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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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

		r the Treasury nue Service	► The organization may have to use a copy of this return to	o satisfy state r	eporting requi	rements.	Inspect	ion	
A	For the	2011 cale	ndar year, or tax year beginning July 1 , 2	2011, and endi	ng Jur	те 30	, 20 12		
В	Check	eck if applicable. C Name of organization Energy & Environmental Research Center Foundation D Employer identification number							
	Address	change	Doing Business As				36-3842479		
	Name c	hange	Number and street (or P O box if mail is not delivered to street address	ss) Room/s	uite	E Telephon	e number		
	Initial re	turn	15 N. 23rd St., Stop 9017				701-777-5000		
	Termina	ited	City or town, state or country, and ZIP + 4						
		ed return	Grand Forks ND 58202-9017			G Gross red	ceipts \$	466,937	
		tion pending	F Name and address of principal officer Tom Bechtel	· · · · · · · · · · · · · · · · · · ·	H(a) Is this	a group return fo	or affiliates? 🔲 Yes	✓ No	
			1033 Pinehurst Dr., New Bern NC 28562			ll affiliates inc			
ī .	Tax-exe	mpt status)(1) or 527	─ ─ ' '		list (see instructio		
<u></u>	Website			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	H(c) Groun	p exemption	number >		
K			Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	····		of legal domicile	ND	
_	art I	Summ		12 . 542 61 161111			or regal derinant		
	1		scribe the organization's mission or most significant acti	ivities: To pr	omote, encou	rage, and	foster the educ	ation	
)	-	ng services, scientific investigations, technology developm						
8			of the University of North Dakota Energy & Environmental R		~~				
Ē	ł	2CI AICE3	of the University of North Dakota Energy & Environmental N	research Cent	or, Grand For	\5, NOIGH L	akula.		
Activities & Governance		Chook th	s box ▶☐ if the organization discontinued its operations		of more than	250/ of i			
Ĝ	2		-	•		1 - 1	is het assets.	-	
ಿಶ	3		of voting members of the governing body (Part VI, line 1a	•					
<u>ies</u>	4		of independent voting members of the governing body (F	•))	4		7	
₹	5		bber of individuals employed in calendar year 2011 (Part	V, line 2a)		5			
হ	6		ber of volunteers (estimate if necessary)			6		10	
_	7a		elated business revenue from Part VIII, column (C), line 1	2		7a			
	b	Net unrel	ated business taxable income from Form 990-T, line 34	<u> </u>	<u> </u>	7b		0	
					Prior Y	ear	Current Ye	ear	
•	8	Contribut	ions and grants (Part VIII, line 1h)			0		0	
롩	9	Program	service revenue (Part VIII, line 2g)			17600		0	
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			129		83	
æ	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	11e)		672846		466854	
	12		nue-add lines 8 through 11 (must equal-Part-VIII, column			690575		466937	
	13	Grants ar	id similar amounts paid (Pain N. column (A), lines 1-3) .			74213		70467	
	14		paid to or for members (Part-IX, column-(A), line;4)			0		0	
(A	15		other compensation, employee benefits (Part IX column (A)	lines 5-10)		5000		5000	
Se	16a	Professio	nal fundraising (es (Pantix, column (A), line 1, e)	,		0		0	
Expenses	b		draising expenses (Part IX, column (D), line 25)						
ă	17		penses (Part IX, column (A) lines 11a-11d-11f-24e)			292818		191784	
	18		enses. Add lines 13–17 (mast equal Part IX, column (A),	ino 25\		372031		267251	
	19	•		•					
		<u> </u>	less expenses. Subtract line 18 from line 12	· · · ·	Beginning of Ci	318544	End of Ye	199686	
Net Assets or Fund Balances	20	Total acc	oto (Port V. lino 16)			1191322		1442920	
SS Bals	20		ets (Part X, line 16)						
₹ 1	21		litites (Part X, line 26)			36481		88373	
_			s or fund balances. Subtract line 21 from line 20		L	1154841		1354547	
_	art II		ure Block						
			 y, I declare that I have examined this return, including accompanying so the Declaration of preparer (other than officer) is based on all information 				ny knowledge and	belief, it is	
			Minister			12-1	18-12		
Sig	gn 💮	Sign	ature of officer		Di	ate			
He	Here Toh De Snystad Socretary (transmer								
		Туре	of prior name and title						
			pe preparer's name Preparer's signature	10	Date	Ob the F	PTIN		
Pa				ļ		Check self-emp			
	epare				TE		->		
US	e On					n's EIN ►			
Ma	v the II		ddress > this return with the preparer shown above? (see instructions)	rtions)	[Ph	one no	Yes	No	
1410	, 					· • • •	<u> </u>	,,	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	2011) Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	riefly describe the organization's mission: o promote, encourage, and foster the education and training services, scientific investigations, technology development, echnology commercialization, and other related services of the University of North Dakota Energy & Environmental Research center, Grand Forks, North Dakota (By-Laws Article II (1)).
2	id the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ?
3	"Yes," describe these new services on Schedule O. id the organization cease conducting, or make significant changes in how it conducts, any program ervices?
4	"Yes," describe these changes on Schedule O. escribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount or expenses and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	Code: (a) (Expenses \$ 242926 Including grants of \$ 70467) (Revenue \$ 466854) During the fiscal year ended June 30, 2012, four patents were filed, thirteen patents issued and the Foundation entered into welve new or modified agreements. Allocations were paid to inventors in accordance with the ND State Board of Higher Education policy.
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	ther program services (Describe in Schedule O.) Expenses \$ including grants of \$) (Revenue \$)
4e	otal program service expenses ► 242926

Part	Checklist of Required Schedules			
_	To the appropriation does by Land 19 504(19) and 47(19) (1) and 19 (19) and 19		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 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		✓
4	candidates for public office? If "Yes," complete Schedule C, Part I	3_		1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	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	11e		✓
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	✓	
	Schedule D, Parts XI, XII, and XIII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a b		14a	✓	-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	√	
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, Parts II and IV.	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, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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		<u>,</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	Checklist of Required Schedules (Continued)			
	Did the secretarias are at the decidence of the decidence of the secretarias and attacks are at the decidence of the decidenc		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
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		/
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		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		<u> </u>
244	\$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		✓
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
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		√
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,			Ť
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):	}- '*	,	1
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		1
34	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		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	-
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	 	_	<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	✓	
_	· 			

Part				_
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	·	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١,
	account)?	4a		/
b	If "Yes," enter the name of the foreign country:			1
F-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<u> </u>		 -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		V
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 C		
	organization solicit any contributions that were not tax deductible?	6a		/
b	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization 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		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓	
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		ļ
	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders] 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a		100		
12a b	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 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
4	Note. See the instructions for additional information the organization must report on Schedule O.	a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response to any question in this Part VI			
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			ì
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.			ì
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body?	7b		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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	9	<u> </u>	
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue Co</u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			}
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ا ا	,	
40	describe in Schedule O how this was done	12c	<u>✓</u>	
13	Did the organization have a written whistleblower policy?	13		✓
14 15	Did the organization have a written document retention and destruction policy?	14		\
13	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			!
_			,	
a	The organization's CEO, Executive Director, or top management official	15a	<u>√</u>	
b	Other officers or key employees of the organization	15b	✓	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			!
.04	with a taxable entity during the year?	46-		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			ı
	organization's exempt status with respect to such arrangements?	16b		'
Section	on C. Disclosure	100		
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 (Section	5016	3)(3)e	Only
	available for public inspection. Indicate how you made these available. Check all that apply.	. 551(در در	J.1197
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	f inter	est n	olicy
•	and financial statements available to the public during the tax year.		P	JJ,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► Gerald H. Groenewold, 15 N. 23rd St., Stop 9017, Grand Forks ND 58202-9017			

Form 5	വവ വ	2011	١

		ayer
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	, and
	Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	. 🗆

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individu compensated employees; and former such pers	ual trustee: ons.	s or	dire	ecto	ors;	instr	tutio	onal trustees;	officers; key	employees; highes
☐ Check this box if neither the organization no.	r any relate	d orga	aniz	atio	n c	ompe	nsa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(do n	ot ch	Pos neck s pe	tion more	than of the both or/trust Highest compensated employee	one n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated
(1) Tom Bechtel, President	1	√		1				0	o	0
(2) Bob Harris, Vice President	.5	✓		1				0	0	0
(3) John Snustad, Treasurer	1	✓		✓				0	0	0
(4) Carl Bauer	.5	✓						0	0	0
(5) John Knapp	.5	\						0	0	0
(6) Chris Greenberg	.5	\						0	0	0
(7) Ron Ness	.5	1						0	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)						_				
(14)		-								

Part	Section A. Officers, Directors, Trust		mploy	yees	((nd F C) ition	lighes	st C			continue			
	(A) Name and title	Average hours per officer and a director			Average (do not check more than box, unless person is bo			nan Reportable		(E) Reportable compensation from		,		
		week (describe hours for related organizations in Schedule O)	Individua or directo		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ed other ations compensation		n I	
(15)														
(16)					_									
(17)														
(18)														
(19)		-												
(20)														
(21)		-												
(22)														
(23)									-					
(24)		-												<u>_</u>
(25)														
1b c	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					▶ ▶	0 0		0			0
2	Total number of individuals (including but reportable compensation from the organi	t not limited	i to th					e) w	ho received m	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	oloyee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind		5		
	on B. Independent Contractors				_						<u> </u>			
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compens		
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot I	lmit	ed to	th	nose listed abo	ove) who				
	received more than \$100,000 of compens								0	,				

Pan	<u> evilli</u>	Statement of Revenue	_			
1			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1a	Federated campaigns 1a			-	
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b				
υ, E	С	Fundraising events 1c				
ifts	d	Related organizations 1d				
a iii	e	Government grants (contributions) 1e				
Sir	f	All other contributions, grifts, grants,				
Lti	•					
O E						
on Du	g	Noncash contributions included in lines 1a-1f: \$				
OB	h	Total. Add lines 1a–1f	0			
Program Service Revenue	_	Business Code				
eve	2a					
æ	b					
Ş	С					
Ser	d					
ᇤ	е					
ogu	f	All other program service revenue .				
<u>م</u>	g	Total. Add lines 2a–2f	0			}
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	83			83
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	· · · ·	466854	466854		
	_	Royalties				
	6a	Gross rents				
	ь	Less: rental expenses				
	c	Rental income or (loss)				
	ď	Alah madalikan ang mga (hara)	o			
	7a	Gross amount from sales of (i) Securities (ii) Other				
	, a	assets other than inventory				
	<u> </u>	Less: cost or other basis				
	b	and sales expenses .				
	1					
	C	Gain or (loss)				اــ ــ ـــ
	d	Net gain or (loss)	0			
Revenue	8a	Gross income from fundraising				
Ver		events (not including \$				
Re		of contributions reported on line 1c).				ı
ē		See Part IV, line 18 a				,
Other	ь	Less: direct expenses b	1			!
0		Net income or (loss) from fundraising events .	0		· - -	
		Gross income from gaming activities.				
	-	See Part IV, line 19 a				
	ь	Less: direct expenses b				
	C	Net income or (loss) from gaming activities ▶				
	_	Gross sales of inventory, less	- 4			
	104	returns and allowances a				
		~ <u> </u>				
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory b				
	<u>c</u>	Miscellaneous Revenue Business Code	0	,		· -
	44-	wiscenarious nevertue business Code				<u> </u>
	11a					
	b					<u> </u>
	C	All other recommendations				
	d	All other revenue				
	е 12	Total. Add lines 11a–11d ▶ Total revenue. See instructions ▶	466.937	466.854		Ŕ

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A) but are not
required to complete columns (B), (C), and (D).	

	Check if Schedule O contains a respon t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	se to any question (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
2	organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in	70,467	70,467		
3	the United States. See Part IV, line 22 Grants and other assistance to governments,	o			
3	organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	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)	5000	5000		
7	Other salaries and wages	0	5000		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10 11	Payroll taxes	0			
a	Management	o			
b	Legal	5591		5591	
c	Accounting	11,037		11,037	
d	Lobbying	0			
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other	58,365	58,365		
12	Advertising and promotion				
13	Office expenses	45		45	
14	Information technology				
15	Royalties				
16	Occupancy	994		994	
17 18	Travel	1693		1693	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	962		962	
21 22	Depreciation, depletion, and amortization .	84,094	84,094	302	
23	Insurance	1100		1100	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				į
_	(A) amount, list line 24e expenses on Schedule O.)			10	
a h	Other Operating Loss on Investment	10		10 250	
C	Bank Fees	199		199	
d	Bad Debt	25,000	25000		
е	All other expenses	2444		2444	
25_	Total functional expenses. Add lines 1 through 24e	267,251	242,926	24,325	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				5 000 /00/4

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	343727	1	254892
2	Savings and temporary cash investments	0	2	36266
3	Pledges and grants receivable, net		3	00200
4	Accounts receivable, net	50035	4	61665
5	Receivables from current and former officers, directors, trustees, key		-	
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		-	
"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		.	
<i>ι</i> ο	employees' beneficiary organizations (see instructions)	0	6	0
Assets	Notes and loans receivable, net	0	7	0
AS 8	Inventories for sale or use	0	8	
9	Prepaid expenses and deferred charges		9	
10	· · · · · · · · · · · · · · · · · · ·	U	9	0
	other basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation 10b		40-	
11	Investments—publicly traded securities		10c	0
12	Investments—other securities. See Part IV, line 11		11	0
13		0	12	0
14	Investments—program-related. See Part IV, line 11	0	13	0
15	Intangible assets	790809	14	1084562
16	Other assets. See Part IV, line 11	5765	15	5515
17	Total assets. Add lines 1 through 15 (must equal line 34)	1191322	16	1442900
18	Accounts payable and accrued expenses	0	17	85391
19	Grants payable	36481	18	2982
20		0	19	0
21	Tax-exempt bond liabilities		20	0
1 -	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Se 22	Payables to current and former officers, directors, trustees, key			
≣	employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		-	
Liabilities	·	0	22	0
_ 20	Secured mortgages and notes payable to unrelated third parties	0	23	0
24	Unsecured notes and loans payable to unrelated third parties	0	24	0
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			_
	of Schedule D	0		0
26	.		25	
26	Total liabilities. Add lines 17 through 25	36481	20	88373
Ses	lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	1154841	27	1354527
図 28	Temporarily restricted net assets	0	28	0
_ 29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances	Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds .		32	
₹ 33	Total net assets or fund balances	1154841	33	1354527
34	Total liabilities and net assets/fund balances	1191322	34	1442900
,	The state of the s	1101022		Form 990 (2011)

Form 9	90 (2011)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1]		46	6937
2	Total expenses (must equal Part IX, column (A), line 25)	2		26	7251
3	Revenue less expenses. Subtract line 2 from line 1	3		19	9686
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		115	4841
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		135	4527
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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," exp Schedule O.	laın in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove of the audit, review, or compilation of its financial statements and selection of an independent accoun		2c	1	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	lain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	r were			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	orth in	За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	-	3b		
	Togalisa and to and go out my in concess of and accomposing chops taken to and go out a			n 99 0	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Energy & Environmental Posearch Center Foundation

Employer identification number

			i Research Cente								424/9		
	rt I			rity Status (All orga						<u>nstructic</u>	ons.		
The				ition because it is: (Fo									
1		A church, con	vention of churcl	hes, or association of	churches	describe	ed in sec	tion 170((b)(1)(A)(i).			
2				170(b)(1)(A)(ii). (Attac									
3		A hospital or a	a cooperative hos	spital service organiza	ation desc	cribed in	section 1	170(b)(1)(A)(iii).				
4				on operated in conjun	ction with	a hospit	al descril	bed in se	ction 170	D(b)(1)(A)	(iii). Ente	r the	
		hospital's nam	ne, city, and state	e:									
5	✓		on operated for to (1)(1)(A)(iv). (Comp	the benefit of a colle plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernment	tal unit d	escrib	ed in
6		A federal, stat	e. or local govern	nment or government	al unit des	scribed in	section	170(b)(1)(A)(v).				
7		An organization	on that normally	receives a substantia	l part of					nit or fron	n the ger	neral p	oublic
8		A community	trust described II	n section 170(b)(1)(A)(vi). (Con	nplete Pa	ırt II.)						
9		An organization	on that normally	receives: (1) more that	an 33¹/₃%	of its su	apport fro	om contri	butions,	members	ship fees,	and o	gross
		receipts from	activities related	to its exempt funct	ions-sub	oject to d	certain ex	ceptions	, and (2)	no more	than 33	31/3%	of its
				int income and unrel fter June 30, 1975. Se						n 511 ta	x) from	busine	esses
10	П			operated exclusively					•	4)			
11		-	_	nd operated exclusive		-	-			-	or to ca	mv ou	t the
		purposes of c	one or more pub	olicly supported organ	nizations	describe	d in sect	ion 509(a	1)(1) or se	ection 50	9(a)(2). S		
		a Type i	b 🗆		☐ Type			•			Type II	I_O+be	
٥				that the organization					v by one				
·				ers and other than one									
		or section 509	_		0 01 111010	Publicity	оарроги	ou organi	Lation C	200011000) ii 000	/(α)(1)
f				written determination	on from t	he IRS 1	that it is	a Type	l Type I	ll or Tvo	e III sur	nortin	a
_			check this box .					ш туро	., .,,,,,,			, por tim	' ⁹ □
g		•		he organization accep		aft or co	ontributio	n from a	nv of the				ш
		following pers		no organization dood	olou uny	9.11 01 01		u					
				ndirectly controls, eitl	her alone	or toget	her with	persons	describe	d in (ii) ar	nd	Yes	No
				ody of the supported							11g(i)	 	
				on described in (i) abo	•						11g(ii)	-	
			· · · · · · · · · · · · · · · · · · ·	a person described in							11g(iii)		
h				on about the support							118(11)	11	
		ne of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify	663	s the	/sii) A	mount o	
(.,		ganization	(1) 2.11	(described on lines 1–9	in col (i) lis	ted in your	the organ	nization in		tion in col		pport	,,
above or IRC section governing document? col (i) of your (i) organized in the support? U.S.?													
				(see instructions))	Yes	No	Yes	No	Yes	No			
(A)						<u> </u>							
		····											
(B)													
(C)													
(D)													
			-										
E)													
			1	I	1		1	I	I		I		

Total

							raye 📥
Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi	<u> </u>
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, pl	lease comple	te Part III.)	
	on A. Public Support						<u> </u>
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	25530	304540	341596	672846	466854	1811366
2	Tax revenues levied for the	İ					
	organization's benefit and either paid	_			_		_
_	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge		•				
4		0 25530	<u>0</u> 304540	341596	672946	0	4044266
4	Total. Add lines 1 through 3	25530		341596	672846	466854	1811366
5	The portion of total contributions by each person (other than a						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.						1811366
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	25530	304540	341596	672846	466854	1811366
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
_	sources	15408	11847	165	129	83	27632
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on	ام	•				
10	Other income. Do not include gain or	0	0	0	0	0	0
10	loss from the sale of capital assets						
	(Explain in Part IV.)	o	0	65016	17600	o	82616
11	Total support. Add lines 7 through 10			63016	17000		1921614
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	1921614
13	First five years. If the Form 990 is for th			d, third, fourth	, or fifth tax ve		
	organization, check this box and stop he				=		▶ □
Secti	on C. Computation of Public Suppor	t Percentage	e				
14	Public support percentage for 2011 (line 6	5, column (f) di	vided by line 1	1, column (f))		14	94 %
15	Public support percentage from 2010 Sch	nedule A, Part I	II, line 14 .			15	94 %
16a	331/3% support test-2011. If the organize						
	box and stop here. The organization qua	-		-			_
b	331/3% support test—2010. If the organ						
	check this box and stop here. The organ	·		• • • •			
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization me						
	Part IV how the organization meets the "forganization						ирропеа —
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizate Explain in Part IV how the organization m						
	supported organization				_	•	
18	Private foundation. If the organization di						_
	instructions						

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

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

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Section	on B. Total Support		1 .		l		
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6		, ,	· · · · · ·			
10a	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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
. •	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d. third. fourth	or fifth tax v	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he				-		
Section	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2011 (line 8	3, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2010 Sch			<u></u>	<u> , .</u>	16	%
Secti	on D. Computation of Investment In-						
17	Investment income percentage for 2011 (%
18	Investment income percentage from 2010						<u>%</u>
19a	331/3% support tests—2011. If the organ						
_	17 is not more than 331/2%, check this box						
b	331/s% support tests—2010. If the organiz						-
20	line 18 is not more than 3312%, check this leads to be private foundation. If the organization di		-			• •	_

Schedule A (F	Form 990 or 990-EZ) 2011	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. Also complete this part for any additional information. (See instructions).	
		·
		·
···		
	·	
		
	·	
	······································	
 -		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Energ	& Environmental Research Center Foundation	1	36-3842479
Par		or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to F	form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds 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		
_	funds are the organization's property, subjectives	-	
6	Did the organization inform all grantees, do		
	only for charitable purposes and not for the		
Dor	conferring impermissible private benefit?		
	Conservation Easements. Com		" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held		articular and the second second
	Preservation of land for public use (e.g.,		
	☐ Protection of natural habitat☐ Preservation of open space	☐ Preservation	of a certified historic structure
2	Complete lines 2a through 2d if the organiz	ation held a qualified conseniation contribut	tion in the form of a concentation
-	easement on the last day of the tax year.	ation held a qualified conservation contribu	non in the form of a conservation
,			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation ea		
C	Number of conservation easements on a ce		
d	Number of conservation easements include		
	historic structure listed in the National Regis	• • •	· · 2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	
	tax year ►		
4	Number of states where property subject to	conservation easement is located ►	
5	Does the organization have a written po		
	violations, and enforcement of the conserva	ation easements it holds?	· · · · · · Yes 🗌 No
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	on easements during the year
	-		
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation ea	sements during the year
_	> \$		
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(II)?		
_	· · · · · · · · · · · · · · · · · · ·		· · · · · · · L Yes L No
9	In Part XIV, describe how the organization r		
	balance sheet, and include, if applicable, the organization's accounting for conservation		mancial statements that describes the
Part		ections of Art, Historical Treasures, o	or Other Similar Assets
, are		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un		
	works of art, historical treasures, or other	• • • • •	
	public service, provide, in Part XIV, the text		
b	If the organization elected, as permitted u	inder SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other		
	public service, provide the following amoun	ts relating to these items:	
	(i) Revenues included in Form 990, Part VII	I, line 1	▶ \$
	(ii) Assets included in Form 990, Part X .		> \$
2	If the organization received or held works		
	following amounts required to be reported i	·	
а	Revenues included in Form 990, Part VIII, III	ne 1	▶ \$_
b			

Schedule	D /E	~~~ (MON!	204	•
ocneaule	ν ι	OHILE	יטפנ	2U I	

Pan	UII Organizations Maintaining	Collections	of Art, Hi	storical	Treasures	, or O	ther Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		d other reco	ords, ched	ck any of th	ne follo	wing that are a	significant use of its
а	☐ Public exhibition		d	□Loan	or exchang	e proc	ırams	
b	☐ Scholarly research		e					
c	☐ Preservation for future generations	•	•		'			
4	Provide a description of the organizations		no and ava	laia baw t	سمطاحب والمراج	*bo ===		
7	XIV.	ion's collectio	ns and exp	iaiii now i	iney lurtiler	the or	ganization's exe	empt purpose in Part
5	During the year, did the organization	solicit or rece	uve donatio	ne of art	historical ti	raseura	e or other eimi	ilor
•	assets to be sold to raise funds rather							
Par	IV Escrow and Custodial Arra			-				<u> </u>
	line 9, or reported an amoun	it on Form 99	0, Part X,	lıne 21. È	•			, ,
_	Is the organization an agent, trustee, included on Form 990, Part X?					ions o	rother assets r	Yes No
b	If "Yes," explain the arrangement in Pa	art XIV and cor	mplete the t	following t	able:			<u> </u>
						<u> </u>	 -	Amount
С	Beginning balance					10		
d	Additions during the year					10	1	
е	Distributions during the year					16	>	
f	Ending balance					11	•	
2a	Did the organization include an amour	nt on Form 990), Part X, lin	e 21? .				Yes No
b	If "Yes," explain the arrangement in Pa	art XIV.						
Par	Endowment Funds. Comple	ete if the orga	anization a	nswered	"Yes" to F	orm 9	90, Part IV, lin	e 10.
		(a) Current yea	r (b) P	rior year	(c) Two year	rs back	(d) Three years bad	ck (e) Four years back
1a	Beginning of year balance							-
b	Contributions		 -					· · · · · · · · · · · · · · · · · · ·
c	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							
•	programs							· ·
f	Administrative expenses						_	
_	1							
g	End of year balance				<u> </u>			
2	Provide the estimated percentage of t	ne current yea	r end balan	ce (line 1	g, column (a	i)) held	as:	
a	Board designated or quasi-endowmer	nt ▶	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶		%					
_	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	possession o	of the organ	ization th	at are held	and ad	lministered for t	he
	organization by:							Yes No_
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
þ	If "Yes" to 3a(II), are the related organi	zations listed a	as required	on Sched	ule R? .			3b
4	Describe in Part XIV the intended uses	of the organiz	zation's end	lowment f	unds.			
Part	VI Land, Buildings, and Equip	ment. See F	orm 990, F	Part X, lin	e 10.			
	Description of property		or other basis estment)		or other basis other)		Accumulated epreciation	(d) Book value
1a	Land			_				· <u> .</u> .
b	Buildings			1				
c	Leasehold improvements		_	 				
d	Equipment			 -				<u></u>
e	Other			+				
	Add lines 1a through 1e. (Column (d) m	unt agricl For	m 000 Darid	V actions	n /D\ !:== 10	2/01 1		
rotal.	nou intes la utitough le. (Column (a) m	шы еүий гоп	н ээс, гал	∧, columi	ı (D), iine TC	/(<i>C).)</i>	<u> ▶ </u>	

Part VII Investments—Other Securities.	See Form 990, Part X	, line 12.	, ago o
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(i)	_		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Related	See Form 990, Part)	(, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of vali Cost or end-of-year m	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)	·		
(9)		 	
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			1
Part IX Other Assets. See Form 990, Pa	rt X, line 15.		
(a) Description		(b) Book value
<u>(1)</u>			 -
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u> (7)			_
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column Y Other Liabilities. See Form 990,		· · · · · · · · · · •	
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes		<u>o</u>	
(2)			
(3)		_	
(4)		-	
(5) (6)		_	
(0)		\dashv	,
(8)		-	
(9)		_	
(10)		7	
(11)	_		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶		0	

Schedu	e D (Form 990) 2011		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Stateme	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine		10
Part	XII Reconciliation of Revenue per Audited Financial Statement	ents With Revenue per	Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a]
b	Donated services and use of facilities	2b]
С	Recoveries of prior year grants]
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b]
b	Other (Describe in Part XIV.)		<u> </u>
C	Add lines 4a and 4b		4c
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
	Reconciliation of Expenses per Audited Financial Statem	nents With Expenses pe	er Return
1	·		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a]]
b	Prior year adjustments	2b]
С	Other losses	2c]
d	Other (Describe in Part XIV.)	2d	<u> </u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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]
b	Other (Describe in Part XIV.)	4b	1 1
_C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	_5
	XIV Supplemental Information		
	ete this part to provide the descriptions required for Part II, lines 3, 5, and		
Part V	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, ditional information.	lines 2d and 4b. Also com	plete this part to provide
-			
Рап х	(2): Footnote States: Income Taxes - The Foundation has adopted the provision	ons of FASB Accounting Star	ndards Codification Topic
ACO 7			
ASC /	40-10, related to accounting for uncertainty in income tax. As of June 30, 2012	and 2011, the unrecognized	tax benefit accrual was
zero.			
2610.			
If the	oundation has any unrecognized tax benefits, future accrued interest and per	nalties would be recognized i	n tay eynense. The
		Hould be recognized i	wa experies. 1116
Found	ation is no longer subject to Federal tax examinations by tax authorities for ye	ears before 2008,	

			•••••
			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Energy & Environmental Research Center Foundation

Employer identification number 36-3842479

Par	General Information Form 990, Part IV, line		es Outside 1	the United States. Comp	olete if the organization answ	wered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the	e grants or as		criteria used to award the	
	grants or assistance:					☐Yes ☐No
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	toring the use of its grant	s and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table o	an be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	NA					
(2)						
(3)						
(4)						
(5)						
(6)		-				
(7)	.,		-			• •
(8)						
(9)						.
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					

Schedule F (F	Page 2 (Form 990) 2011
Part II	art II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
	Don't I non by displacted is additional annea in accorded

•									
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									:
(3)									
(4)									
(2)									
9									
ε									
(8)									
(6)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Enter total number of other organizations or entities က

Schedule F (Form 990) 2011

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2011

Part III Grants ar

Part III can be duplica	Part III can be duplicated if additional space is needed.	e is needed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2011

Schedule	F (Form	n 990)	2011	

Page 4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreig Corporation (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With U.S. Owner (see Instructions for Forms 3520 and 3520-A)	nd	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect 7 Certain Foreign Corporations. (see Instructions for Form 5471)	•	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 862 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	1,	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	•	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instruction for Form 5713)		☑ No

001100010 1 1/1	1 age 9
Part V	Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
There were	e no grants outside the US for this fiscal year.
- 	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

Open to Public Inspection 20

OMB No 1545-0047

ואמווים טו נווס טיטמוויגמניטו						Empl	Employer identification number
Energy & Environmental Research Center Foundation	enter Foundation						36-3842479
Part I General Information on Grants and Assistance	n on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	tain records to sub	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility for	for the grants or assistan	ce, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nization's procedur	es for monitoring	the use of grant fur	nds in the United			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.	Assistance to Go , line 21, for any	vernments and recipient that rec	Organizations i	n the United St \$5,000. Check	ates. Complete if this box if no one r	ents and Organizations in the United States. Complete if the organization answered "Yes" at that received more than \$5,000. Check this box if no one recipient received more than \$5,00	wered "Yes" ore than \$5,000.
Part II can be duplicated if additional space	ated if additional	space is needed					▲
1 (a) Name and address of organization or government	(p) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UND Energy & Environmental	100000	(2)(2)(2)	1000				-
Research Center	42-0002491	201(5)(3)	/046/				IP Commercialization
(2)	-						
(6)	1						
(4)	,						
(5)							
(9)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizat3 Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and gov organizations listed	emment organizat in the line 1 table	organizations listed in the line 1 table ie 1 table	ne 1 table			A A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruction	s for Form 990.		Ca	Cat. No. 50055P		Schedule I (Form 990) (2011)

Schedule I (For	Schedule I (Form 990) (2011) Part III Grants and Other Assistance to Individuals		nited States. Com	plete if the organiz	ation answered "Yes" to	Page 2 in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of	space is needed.	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-						
7						
ဗ						
4						
5						
ဖ						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	e this part to prov	vide the information	n required in Part I,	line 2, and any other add	ditional information.
commercia	In a anocation is to the University of North Dakota Energy & Environmental Research Center (EERC). This is the single anocation made by this Foundation. The EERC reports on commercialization effort at each Board of Directors meeting.	/ & Environmental k ng.	Kesearch Center (EEK)	C). Inis is the single a	illocation made by this Founk	auon. The EERC reports on
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
						Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Energy & Environmental Research Center Foundation	36-3842479
Part VI, Section A (9) Name and address of Director's not available at the Organization mailing address	:
Tom Bechtel - 103 Pinehurst Drive, New Bern, NC 28562-2942	······
Bob Harris - 300 Elliot Avenue West, Suite 500, Seattle, WA 98119	
John Snustad - 600 DeNers Ave. , Grand Forks, ND 58201	
Ron Ness - 120 North 3rd St., Suite 200, PO Box 1395, Bismarck, ND 58502-1395	
John Knapp - 5953 Dallas Parkway, Suite 200A, Plano TX 75093	
John MacFarlane - 911 South Arlington Street, Fergus Falls, MN 56537	
Carl Bauer - 2533 Bonnie Dell Drive, South Park, PA 15129	
Gerald H. Groenewold - 15 N. 23rd St., Stop 9018, Grand Forks, ND 58202-9018 (Non-Voting)	
Robert Kelley - 264 Centennial Drive, Stop 8193, Grand Forks, ND 58202-8193 (Non-Voting)	
Alice Brekke - 264 Centennial Drive, Stop 8378, Grand Forks, ND 58202-8379-8 (Non-Voting)	
Part VI-Section B (11a/b): Tax Form 990 is reviewed and signed by the Treasurer.	
Part VI-Section B (12c): An interested person may make a presentation at the governing board committee	ee meeting. Governing board
informs members on alleged failure to disclose.	
Part VI-Section B (15b): Currently there is no compensation distributed to voting members of the gover	ning board. However, a voting
member of the governing board who receives compensation, directly or indirectly, from the Foundation	n for service is precluded from voting
on matters pertaining to that member's compensation.	
Part VI, Section C (19): Financial statements are publicly disclosed through the North Dakota University	y System.
Part VII A.1a (B) Describe hours and related organizations; EERC Foundation Officer average weely time	e is attributed to committee and
regular meetings, an d preparation and review of board matters. Directors of the EERC foundation ave	rage weekly time is attributed to
meetings, preparation and review of board matters.	

2011-02-01 - 200 -	Page Z
Name of the organization	Employer identification number
	·
	·
	•••••••••••••••••••••••••••••••••••••••
······	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

1545-0047	11
OMB No	20

► See separate instructions.

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(g) Section 512(b)(13) controlled (f)
Direct controlling
entity ş Employer identification number 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.) Yes 36-3842479 (f)
Direct controlling
entity (e) End-of-year assets 170(b)(1)(A)(vi) NA (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) (b) Primary activity 2 (b) Primary activity University University of North Dakota, 264 Centennial Dr., Stop 8193 (a) (an entity address, and EIN of disregarded entity Energy and Environmental Research Center Foundation (a) (a) Name, address, and EIN of related organization Grand Forks, ND 58202-8193 EIN 45-6002491 Name of the organization Part I Part II 3 Ξ = 2 ල 9 9 2 € ල 9 9

Schedule R (Form 990) 2011

Cat No 50135Y

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

Ε

(a) Name, address, and EIN of related organization				Secretary in the control of the law year.	3					
	(b) Primary activity	(c) Legal donnicile (state or foreign	(d) Direct controlling cutity	(e) Predominant income (related, urrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) - Disproportionate allocations?	(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
(1) Fdtn. Holding InEnergy, 15 N 23rd	!	1	Energy&Enviro		1	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(2) St., Stop 9056	!		6		1	:	:			
Grand Forks, ND	ı	-	mentalResearh				1	:		
(3) 58202-9056 EIN 26-2674306 Shareholder (4)		Q.	Center Fdtn.	AN	1	0 5515	>	ı	> V	100
(9)										
(9)										
(Δ)										
Parrw Identification of F	Related Organiz	ations Ta related o	xable as a Cor	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(Complete ion or trust	if the organiz during the ta	ation answe x year.)	ered "Yes" to	Form 990, Pa	ת ו∕,
(a) Name, address, and EIN of related organization	related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity ((e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)										
(2)										
(6)								į		
(4)										
(5)										
(9)										
(2)										

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2011

Part V Transactic

Note. Complete line 1 if any entity is listed in Parts II. III, or IV of this schedule.				Yes	ş
0	organizations listed	in Parts II-IV?			
Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			. 1a	_	>
Gift grant or capital contribution to related organization(s)			÷		\
Gift grant or capital contribution from soluted consistency(s)				1	
int, grant, or capital commodition notification(s)	• • • • • • • •		2	Ī	>
Loans or loan guarantees to or for related organization(s)			1d		>
Loans or loan guarantees by related organization(s)			- 1e		>
] -
Sale of assets to related organization(s)	• • • • • • •		-		>
Purchase of assets from related organization(s)	•	•	19		>
Exchange of assets with related organization(s)			ŧ	T	
rolotod	•	•	;		\
ease of lacillities, equipment, of other assets to related organization(s)			<u>=</u>		>
(a) contract for all moments or attack accorded from solutional constructional contractions (a)			ï	•	-
Lease of Jacinices, equipment, of other assets from related organization(s)			-	>	
Performance of services or membership or fundraising solicitations for related organization(s)			*		>
Performance of services or membership or fundraising solicitations by related organization(s)			=		>
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			- 1m		>
Sharing of paid employees with related organization(s)			Ę		 >
Heimbursement paid to related organization(s) for expenses			은		>
Reimbursement paid by related organization(s) for expenses			<u>육</u>	1	>
Other transfer of cash or property to related organization(s)			5		, >
Other transfer of cash or property from related organization(s)				卞	-
Miles defined on desiron property months and one the instructions for information on the miles formation for information on the instruction of the control of the charge o		in the second se	11	> 1	;
the answer to any of the above is tres, see the instructions for information of who must complete this	e, including covered	relationships and trans	Saction thre	SUOIO	S.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	etermin volved	guin 5
4) Ilvinoreity of MD EEDC		8	10000		
The say of the characters are a say of the characters are		466	Space Calc.		
(2) University of North Dakota		466854	466854 Cost Basis		
		Scher	Schedule R (Form 990) 2011	1 990)	2011

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

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.

or gross revenue, may may not a related organization. See instructions regarding exclusion for certain investment partitiens in ps.	gai iikatiori. Gee	III SII UCIIOII IS I	garding exclusi	מון זמן כפונש	III IIIVestilleili pa	i ii iei si iips.				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicite	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate	(i) Code V—UBI		(k) Percentage
		(state or foreign country)		section 501(c)(3)	Ş	≽	allocations?	æ ∪	managing partner?	ownership
			section 512-514)	Yes No			Yes	1 .	Yes No	
(1)										
(2)										
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								Schec	dule R (For	Schedule R (Form 990) 2011

Schedule R (I	Form 990) 2011	Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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