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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning 2012, and ending 20 D Employer identification number C Name of organization FOSSUM FOUNDATION INC. Check if applicable Doing Business As 45-6013302 Address change Number and street (or P O, box if mail is not delivered to street address) Room/suite E Telephone number Name change 701-231-6800 Initial return 241 UNIVERSITY DR N City, town or post office, state, and ZIP code Terminated G Gross receipts \$ FARGO, ND 58102-2524 180,641 Amended return F Name and address of principal officer H(a) is this a group return for affiliates? Yes Vo Russell H. Slotten Application pending H(b) Are all affiliates included? Yes No 46561 Woodlake Trl, Pelican Rapids, MN 56572 If "No," attach a list (see instructions) 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ H(c) Group exemption number ▶ L Year of formation. M State of legal domicile ND Part I Summary Briefly describe the organization's mission or most significant activities: To assist North Dakota State University Development Foundation in carrying out its exempt purpose of supporting Activities & Governance North Dakota State University. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) . . . 7 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . 11 189,382 174,829 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 189,408 12 174,840 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 153,715 446,769 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a=11d, 11f-24e) 1,501 3,077 Total expenses. Add lines 13-17 (must equal Part IX, column-(A)) / line 25) 18 448,270 156,792 Revenue less expenses Subtract line 18 from line 12 ---19 32.616 (273,430)**Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 962,519 729,890 21 Total liabilities (Part X, line 26) . 100,801 60,000 22 Net assets or fund balances. Subtract line 21 from line 20 f 902,519 629,089 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name Check 🔲 ıf Paid self-emplo Preparer Firm's EIN ▶ Firm's name Use Only Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

S S

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

Part	III Statement of Program Service Accomplishments	Page 2
	Check if Schedule O contains a response to any question in this Part III	. 🗆
1	Briefly describe the organization's mission:	
	To assist in carrying out the purposes of North Dakota State University Development Foundation, a nonprofit corporation	
	organized and existing for the support of North Dakota State University.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	√ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measi expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	red by others,
4a	(Code:) (Expenses \$ 351,369 including grants of \$ 351,369) (Revenue \$)
	Grants to North Dakota State University Development Foundation (1241 University Dr N, Fargo, ND 58102-2524), the supported	
	organization, for use in carrying out its exempt purpose of supporting North Dakota State University.	
	\$11,369 was used to support the Alumni Association student programs.	
	\$340,000 was contributed to the Fossum Foundation endowment fund held by the NDSU Development Foundation, which has a	
	restricted purpose of using the annual distribution of income, as set by the Investment Committee of the NDSU Development Foundation, for merit scholarships at North Dakota State University.	
	(Code)	
4b	(Code:) (Expenses \$ 95,400 including grants of \$ 95,400) (Revenue \$)
	Grants to North Dakota State University (1340 Administration Ave, Fargo, ND 58102) for the following: \$75,400 was used to support NDSU undergraduate merit scholarships program.	
	\$20,000 was used to support the launch of the NDSU School of Music.	
łc	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		′
		 -
	······	
	Other program services (Describe in Schedule O.)	
ld ——	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ▶ 446.760	

Part I	V Checklist of Required Schedules			_
		\Box	Yes	N
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		/
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
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		
	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		
	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		,
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		V
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
0	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	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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		,
С	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		,
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	√	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		٧
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		
5	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		١,
6	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		
7	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		
8	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		
9	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		Ĺ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Ť
-va				-

Part	Checklist of Required Schedules (continued)		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	√	NO
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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, highest 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 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		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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 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		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	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		\ \
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		→
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	<u> </u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		√
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Part				_
	Check if Schedule O contains a response to any question in this Part V	- · ·	Yes	_ <u>_</u> _
1a	Enter the number reported in Box 2 of Form 1006. Enter, 0, if not applicable		103	No
ь	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 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				
	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		✓
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 account)?	4-		1
b	If "Yes," enter the name of the foreign country: ▶	4a		· · ·
	See instructions for 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	<u> </u>	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		 -
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		7
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			<u> </u>
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			<u> </u>
	organizations, but the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		- <u>-</u> -
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 b	Gross income from members or shareholders			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	. <u>-a</u>		-
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		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	<u> </u>		
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	✓
Ð	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	, <u>QQ</u>	(2012)
		rorr	:: シラリ	(2012)

Part	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.									
	Check if Schedule O contains a response to any question in this Part VI									
Secti	on A. Governing Body and Management			<u> </u>						
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a7			 						
	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	ı								
	committee, explain in Schedule O.									
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		1						
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?										
7a	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		_						
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_		✓						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	ue Co								
40-	Databases to Control to the state of the sta		Yes	No						
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓						
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		-						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		-						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1						
u	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		\ <u> </u>						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		 						
•	describe in Schedule O how this was done	12c		ļ						
13	Did the organization have a written whistleblower policy?	13		1						
14	Did the organization have a written document retention and destruction policy?	14		1						
15	Did the process for determining compensation of the following persons include a review and approval by			Ť						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		7						
b	Other officers or key employees of the organization	15b	-	1						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement									
	with a taxable entity during the year?	16a		1						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the									
	organization's exempt status with respect to such arrangements?	16b		<u>L</u> .						
	on 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 (Section	501(c)(3)s	only)						
	available for public inspection. Indicate how you made these available. Check all that apply.									
40	Own website Another's website Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	ınter	est p	olicy,						
20		_ £ A1:								
20	State the name, physical address, and telephone number of the person who possesses the books and records	or the	,							
	organization: ► Carol Gustad, 1241 University Dr N, Fargo, ND 58102-2524 Tel. (701)231-6854									

Part VII	Compensation of Officers, Dire	ectors, Trustees,	Key Employees,	Highest Con	npensated E	mployees,	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: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	or any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	it officer, director	r, or trustee.
 -				(0	C)					_
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per week (list any			nd a director/trustee)				compensation from	compensation from related	amount of other
	hours for	유표	tns	윷	<u>X</u>	₽₩	Former	the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Ples	Tier	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	or tal	ona		탕	8 8	`	(W-2/1099-MISC)		organization and related
	line)	rust	=		8	npe		1		organizations
		#	stee			Highest compensated employee				
	-					ä	_			
(1) Russell H. Slotten	.25									
President, Director		✓		✓				0	0	0
(2) Chester Fossum	.10									
Vice President, Director		✓	<u> </u>	✓				0	0	0
(3) Clyde Fossum	.15									
Vice-President, Director		✓.		✓				0	0	0
(4) Burdell Fossum	25									
Secretary, Director		✓		✓	_	ļ		0	0	0
(5) John W. Shotwell	.25									
Treasurer, Director		✓		✓				0	0	0
(6) William C. Marcil	.25									
Director	_	✓						0	0	0
(7) Karen Morrison	.25				ŀ					
Director		✓						0	_0	0
(8) Carl Larson	.15									
Director	ļ	✓	ļ					0	0	0
(9) Ronald G. Peterson	.10									
Director	<u> </u>	✓	<u> </u>					0	42,584	5,923
(10) Carol A. Gustad	75			١.						
Asst Secretary/Treasurer	50	✓	ļ	✓				0	94,890	26,345
(11)										
(12)			-				_			
(13)										
(14)				-						

Part VII Section A. Officers, Directors, Trust (A) Name and title		(B) Average hours per week (list any	(C) Position (do not check more the box, unless person is officer and a director/					one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		from organ and	ensation m the nization related nizations	1
(15)														
(16)					_									
<u>(17)</u>										<u> </u>				
(18)														
(19)											_			
(20)														
(21)														
(22)														
(23)												.,		-
(24)														
(25)											_			
1b c	Sub-total		 n A	•	<u>.</u>		•	▶		137,	474	-	3	32,268
d	Total (add lines 1b and 1c)	<u> </u>	<u> </u>					>		137,			3	32,268
2	Total number of individuals (including but reportable compensation from the organi	t not limited ization ► 0	i to th	ose	list	ed a	above	e) w	ho received me	ore than \$100	0,000 (of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8							emp	oloyee, or high	est compens	sated		Yes	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portal	ole d	con	nper	nsatio					3		√
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indiv	ıdual	5		1
	n B. Independent Contractors													
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) ompens	ation	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

	990 (201	<u> </u>	_					Page 9
Par	t VIII							
		Check if Schedule O co	ontains a respo	nse to any ques	tion in this Part (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	1a	Federated campaigns	1a			 		
ts, Grants Amounts	Ь	•	1b					
Š, Ā	С	Fundraising events .						
E	d	Related organizations Government grants (contri						
ons Sin	e	All other contributions, gifts						
bet He	-	and similar amounts not inclu						1
Contributions, Giff and Other Similar	g	Noncash contributions included	<u> </u>				,	ĺ
	h	Total. Add lines 1a-1f	<u> </u>	<u>, , , , </u>				
Program Service Revenue				Business Code				
e e	2a							
ě	b							
ΞŽ	d							
ي ح	e	•••••	· 	<u> </u>				
gra	f	All other program service						
2	g	Total. Add lines 2a-2f		▶				
	3	Investment income (in	cluding divide	ends, interest,				
		and other similar amour			11			11
	4	Income from investment of	•	•				
	5	Royalties	(i) Real	▶ (ii) Personal	145,116			145,116
	6a	Gross rents	35,514	(ii) Fersonai				1
	b	Less rental expenses	5,801					
	c	Rental income or (loss)	29,713	.				
	d	Net rental income or (lo		. .	29,713		† 	29,713
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				İ
	ь	Less: cost or other basis and sales expenses .						I
	С	Gain or (loss)						1
	d	Net gain or (loss) .		•				
Other Revenue	8a	Gross income from fund events (not including \$	draising					,
ě		of contributions reported	on line 1c).		,			
<u> </u>		See Part IV, line 18	a					1
₹		Less: direct expenses			_			
		Net income or (loss) from		events . ►				
	9a	Gross income from gam See Part IV, line 19				•]	i
		Less: direct expenses	· L					I
		Net income or (loss) from		/ities ▶	_			
		Gross sales of inve				· ·		
		returns and allowances						j
	b	Less: cost of goods sole	d b					
	С	Net income or (loss) froi		ntory ▶	_			
		Miscellaneous Reve	enue	Business Code				
	11a		·	·			 	
:	b						 	
	d	All other revenue					 	
	e	Total. Add lines 11a-11		•		<u> </u>	<u> </u>	
	12	Total revenue. See inst			174,840		† 	174,840
							·	Form 990 (2012)

	oo (2012) Statement of Functional Expenses				Page 10
	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se to any question	in this Part IX		
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	446,769	446,769		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes				_
''	Management				
b	Legal	10		10	
C	Accounting	1,000	·	1,000	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				-
13 14	Office expenses				
15	Royalties				<u> </u>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	231		231	
20	Interest				
21	Payments to affiliates		-		
22 23	Depreciation, depletion, and amortization .			***	
	Insurance	260		260	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		:		
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	-			
a					
b		_	-		
d					
e	All other expenses				·
25	Total functional expenses. Add lines 1 through 24e	448,270	446,769	1,501	
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 ▶ ☐ if			.,301	
	following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>		

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) **(B)** Beginning of year End of year 1 1 Cash—non-interest-bearing Savings and temporary cash investments 2 2 96,802 96,791 3 3 4 4 416,592 183,952 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c 20,550 449,136 449,136 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11 . . . 13 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 962,519 729,890 17 Accounts payable and accrued expenses 17 5,801 Grants payable 18 18 60,000 95,000 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 60,000 26 100,801 Organizations that follow SFAS 117 (ASC 958), check here ▶ 📝 and **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 902,519 27 629,089 Temporarily restricted net assets 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 30 through 34. 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 Net 33 33 902,519 629,089 Total liabilities and net assets/fund balances . . . 34 962,519 729,890

Form 9	90 (2012)		Pa	ige 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		✓
1	Total revenue (must equal Part VIII, column (A), line 12)		17	4,840
2	Total expenses (must equal Part IX, column (A), line 25)		44	18,270
3	Revenue less expenses. Subtract line 2 from line 1		(27	3 <u>,430)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		90)2,51 <u>9</u>
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	_	62	29,089
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u></u>		✓
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			زا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis	_		`
b	Were the organization's financial statements audited by an independent accountant?	2b	\	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1
	separate basis, consolidated basis, or both:			;
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			L
C	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		✓
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	[]		
	the Single Audit Act and OMB Circular A-133?	3a		✓
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	3ь		

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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 2012

Open to Public Inspection

Employer Identification number

FOSSUM FOUNDATION, INC. 45-6013302 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated **d** Type III–Non-functionally integrated e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) is the organization (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of monetary in col (i) listed in your organization (described on lines 1-9) the organization in organization in col support governing document? col (i) of your (i) organized in the above or IRC section. support? (see instructions)) No Yes Yes Yes (A)ND State University 23-7120898 Development Fndn 446,769 (B) (C) (D) (E) Total

446,769

Part							
	(Complete only if you checked the						alify under
Soct	Part III. If the organization fails to ion A. Public Support	quality und	er the tests li	sted below, p	lease comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	(a) 2008	(b) 2009	(6) 2010	(u) 2011	(6) 2012	(i) Total
•	membership fees received. (Do not include any "unusual grants.")						
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.]		
	ion B. Total Support		T	T		· · · · · · · · · · · · · · · · · · ·	1
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re		nd, third, fourth	•		
	ion C. Computation of Public Suppor			4.4 1 (0)			
14 15	Public support percentage for 2012 (line 6 Public support percentage from 2011 Sch					14	% %
16a	331/3% support test—2012. If the organization qual	zation did not	check the box	on line 13, and	d line 14 is 33 ¹	/3% or more, o	check this
b	33 ¹ / ₃ % support test—2011. If the organ check this box and stop here. The organi	nization did no	ot check a box	x on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization med Part IV how the organization meets the "forganization".	012. If the organical or	anization did n and-circumsta	ot check a box ances" test, che st. The organiz	on line 13, 16 eck this box ar	nd stop here.	line 14 ıs Explaın ın
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	011. If the organic to meets the eets the "fact	anization did n	ot check a box ircumstances" stances" test. T	test, check th	nis box and st	, and line t op here .
18	Private foundation. If the organization did				a, or 17b, chec	k this box and	

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.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	\	1	(4, = 2 · 2	(4) = 3 · · ·		
	received. (Do not include any "unusual grants.")		İ				
2	Gross receipts from admissions, merchandise						-
	sold or services performed, or facilities furnished in any activity that is related to the			ļ			
	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	1					
_	· ·						
8	Add lines 7a and 7b				<u> </u>	-	
•	line 6.)						
Secti	on B. Total Support		l	l <u></u>	[L	L
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(, , _ , _ , _ , _ , _ , _ , _ , _ , _		, , , , , , , , , , , , , , , , , , ,		(0) = 0.10	
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						
С	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						i I
40	<u> </u>						
12	Other income. Do not include gain or loss from the sale of capital assets					j	ı
	(Explain in Part IV.)						ı
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						ı
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d. third. fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her				•		, ,, ,
Secti	on C. Computation of Public Suppor						=
15	Public support percentage for 2012 (line 8						%
16	Public support percentage from 2011 Sch	nedule A, Part	III, line 15 .	<u> </u>	<u></u>	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2012 (%
18	Investment income percentage from 2011	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests—2012. If the organi	zation did not	check the box	on line 14, a	nd line 15 is m	ore than 331/39	
	17 is not more than 331/3%, check this box 331/3% check this box 3						
b	331/3% support tests—2011. If the organiz	ation aid not c	neck a box on l	iine 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	line 18 is not more than 33½%, check this to Private foundation. If the organization did				•		
40		u not check a	DUX UII IIIIE 14.	13a. UL 13D. (JUSTON THE PARTY	and see instill	anons 🖊 📗

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 A	, Part I, Line h, Column (vii):
Monetary s	upport includes payments to North Dakota State University Development Foundation for grants and a contribution
to the Foss	um Foundation endowment fund, which has a restricted purpose of using the annual distribution of income, as set
by the Inve	stment Committee of the NDSU Development Foundation, for merit scholarships at North Dakota State University.
Monetary s	upport also includes payments to North Dakota State University for grants related to scholarships and the launch
of the NDSI	U School of Music.

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	,

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 20**12**

Department of the Treasury Internal Revenue Service

Name of the organization

► 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

Employer identification number

FOSSUM FOUNDATION, INC. 45-6013302 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements . . . 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ►

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items; Assets included in Form 990, Part X .

Schedule	\mathbf{r}	/Earm	ODON	2012

Par	Ull Organizations Maintaining	Collections of	Art, Historical	Treasures, or C	Other Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot				
а	☐ Public exhibition		d □ Loar	or exchange pro	grams	
b	☐ Scholarly research					
С	☐ Preservation for future generations	3	_	*		
4	Provide a description of the organization		and explain how	they further the o	rganization's exen	npt purpose in Part
	XIII.			.,	3	
5	During the year, did the organization	solicit or receive	donations of art.	historical treasur	es, or other simila	ar
	assets to be sold to raise funds rather					
Par	line 9, or reported an amount	angements. Cor	mplete if the or			
1a		, custodian or oth	er intermediary 1	or contributions	or other assets no	ot .
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following	table:		
			-		Aı	mount
С	Beginning balance				c	
d	Additions during the year				d	
е	Distributions during the year				е	
f	Ending balance				lf .	
2a	Did the organization include an amour					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa					
Par		ete if the organiz	ation answered	I "Yes" to Form	990. Part IV. line	10.
		(a) Current year	(b) Pnor year	(c) Two years back		(e) Four years back
1a	Beginning of year balance	1,181,304	1,266,563		+	+ · · · · · · · · · · · · · · · · · · ·
b	Contributions	340,000	1,200,303	1,170,77	974,600	1,232,433
C	Net investment earnings, gains, and	340,000				+
	losses	20.020	(52.550)			(004.007)
d	Grants or scholarships	28,838	(52,559)	T		
e	Other expenditures for facilities and	39,100	32,700	35,00	42,000	36,500
·	programs					
•	l de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	-		 -		
f	Administrative expenses	4 544 545				
g	End of year balance		1,181,304			974,606
2	Provide the estimated percentage of t	ne current year en	•	g, column (a)) held	as:	
a	Board designated or quasi-endowmer		<u>0</u> %			
b	Permanent endowment	%				
С	Temporarily restricted endowment	%				
0-	The percentages in lines 2a, 2b, and 2					
За	Are there endowment funds not in the	e possession of the	e organization th	at are held and a	dministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organi					3b ✓
4	Describe in Part XIII the intended uses					
Part	, , , , , , , , , , , , , , , , , , , ,	ment. See Form	990, Part X, lir	ne 10.		
	Description of property	(a) Cost or oth (investme	1 , ,		Accumulated depreciation	(d) Book value
1a	Land		448,116			448,119
b	Buildings		13,520		12,500	1,020
С	Leasehold improvements					
đ	Equipment		7,000		7,000	0
е	Other		1,050		1,050	
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99		n (B), line 10(c).)		449,136
						

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 val Cost or end-of-year m	
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A) (B)				
(C)	•••••			
(D)		,		
(E)				
(F)			-	
(G)				
(H)				
(I)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related		_	
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(2)				
(3)	-			
(5)				· · · · · · · · · · · · · · · · · · ·
(6)			-	
(7)				
(8)				
(9)				
(10)				
	b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets. See Form 990, Pa			
	Į.	a) Description		(b) Book value
(1)				
(3)				
(4)				
(5)	•			
(6)				
(7)				
(8)	<u> </u>			
(9)				
(10)	mn (b) must equal Form 990, Part X, co	ol /D) lino 15)		
Part X	Other Liabilities. See Form 990,		<u> </u>	
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes		1	
(2)			1	
(3)]	
(4)				
(5)			1	
(6)			1	
(7)			1	
(9)			-	
(10)			1	
(11)			1	
	b) must equal Form 990, Part X, col (B) line 25.)		1	
2. FIN 48 (AS	C 740) Footnote. In Part XIII, provide the t	text of the footnote to the ora	anization's financial statements that	reports the organization's
liability for un	certain tax positions under FIN 48 (ASC 7	40). Check here if the text of	the footnote has been provided in P	art XIII

	18 D (FORTH 990) 2012		Page 4
Par			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]
C	Recoveries of prior year grants	2c]
d	Other (Describe in Part XIII.)	2d	1
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	4a	
b	Other (Describe in Part XIII.)	4b] ,]
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	7
С	Other losses	2c	7
d	Other (Describe in Part XIII.)	2d	7
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:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	7 !
С	A state and A secretary		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XIII Supplemental Information	<u> </u>	
Part V inform	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation. Line 4: The endowment funds are held by North Dakota State University Development.	. Also complete this part to	o provide any additional
distrib	ution of the endowment is currently being used for NDSU Merit Scholarships.		
Part X	line 2: The Foundation is a publicly supported organization under Internal Rev	renue Code Section 501(c)(3	3), and is classified as an
organi	zation which is not a private foundation. Accordingly the Foundation is not sub	ject to federal income taxes	s. In addition, the Foundation
is subj	ect to income tax on net income that is derived from business activities that ar	e unrelated to its exempt pu	urposes.
The Fo	oundation believes that it has appropriate support for any tax positions taken at	ffecting its annual filing requ	uirements, and as such,

Schedule D (For		Page !
Part XIII	Supplemental Information (continued)	
does not have	e any uncertain tax positions that are material to the financial statements. The Foundation would recognize future accrued	
interest and p	penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurre	<u>≱</u> d.
The Foundati	on's Form 990-T and other income tax filings required by the state of North Dakota are no longer subject to tax	
examination 1	or years before 2009.	
PARTS XI, XII	, and XIII: The Fossum Foundation does not issue separate audited financial statements.	
	······································	
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public Inspection

Schedule I (Form 990) (2012) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **2** □ Scholarship Endowment Launch School of Music (h) Purpose of grant or assistance **Employer identification number** Student Programs ✓ Yes 45-6013302 **Scholarships** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 0 0 (d) Amount of cash grant cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11,369 75,400 20,000 340,000 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)(3) 501(c)(3) NDSO NDSO 23-7120898 23-7120898 45-6002439 45-6002439 (D) EIN (1) ND State Univ. Development Fdn (2) ND State Univ. Development Fdn 1 (a) Name and address of organization 1340 Administration Ave, Fargo ND 1340 Administration Ave, Fargo ND (3) North Dakota State University (4) North Dakota State University 1241 Univ Dr N, Fargo, ND 58102 1241 Univ Dr N, Fargo, ND 58102 FOSSUM FOUNDATION, INC. or government Name of the organization Part I Part II 8 Ð 9 Ε (12)2 ම E

Schedule I (F	Schedule (Form 990) (2012) Part III Grants and Other Assistance to Individuals in the Un Part III can be dunlicated if additional space is needed		nited States. Con	nplete 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.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
8						
ო				:		
4						
5						
9						
7						
Part IV	Supplemental Information. Complete this painformation.	e this part to prov	vide the informatio	n required in Part I,	line 2, Part III, column (b	t to provide the information required in Part I, line 2, Part III, column (b), and any other additional
Part 1, line	Part 1, line 2: All grants to North Dakota State University Development Foundation and North Dakota State University are in accordance with the Foundation's stated purpose	Development Found	ation and North Dako	ta State University are	in accordance with the Foun	Jation's stated purpose
of assistin	of assisting in carrying out the purposes of the Development Foundation. The Foundation's Board of Directors reviews reports on the issued funds at its annual meeting.	ent Foundation. The	Foundation's Board	of Directors reviews r	ports on the issued funds at	its annual meeting.
						Schedule I (Form 990) (2012)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Employer identification number

Name of the organization FOSSUM FOUNDATION, INC 45-6013302 Form 990 Part VI, Section A, line 2: Chester Fossum, Burdell Fossum, Clyde Fossum and Karen Morrison, family relationship. Line 8b: There were no meetings of the Executive Committee. Section B, line 11b: Before filing, the completed 990 was reviewed in detail by Carol A. Gustad, Ass't Secretary/ Treasurer. A copy of the filed 990 was delivered via e-mail to the complete board. Section C, line 15: Fossum Foundation has no employees. Management services are provided by North Dakota State University Development Foundation - the supported organization. Section C, line 19: The Foundation's governing documents and financial statements (consolidated with supported organization) are made available to the public upon request. Form 990 Part VII, Section A, line (6)(B): Carol A. Gustad, Asst Secretary/Treasurer of the Foundation is the VP of Finance/CFO of the supported organization, North Dakota State University Development Foundation. Form 990 Part XII, line 2b: The financial data of the Foundation is included in the audit of the consolidated financial statements of the supported organization, North Dakota State University Development Foundation. The Audit Committee of the supported organization assumes responsibility for oversight of the consolidated financial statements and selection of an independent accountant.

Schedule O (Form 990 or 990-EZ) (2012)	F	Page 2
Name of the organization	Employer identification number	_
		·
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		-
		-
		-
		- -
		.
······		

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part I

Related Organizations and Unrelated Partnerships

▶ See separate Instructions. ► Attach to Form 990.

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

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OMB No. 1545-0047

Open to Public

Inspection Employer identification number

45-6013302 FOSSUM FOUNDATION, INC.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

		,			•			
	(a) Name, address, and EIN (if applicable) of disregarded entity	Pam	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	guille
(5)								
(2)								
(6)								
(4)								
(2)								
(9)								
Part II	Identification of Related Tax-Exempt Organizations (Complete one or more related tax-exempt organizations during the tax year.)	zations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had during the tax year.)	he organization ar	Iswered "Yes" to	Form 990, Part	IV, line 34 becaus	se it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led
							Yes	٩
(1) North I 1241 Unive	(1) North Dakota State University Development Foundation 1241 University Dr N, Fargo, ND 58102-2524 EIN:23-7120898	Support NDSU	QN QN	501(c)3		5 N/A		>
(2)								
(3)								
(4)								
(2)								
(9)								
6								
For Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. N	Cat. No. 50135Y		Schedule R (Form 990) 2012	(Form 990)) 2012

(i) Section 512(b)(13) controlled entity? (k) Percentage ŝ ownership 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.) Yes 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.) General or managing partner? ŝ (h) Percentage ownership Yes (I)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (g)
Share of
end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total Yes Income (g) Share of end-of- [year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign country) (d)

Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) (a) Aame, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part III Part IV 8 Ε Ξ Ξ ପ € 3 9 8 <u>ල</u> € 0 E 9

Schedule R (Form 990) 2012

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Schedule R (Form 990) 2012

Part V Transactio

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<u> </u>	Yes No	ၟ
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?	or more related organ	rizations listed in Part	is II–IV?			
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity			•	1a		`
b Gift, grant, or capital contribution to related organization(s)			•	1P	>	
c Gift, grant, or capital contribution from related organization(s)				1c		>
d Loans or loan guarantees to or for related organization(s)		•		19	Ľ	
e Loans or loan guarantees by related organization(s)				1e		
() - Clark Control of the Control o					}	<u> </u>
I Dividends from related organization(s)				=		,
g Sale of assets to related organization(s)				1g		\
h Purchase of assets from related organization(s)				1h	_	/
i Exchange of assets with related organization(s)			•	ļļ.	_	
j Lease of facilities, equipment, or other assets to related organization(s)				1j		
Lease of lacimities, equipment, or other assets morn related organization(s)				¥ ;	7	,
				= .	1,	
_			•	Tm ,		
				11		\
o Sharing of paid employees with related organization(s)				10		\
			•		i	
p Reimbursement paid to related organization(s) for expenses				1 ₀	>	
q Reimbursement paid by related organization(s) for expenses				19		\
					1	
r Other transfer of cash or property to related organization(s)				+		\
اير				1s	-	\
2 If the answer to any of the above is "Yes," see the instructions for information on who must or	complete this line, including covered relationships and transaction thresholds.	uding covered relation	nships and transactio	on thres	holds	ایر
(e)	(Đ	(2)	(D)	•	•	
Name of other organization	type (a–s)	Amount involved	Metrica of determining amount involved	g amount		В
(1) North Dakota State University Development Foundation	٩	351,369	351,369 General ledger			
(2) North Dakota State University Development Foundation	E	1,000	1,000 General ledger			
				!		
(3) North Dakota State University Development Foundation	d	491	491 General ledger			- 1
(4)						
(5)						
(9)						
			Schedule R (Form 990) 2012	(Form	990) 2(12

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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ganization. See	Instructions re	egarding exclusi	on tor certa	In investment pa			- 1		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
			section 512-514)	Yes No			Yes No		Yes No	
(1)				-						
(2)										
(3)										:
(4)	,									
(5)										
(6)										
ω										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Schedule R (Form 990) 2012

Part VII	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
Schedule R	, Part V, Line 2 (4):
Gifts, grants	s, or capital contributions to related organization includes the following:
\$11,369 was	s used to support the Alumni Association student programs.
\$340,000 wa	as contributed to the Fossum Foundation endowment fund held by the NDSU Development Foundation, which has a
restricted p	urpose of using the annual distribution of income, as set by the Investment Committee of the NDSU Development
Foundation	, for merit scholarships at North Dakota State University.