In (default?		proved		ntten
	the orga	inization?	principal	amount						ard or nittee?	agree	ment?
	To	From					Yes	No	Yes	No	Yes	No
Russell D. Maring, as President of		1	1.	,000,000	1.	,000,000	100	√	√ /		√	
Sonmar of Fargo, Inc. Loan was to						, ,			<u> </u>			
assist Sonmar in financing construction	ï											
of a hotel on the campus of North Dako	а											
State University. Maring is a trustee of												
the organization.												
Total		<u> </u>	<u> </u>	. ▶ \$	1,	,000,000			Ĺ		l	1
Part III Grants or Assistance Benefi	-											
Complete if the organization a	nswered	vered "Yes" on Form 990, Part IV, line 27.										
(a) Name of interested person	(b) Re	elationship	between inte organizat		on and the	(c) Amou	nt and	type o	f assis	tance	
	-					 						
	_										·	
				·-·········		·				· · ·		
Part IV Business Transactions Invol Complete if the organization a	-			90. Part I	V. line 28a.	. 28b. or :	28c.			•		_
(a) Name of interested person			p between	I	nount of		scriptic	n of tr	ansacti	on.	(e) Sha	uring of
(a) hand of molecular person			on and the		saction	(0,00	Scriptic	Or u.	11134011		organiz	zation's nues?
											Yes	No
Terry L. Stroh	Trust	ee		ļ <u>.</u>	168,165	archited	t svc	s-2 p	rojec	ts	<u> </u>	✓
(T L Stroh Architects)	-											
								— -			 	
										-		
						,						

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

2009

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection

OMB No 1545-0047

Employer identification number Name of the organization 7120898 North Dakota State University Development Foundation 23 : Part I Types of Property (d) (b) (c) (a) Number of contributions Method of determining Check if Revenues reported on revenues applicable Form 990, Part VIII, line 1g 32,685 appraisal Art-Works of art Art-Historical treasures 3 Art-Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property . . . 40 1,662,452 See Part II 9 Securities—Publicly traded Securities-Closely held stock . 10 Securities - Partnership, LLC, or trust interests . Securities-Miscellaneous 12 Qualified conservation contribution-Historic structures Qualified conservation contribution—Other . 380,000 appraisal 1 15 Real estate-Residential . Real estate-Commercial . . 17 Real estate-Other . . . 18 Collectibles . 19 Food inventory . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 1 Other ▶ (Exec. Desk&Cred) 25 Other ▶ (.....) 26 27 Other ▶ (.....) Other ▶ (.....) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes." describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? . . . b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Page	2
------	---

Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
Part I, Lin	e 9(b) - Number of contributions is the number of securities received.
Part I, Lin	e 9(d) - Average market price on the date of contribution.
Part I, Lin	e 18 - Stamp collection. Value and disposition is uncertain. May be sold or donated to university archives.
Part I, Lin	e 25 - Executive desk and credenza was a pass through gift for the university, and therefore not recorded on
	organization's books.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection

Employer identification number 7120898 North Dakota State University Development Foundation 23 LATE RETURN: This return is filed later than the requested extended due date of May 16, 2011 because of departure of experienced staff and the additional time required to compile all information necessary to complet the return. FORM 990, PART VI, SECTION A, LINE 1a: The organization's Executive Committee consists of six trustee officers of the organization and eight other trustees. The President of North Dakota State University, the Executive Director and the President and Vice President of the NDSU Alumni Association are non-voting ex-officio members. During the interval between semi-annual meetings of the board of trustees, the Executive Committee has authority to act on behalf of the board on any matter other than election of trustees or revision of the organization's by-laws. FORM 990, PART VI, SECTION B LINE 11A: The 990 was reviewed by the Executive Director and the Board Treasurer, who is also Chair of the Finance Commitee and the Audit Committee, before filing. After filing the 990 will be reviewed by the Finance Committee and the Executive Committee at their next scheduled meetings. Following their review the 990 will be sent to all trustees. FORM 990, PART VI, SECTION B. LINE 15 a: The process for determining compensation for the Executive Director is the responsibility of the organization's eight member Compensation Committee. Six of the members are independent trustees and two are independent directors of the NDSU Alumni Association. The committee annually reviews mutually determined goals and objectives of the incumbent. Salary adjustments are based on a review of similar positions at 19 peer institutions, as determined by the ND State Board of Higher Education. In making salary recommendations, the committee takes advantage of information compiled annually by the College and University Personnel Association (CUPA) for those peer institutions. In turn, the Executive Director evaluates four direct reports using mutually agreed to goals and objectives for each person, The CUPA report is used for salary comparisons for similar positions at peer institutions. His recommendations on salary adjustments are forwarded to the committee for review and approval. As part of the annual budget, all salaries are then approved, in turn, by the Finance Committee and the Executive Committee.

Page	2

Name of the organization	Employer Identification number
North Dakota State University Development Foundation	23 7120898
FORM 990, PART VI, SECTION C, LINE 19: Governing documents, conflict of interavailable on request.	rest policy, and financial statements are
SCHEDULE K (FORM 990), PART I:	
LINE A, COLUMN (f): Finance construction of an Equine Studies facility for North	Dakota State University.
LINE B, COLUMN (f): Finance leasehold improvement construction and equipping	
meeting rooms for North Dakota State University.	
LINE C, COLUMN (f): Finance purchase, renovation of and additions to two buildi	ngs for North Dakota State University.
LINE D, COLUMN (f): Finance construction of new campus residence for presider	nts of North Dakota State University.
SCHEDULE K (FORM 990), PART II:	
1 10 7 5 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	644 and hand increases = \$20.760
LINE 5, COLUMN A: Issuance costs = \$79,831, fees for credit enhancement = \$45	614 and bond insurance – \$20,760.
······································	•••••

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

North Dakota State University Development Foundation

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. Attach to Form 990. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

OMB No. 1545-0047

Employer identification number

23

Schedule R (Form 990) 2009 (f)
Direct controlling entity (f)
Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) ٨ ٨ 11 a, Type I (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets (d) Exempt Code section 501(c)(3) 501(c)(3) (d) Total income Cat No 50135Y (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) 2 2 Supporting Organ. **Alumni Relations** Primary activity Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Fossum Foundation, Inc. EIN 45-6013302 1241 University Dr N, Fargo, ND 58102 North Dakota State University Alumni Association Fargo, ND EIN 45-0173089 (a)Name, address, and EIN of related organization (a) (a) Name, address, and EIN of disregarded entity Part II

Page 2

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Yes No Percentage ownership managing partner? General or 8 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, ()
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) ٧ ۷ Share of end-of-year assets 9 (h)
Disproportionate ž > Yes Share of total income 186 906,535 (g) Share of end-of-year assets line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Type of entity (C corp, S corp, or trust) -15,673 -17 (f) Share of total income Ulc.
(d)
| Direct controlling | Investment Investment Predominant income (related, unrelated, excluded from state or foreign country) Legal domicile sections 512-514) tax under Primary activity ٨ ۲ (c)
Legal
domicile
(state or
foreign
country) 2 2 Name, address, and EIN of related organization Primary activity Rehab Bldg Rehab Bldg Kilbourne Design Group Fargo, ND 45-0457430 Name, address, and EIN of related organization Fargo, ND 20-1527057 650 NP Avenue, LLC <u>a</u> Part IV

Schedule R (Form 990) 2009

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	ટ્ટ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	d in Parts II-IV?		
Becelot of (ii) interest (iii) annuities (iii) royalties or (iv) rent from a controlled entity		1a	>
Giff grant or capital contribution to other organization(s)		1b	>
		1	/
c cirt, grant, or capital contribution from other organization(s)		 	<u> </u>
d Loans or loan quarantees to or for other organization(s)		B	>
		- e	>
		*	/
f Sale of assets to other organization(s)		 	•
g Purchase of assets from other organization(s)		19	>
		ŧ	>
		;=	>
Lease of facilities, equipment, or other assets to other organization(s)			
		-	1
j Lease of facilities, equipment, or other assets from other organization(s)		, - -	<u>,</u>
k Performance of services or membership or fundraising solicitations for other organization(s)		> ¥	<u> </u>
Performance of services or membership or fundraising solicitations by other organization(s)		=	>
m Sharing of facilities, equipment, mailing lists, or other assets		1m	>
n Sharing of paid employees	•	1n	>
Beimbirsement haid to other organization for expenses		10	>
		1p	>
		1	>
d Other transfer of cash or property to other longarization(s)		+	<u> </u>
2 If the answer to any of the above is "Yes" see the instructions for information on who must complete this line including covered relationships and transaction thresholds.	d relationships and trans:	action thresh	splot
1			
(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	D e
North Dakota State University Alumni Association relationship is such that all activity is consolidated with organization.			
Fossum Foundation, Inc. relationship is such that all activity is consolidated with organization in this return.			
Kilbourne Design Group, LLC - Organization, as managing member, maintains the books and records of the LLC.	צ		0
650 NP Avenue, LLC - Organization, as managing member, maintains the books and records of the LLC.	*		0
(5)			
(9)			
	Schedule	Schedule R (Form 990) 2009	0) 2009

Part VI Unre

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Are all partners section	(e) Share of end-of-year	(f) Disproportionate allocations?	(9) Code V—UBI amount in box 20	(h) General or managing
			501(c)(3) organizations			of Schedule K-1 (Form 1065)	partner?
			Yes No		Yes No		Yes No

Schedule R (Form 990) 2009