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

OMB No 1545-0047

2013

Open to Public

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. , 20 14 A For the 2013 calendar year, or tax year beginning , 2013, and ending

В	Check if a	ck if applicable C Name of organization Energy & Environmental Research Center Foundation D Employer identification number								
	Address c	hange Doing Business As		36-3842479						
	Name cha	nge Number and street (or P O box if mail is not delivered to street address) Ro	oom/suite	E Telepho	ne number					
	Initial retui	m 15 N. 23rd St., Stop 9017		ł	701-777-5000					
$\Box$	Terminate									
$\bar{\sqcap}$	Amended	I		<b>G</b> Gross re	eceipts \$ 1,115,858					
$\exists$	Applicatio		H(a) is this		subordinates? Yes No					
_	, фр.юшь	300 Elliot Avenue West, Suite 500, Seattle, WA 98119			s included? Yes No					
_	Tax-exem				a list (see instructions)					
$\dot{-}$	Website:			up exemption	number >					
ĸ			f formation. 199	<del> </del>	of legal domicile ND					
_	art I	Summary	130	Z III Otato	or regar derinient (4D					
		Briefly describe the organization's mission or most significant activities:	To promote, enco	urage, and	foster the education					
Ф	1	and training services, scientific investigations, technology development, techn	4							
Activities & Governance		ervices of the University of North Dakota Energy & Environmental Research C								
Ě		Check this box ▶ ☐ if the organization discontinued its operations or dispo								
Š		and a company of the		.   3						
9	4	Number of independent voting members of the governing body (Part VI, line 12):								
88	1		•	. 5	5					
Ę	1	Total number of individuals employed in calendar year 2013 (Part V, line 2a	•	. 6	0					
횽		Total number of volunteers (estimate if necessary)		· —	9					
⋖	1	, , , , , , , , , , , , , , , , , , , ,		. 7a	0					
	b	Net unrelated business taxable income from Form 990-T, line 34	Prior	. 7b	Current Year					
		Sandribudiana and avanta (Dard VIII. line 4h)	Prior							
9		Contributions and grants (Part VIII, line 1h)	0	0						
Revenue	1	Program service revenue (Part VIII, line 2g)	0	0						
é	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	56	8						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	307,377	1,115,850						
_	-	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		307,433	1,115,858					
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	·	107,782	22,450					
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0	0					
98	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	10)	0	0					
SE.	16a   F	Professional fundraising fees (Part IX, column (A), line 11e)	0	0						
Expenses	b 1	Total fundraising expenses (Part IX, column (D), line 25) ▶								
ш	117	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	255,799	256,642					
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A) line 25)	J.	363,581	279,092					
	19 F	Revenue less expenses. Subtract line 18 from line 12 KECEIVEL	<u>J.                                     </u>	-56,148	836,766					
ò			Beginning of	Current Year	End of Year					
Set	20 7	Total assets (Part X, line 16)		1,390,367	2,234,097					
Net Assets or	21	otal liabilities (Part X, line 26)		41,988	48,952					
Ž	22 1	Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	1,348,379	2,185,145					
Р	art II	Signature Block UGUEN, U								
		es of perjury, I declare that I have examined this return, including accompanying schedules an			my knowledge and belief, it is					
	ie, correct,	and complete Declaration of preparer (other than officer) is based on all information of which p	oreparer has any kno							
٠.	1	Just reaver			-22-15					
Sig	- 1	Signature of officer		Date						
He	ere		sueg							
		Type or prile name and title								
Pa	aid	Print/Type preparer's name Preparer's signature	Date	Check	☐ if PTIN					
	eparer			self-em						
	se Only		F	ım's ElN 🕨						
_		Firm's address ▶	P	hone no.						
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions) .			· Yes No					

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form 9	90 (2013)	Page 2
Part		
1	Briefly describe the organization's mis	
	To promote, encourage, and foster the e	ducation and training services, scientific investigations, technology development,
		related services of the University of North Dakota Energy & Environmental Research
	Center, Grand Forks, North Dakota (By-l	aws Article II(1)).
2	Did the organization undertake any sig	prificant program services during the year which were not listed on the
		· · · · · · · · · · · · · · · · · · ·
3	Did the organization cease conduct	ng, or make significant changes in how it conducts, any program
	If "Yes," describe these changes on S	chedule O.
4		service accomplishments for each of its three largest program services, as measured by c)(4) organizations are required to report the amount of grants and allocations to others, for each program service reported.
4a		247,198 including grants of \$ 22,450) (Revenue \$ 1,115,850)
		14, six patents were filed, eight patents issued and the Foundation entered into four new re paid to inventors in accordance with the ND State Board of Higher Education policy.
4b	(Code: ) (Expenses \$	including grants of \$) (Revenue \$)
7.0	, (codo:	
4c	(Code: ) (Expenses \$	including grants of \$ ) (Revenue \$ )
		······································
	Other program services (Describe in S	shedule O )
+u		grants of \$ ) (Revenue \$ )
4e	Total program service expenses	224 74R

Part	Checklist of Required Schedules			rage
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	<b>/</b>	
2	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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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 98-197 If "Yes," complete Schedule C, Part III	5		1
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		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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, VIII, VIII, IX, or X as applicable.			1,47
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
	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
	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	1	
	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		✓
e 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	<b>✓</b>	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	✓	
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<b>✓</b>
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  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)	16		<b>√</b>
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.	17		<b>√</b>
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	18		<b>✓</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		1
_	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)			- <b>J</b>
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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			
04-	employees? If "Yes," complete Schedule J	23		✓
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 25a	24a		1
c b	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		1
d 25a		24d 25a		<b>√</b>
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		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		<b>✓</b>
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		<b>√</b>
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	28a 28b		<b>√</b>
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	<b>√</b>	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	-	<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
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			<b>✓</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	<b>√</b>	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	<b>√</b>	
b	If "Yes" to line 35a, 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		<b>✓</b>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37		<u> </u>
		38 Forn	<u>√</u> 990	(2013)
				(5010)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	: :	
40	Fater the grapher reported in Day 2 of Form 1006 Fater 0 if not confinable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10  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		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country:			<u> </u>
	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		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			,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>-</b>
b	qifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	i		
	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 e	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	L		
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
p	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	40-		
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.			
a	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		L

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line 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   1a			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
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		1
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		<b>/</b>
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?	l _		
<b>.</b>	one or more members of the governing body?	7a		<b>-</b>
b	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	L		
a	The governing body?	8a	✓	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?	8b	✓_	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		,	
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	odo l	<u> </u>
0000	on b. 1 diletes (This occurr & requests information about policies not required by the internal never	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	.00		<del>                                     </del>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
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," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	✓_	<u> </u>
b	Other officers or key employees of the organization	15b	✓_	Ь.,
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
<b>L</b>	with a taxable entity during the year?	16a		<b>✓</b>
D	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		
Section	on C. Disclosure	100		Щ
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 available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
	☐ 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 into	erest p	oolicy	, and
00	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► Thomas Erickson, 15 N. 23rd St., Stop 9017, Grand Forks ND 58202-9017			

Form	aan	(2013)	

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Part VII	Compensation of Officers.	Directors Trustees	Key Employees	, Highest Compensated Employees,	and
t dit tui	compensation of citizens,	<b>D</b> 1100t010, 1140t000,	itoy Employees	, ingliest compensated Employees,	aniu
	Indonondont Contractors				
	Independent Contractors				
					_

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 rolato	d ora	aniz	atio	·n ^	omne	nes	tod any ourror	t officer directo	r ortmetee	
Oneck this box in Helither the organization no	any relate	T org.	QI IIZ		C)	ompe	1136	led any curren	onicer, director	r, or trustee.	_
(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	Pos neck ss pe d a d	more rson lirect	e than one the thick the t	an tee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Robert Harris, President	11	1		1	l .		İ	0	0		0
(2) Chris Greenberg, Vice President	.5	· /		1				0	0		0
(3) John Snustad, Treasurer	1	1		1				0	0		ō
(4) Carl Bauer	.5	1						0	0		<u>~</u>
(5) Ron Ness	.5	,						0	0	-	0
(6) Mark Johnsrud	.5	1						0	0		0
(7)		Ť									
(8)		-				-			-		_
(9)											_
(10)											_
(11)	<u> </u>										_
(12)	<del> </del>										_
(13)	<b></b>										_
(14)											_

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and trile	(B) Average hours per	box,	unles	Pos leck is pe	rson	than o	n an	(D) Reportable compensation	(E) Reportab compensation	n from	Estir	F) mated unt of
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-A	ons	compe from organ and r	her ensation n the uzation elated uzations
(15)													
(16)											$\dashv$		
							-			-	-		
		<u> </u>			ļ .				-		_		
	<u> </u>								-	-			
					_							<del>-</del>	
		<u> </u>											
(21)		<u></u>											
(22)										- I			
(23)													<del></del>
(24)											-		
(25)			-								+		<del></del>
1b c	Sub-total	VII, Sectio			•	L	•	<b>&gt;</b>	0		0		0
d	Total (add lines 1b and 1c)							e) w	ho received me		<b>o</b>   00.000	of	0
	reportable compensation from the organi				_								Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete												
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal	ble (	con	nper	nsatio	n a	and other comp	ensation fr	om the		
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co										5_	<b>✓</b>
_	on B. Independent Contractors			_									
1	Complete this table for your five highest compensation from the organization. Repyear.												n's tax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens	ation
Schwe	gman Lundberg Woessner							Le	gal-Intellectual I	Property			\$105,807
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who			

Part	VIII	Statement of Revenue		P 1 - 11 1	D- 43/00		_
		Check if Schedule O contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Tts	1a	Federated campaigns 1a		-			
ìrar	b	Membership dues 1b					
S, (	С	Fundraising events 1c					
ia gi	d	Related organizations 1d					
ns,	е	Government grants (contributions) 1e					
ıtio er (	f	All other contributions, gifts, grants,					
를 돌		and similar amounts not included above 1f	<u> </u>			l	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	Business Code	0			
E S	2a		245111000 0040				
F S	b						
9	c						
Ser.	d						
Ē	е						
Program Service Revenue	f	All other program service revenue.					
ځ_	g	Total. Add lines 2a-2f	<u></u> ▶	0			
	3	Investment income (including divid					
		•		8			8
	4	Income from investment of tax-exempt b		4 447 070	4 447 959		
	5	Royalties	(ii) Personal	1,115,850	1,115,850		
	6a	Gross rents	(7,7 5.55.1.2				
	ь Б	Less: rental expenses	-	ļ			
	c	Rental income or (loss)					
	d	Net rental income or (loss)	>	0			
	7a	Gross amount from sales of (i) Securities assets other than inventory	(II) Other				-
	ь	Less: cost or other basis and sales expenses .			:		
	c	Gain or (loss)		}			
	ď	Net gain or (loss)		0			
e	8a	Gross income from fundraising		,		· · · · · · · · · · · · · · · · · · ·	
evenue		events (not including \$ of contributions reported on line 1c).					
Other Re		See Part IV, line 18 a					
ฮ		Less: direct expenses b					
		Net income or (loss) from fundraising Gross income from gaming activities.	events . ►	0			
	Ja	See Part IV, line 19 a			•		
	h	Less: direct expenses b					
		Net income or (loss) from gaming act		0			
		Gross sales of inventory, less				.4	<del></del>
		returns and allowances a	,		1		
	ь	Less: cost of goods sold b		<u> </u>			
		Net income or (loss) from sales of inv		0			
١		Miscellaneous Revenue	Business Code				
	11a					<del>.</del>	
	b					<u>-</u>	
	C	All other revenue				<del></del>	<u> </u>
1	d	All other revenue					
	12	Total revenue. See instructions		1,115,858	1,115,850	0	8
				1,113,030	1,110,000		

orm 99	90 (2013)				Page_10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com			s must complete co	lumn (A).
	Check if Schedule O contains a respons				
Do no Bb, 9b	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	<b>(D)</b> Fundraising _expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	22,450	22,450		
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 8	Other salaries and wages				
9	Other employee benefits				
10 11	Fees for services (non-employees):	-			
a b	Management	10,892		10,892	
c	Accounting	11,704		11,704	
ď	Lobbying	11,704			<del> </del>
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	Office expenses	139		139	
14 15	Information technology	100,969	100.000		
16	Occupancy	100,969	100,969	994	
17	Travel	3683		3683	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21 22	Depreciation, depletion, and amortization	123,779	123,779	· · · · · · · · · · · · · · · · · · ·	
23	Insurance	3025	123,773	3025	
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	Other Operating	1200		1200	
b	Loss on Investment	52		52	
c d	Bank Fees	205		205	·
e	All other expenses				- <del></del>
25	Total functional expenses. Add lines 1 through 24e	279,092	247,198	31,894	
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 following SOP 98-2 (ASC 958-720)		2.1,100	2,,334	

- 1	art X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Par	tX	• •	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	6,189	1	88,689
	2	Savings and temporary cash investments	36,323	2	331
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	78,212	4	21449
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
s	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	
Asi	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			
	ь	Less: accumulated depreciation 10b	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0	13	741,125
	14	Intangible assets	1,264,257		1,377,503
	15	Other assets. See Part IV, line 11	5,386		5,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,390,367		2,234,097
	17	Accounts payable and accrued expenses	41,606		46,488
	18	Grants payable	382	18	2,464
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
တ္တ	22	Loans and other payables to current and former officers, directors,			-
Liabilities		trustees, key employees, highest compensated employees, and			
E I		disqualified persons. Complete Part II of Schedule L	0	22	0
ڐ	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	
	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		05	
	26	Total liabilities. Add lines 17 through 25	0	25 26	0
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and	41,988	20	48,952
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,348,379		2,185,145
Ba	28	Temporarily restricted net assets	0	28	0
Net Assets or Fund Balances	29	Permanently restricted net assets	0	29	0
S	30	Capital stock or trust principal, or current funds		30	L
Set	31	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ĕ	33	Total net assets or fund balances	1,348,379		2,185,145
Z	34	Total liabilities and net assets/fund balances	1,390,367		2,234,097
_			1,000,001		Form <b>990</b> (2013)

Form 9	90 (2013)			Pá	ge <b>12</b>
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	-		  5,858
2	Total expenses (must equal Part IX, column (A), line 25)	2			79,092
3	Revenue less expenses. Subtract line 2 from line 1	3			36,766
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			18,379
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	•		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2.18	35,145
Part	XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part XII				
		-		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			,
	reviewed on a separate basis, consolidated basis, or both:				;
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				t
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		1
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	1		Ť
	Schedule O.	•			[
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			'
	the Single Audit Act and OMB Circular A-133?		3a		ſ

**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.

Form **990** (2013)

## SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 20**13** 

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	Name of the organization Employer identification number											
	y & Environmental			nization	0		46:0 -0	<del></del>		342479		
_			rity Status (All orga					<del></del>	nstruction	ons.		
1 2 3 4	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											
5	hospital's name, city, and state:  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 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
8	☐ A community t	trust described i	n section 170(b)(1)(A	<b>)(vi).</b> (Cor	nplete Pa	ırt II.)						
9												
10 11	An organization	on organized ar one or more pub	d operated exclusively and operated exclusive plicity supported organ describes the type of	ely for th	ne benefit describer	t of, to p	oerform o	the funct a)(1) or se	ions of, ection 50	9(a)(2). S		
	a 🗌 Type I	<b>b</b> Type						Type III–1		-	tegrat	ed
е		ndation manage	that the organization ers and other than one	is not co	ntrolled d	irectly or	indirectl	y by one	or more	disqualifi	ed pe	rsons
f	organization, o	check this box								oe III sup 	oportir 	ng 🗆
g	following person	ons?	he organization accep		_			•				
			ndirectly controls, eithody of the supported of						d in (ii) a	nd 11g(i)	Yes	No
	•	•	on described in (i) abo							11g(ii	)	
			a person described in							11g(iii	)	L
<u>h</u>	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S.?	(vii) Amou	nt of mo	netary
			(See Histarchous)	Yes	No	Yes	No	Yes	No	†		
(A)					-						-	
(B)												
(C)						-						
(D)												
(E)												
Total												

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts. grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 341,596 672,846 466,854 307,377 1,115,850 2,904,523 levied revenues for organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 Total. Add lines 1 through 3. . . 341,596 672,846 466.854 307.377 1,115,850 2,904,523 The portion of total contributions by (other each person than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 . . . . . . 7 341.596 672,846 466,854 307,377 1,115,850 2,904,523 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . . 165 129 83 56 441 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . . . . . . . 65,016 17,600 82,616 11 Total support. Add lines 7 through 10 2,987,580 12 2,987,580 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . 97 % Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 15 96 % 331/3% support test-2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this  $\square$ b 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III	Support Sc	hedule for	<b>Organizations</b>	Described in S	ection 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						
Caler	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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					1	
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					1	
	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						
	•						
8	Add lines 7a and 7b						
·	line 6.)						
Secti	on B. Total Support	·	<u>l</u>	L	·	<u> </u>	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(4) 2000	(2) 2010	(6) 2011	(4) 2012	(0) 2010	(1) 10141
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						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
49	(Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	e organization	's first secon	d third fourth	or fifth toy v	or so a soctio	n F01/n/2)
•	organization, check this box and stop he				_		
Secti	on C. Computation of Public Suppor			<del></del>		<del></del>	_ <u>:                                    </u>
15	Public support percentage for 2013 (line 8			3. column (fl)		15	%
16	Public support percentage from 2012 Sch					16	<del></del>
<u>Secti</u>	on D. Computation of Investment In						
17	Investment income percentage for 2013 (			y line 13, colui	nn (f))	17	%
18	Investment income percentage from 2012	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2013. If the organ	ization did not	check the box	on line 14, ai	nd line 15 is m	ore than 331/39	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2012. If the organiz						31/3%, and
	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, o	heck this box	and see instru	ctions > \

Schedule A (F	chedule A (Form 990 or 990-EZ) 2013 Page <b>4</b>					
Part IV	<b>Supplemental Information.</b> 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

► 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Energ	Environmental Research Center Foundation	36-3842479
Pai		nds or Accounts.
	Complete if the organization answered "Yes" to 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 donor advisors in writing that the assets I funds are the organization's property, subject to the organization's exclusive legal contr	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees only for charitable purposes and not for the benefit of the donor or donor advisor, or conferring impermissible private benefit?	nt funds can be used for any other purpose
Par		Tes I III
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	<del></del>
•	Preservation of land for public use (e.g., recreation or education) Preservation of	f an historically important land area
	<u> </u>	f a certified historic structure
	☐ Preservation of open space	Ta continua filotorio ottaciare
2	Complete lines 2a through 2d if the organization held a qualified conservation contribute	on in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not	
	historic structure listed in the National Register	· ·   2d
3	Number of conservation easements modified, transferred, released, extinguished, or ter	minated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation easements it holds?	· · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease >\$	ements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · □ Yes □ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue	<del>_</del>
	balance sheet, and include, if applicable, the text of the footnote to the organization's fir	
	organization's accounting for conservation easements.	
Part	Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (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, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, expublic service, provide the following amounts relating to these items:	revenue statement and balance sheet ducation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	<b>&gt; \$</b>
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 (ASC 958) relating to these i	assets for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1	
	Assets included in Form 990. Part X	· · · · <b>\$</b>

Part	III Organizations Maintaining Co	ollections of Art, H	istorical Treasures	s, or Other Similar	Assets (continued)
3	Using the organization's acquisition, accollection items (check all that apply):	ession, and other red	cords, check any of t	he following that are a	a significant use of its
а	☐ Public exhibition	d	Loan or exchan	ige programs	
b	☐ Scholarly research	е	☐ Other		
С	☐ Preservation for future generations				
4	Provide a description of the organization XIII.	's collections and ex	plain how they furthe	r the organization's ex	kempt purpose in Part
5	During the year, did the organization soli assets to be sold to raise funds rather tha				
Part					
	Complete if the organization an 990, Part X, line 21.				
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	· · · · · · · ·			
b	If "Yes," explain the arrangement in Part	XIII and complete the	following table:		A
					Amount
C	Beginning balance			1c	
đ	Additions during the year				
е	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount of				
	If "Yes," explain the arrangement in Part	XIII. Check here if the	explanation has beer	n provided in Part XIII	<u> </u>
Par			000 D-+W/P-	- 40	
	Complete if the organization an				oack (e) Four years back
	<u> </u>	a) Current year (b)	Prior year (c) Two year	ars back (u) Three years b	dack (e) Four years back
1a	Beginning of year balance		<del></del>		
b	Contributions	-	-		
С	Net investment earnings, gains, and losses				
đ	Grants or scholarships				
е	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the	current year end bala	nce (line 1g, column (	(a)) held as:	
а	Board designated or quasi-endowment	<b>&gt;</b> %			
b	Permanent endowment	%			
С	Temporarily restricted endowment ▶	<u>%</u>			
	The percentages in lines 2a, 2b, and 2c si	hould equal 100%.			
3a	Are there endowment funds not in the poorganization by:	ossession of the orga	nization that are held	I and administered for	the Yes No
	(i) unrelated organizations				. 3a(i)
	(ii) related organizations				. 3a(ii)
b	If "Yes" to 3a(ii), are the related organizati	ions listed as require	on Schedule R? .		. 3b
_4	Describe in Part XIII the intended uses of	the organization's en	dowment funds.		
Part	VI Land, Buildings, and Equipme	ent.			
	Complete if the organization an	swered "Yes" to Fo	orm 990, Part IV, lin	e 11a. See Form 99	0, Part X, line 10.
	Description of property	(a) Cost or other base (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	1	1	1	<del>                                     </del>
b	Buildings				
c	Leasehold improvements				<u> </u>
ď	Equipment			<del></del>	<u> </u>
e	Other				<del> </del>
	Add lines 1a through 1e. (Column (d) must	t equal Form 990, Pa	t X, column (B), line 1	10(c).) ▶	<del> </del>

Part VII	Investments — Other Securities Complete if the organization ans		m 990 Part IV I	ine 11h See Forn	n 000 Part Y line 12
	(a) Description of security or categor (including name of security)		(b) Book value	(c) M	ethod of valuation nd-of-year market value
(1) Financial	derivatives				· · · · · · · · · · · · · · · · · · ·
	neld equity interests				
(3) Other		••••			
(A)					
(B)					
(C)					
(D)					
(E)	••••				<del></del>
(F)	•••••		<u> </u>		<del></del> ,
(G) (H)	***************************************				
	11				
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Relate		<u> </u>		<del></del> -
Part VIII	Complete if the organization ans		m 990, Part IV, I	ne 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		ethod of valuation id-of-year market value
(1) Stock			741,1	25 end of year mark	et value
(2)					
_(3)					<u> </u>
(4)					<u> </u>
_(5)					
(6)					
(7)	· · · · · · · · · · · · · · · · · · ·				
(8)					
(9)	h) must a well form 000. Don't V and (D) (mo. 12.)				
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) > Other Assets.		741,1	25	<del></del>
rantin	Complete if the organization ans	wered "Ves" to For	m 990 Part IV li	ne 11d See Forn	o 990 Part Y line 15
		a) Description	iii 550, i dit iv, ii	ne i ia. dee i diii	(b) Book value
(1)					(4)
(2)		·			<del></del>
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		<u> ▶</u>	· <u> </u>
Part X	Other Liabilities. Complete if the organization ans line 25.	wered "Yes" to For	m 990, Part IV, li	ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			<del></del>
(1) Federal in	come taxes		0		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)		0		
2. Liability for	uncertain tax positions. In Part XIII, prov	ide the text of the footn	ote to the organizat	ion's financial statem	nents that reports the
organization's	s liability for uncertain tax positions under	r FIN 48 (ASC 740). Che	eck here if the text o	f the footnote has be	en provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statemers Complete if the organization answered "Yes" to Form 990, F	•	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:		<del>                                     </del>	
	Net unrealized gains on investments	2a		
a	Donated services and use of facilities	2b	-	
b			-	
C	Recoveries of prior year grants	2c   2d	-	
d	Add lines 2a through 2d		<del>-</del>	
e	Subtract line 2e from line 1		2e	
3			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII.)		<del>-</del>	
С 5	Add lines 4a and 4b		4c	<del>- · · · · · · · · · · · · · · · · · · ·</del>
			5   or Dobum	<del></del>
Part	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" to Form 990, F		er Return.	
1	Total expenses and losses per audited financial statements		11	-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<del>                                     </del>	
a	Donated services and use of facilities	2a	ļ	
b	Pnor year adjustments	2b	-	
c	Other losses		┥ ┃	
d	Other (Describe in Part XIII.)		-	
_	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:	i . i		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)		1	
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	
Part	XIII Supplemental Information.	<u></u>	<u> </u>	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2l	b; Part V, lin	e 4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			,
Part X,	line 2 - the Foundation has adopted the provisions of FASB Accounting Stand	lards Codification Topic ASC	C 740-10, rela	ited to
				,
accou	nting for uncertainty in income tax. As of June 30, 2014 and 2013, the unrecogn	nized tax benefit accrual wa	s zero.	
*			,	
If the F	oundation has any unrecognized tax benefits, future accrued interest and pen	alties would be recognized i	n tax expens	e. The
		······································		
Found	ation is no longer subject to Federal tax examinations by tax authorities for ye	ars before 2010.		
		***************************************		***********
		***************************************		
				***************

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
		· -
		***************************************

## **SCHEDULE F** (Form 990)

# **Statement of Activities Outside the United States**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Energ	y & Environmental Research Co						-3842479
Par	General Information Form 990, Part IV, line		ies Outside t	the United States. Comp	olete if the organiz	ation ansv	vered "Yes" on
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?	igibility for the	e grants or as	rds to substantiate the amesistance, and the selection	ount of its grants criteria used to a	and other award the	☑Yes □No
_	•						
2	For grantmakers. Describ assistance outside the Unit	ed States.					s and other
3	Activities per Region. (The for			an be duplicated if addition	nal space is neede	<u>;d.)</u>	
	(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 a program ser describe specific service(s) in re	vice, type of	(f) Total expenditures for and investments in region
(1)	NA						
(2)							
(3)							
(4)							<u> </u>
(5)							
(6)							
(7)							
(8)							_
(9)			<u>-</u>				
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17) 3a	Sub-total						<del></del>
þ	Total from continuation sheets to Part I						
c	Totals (add lines 3a and 3b)			-			

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2014
Part II Grants ar

organization section and EIN (f applicable)	<b>6</b>	(e) Amount of cash grant	e of (e) Amount of cash grant

Schedule F (Form 990) 2014

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III Ξ 3 ල € <del>0</del>0 9 ε (11) (12) (13) (15) <u>®</u> <u>6</u> <del>1</del>4 (16) 3 (18)

Schedule F (Form 990) 2014

Part	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 Foreign 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 a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☑ 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 to 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 a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☑ 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? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☑ No

Part V	Supplemental Information  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).
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•••••	

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

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

► Attach to Form 990.

2013

Employer identification number

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Energy & Environmental Research Center Foundation Part I General Information on Grants and Assist	enter Foundation n on Grants and	Assistance					36-3842479
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?	ain records to subs	stantiate the amou	unt of the grants or	assistance, the g	rantees' eligibility for	or the grants or assistanc	e, 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	States.		3
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Go	vernments and received more the	Organizations i	in the United Si Il can be duplic	tates. Complete in ated if additional	f the organization answ space is needed.	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. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UND Energy & Environmental Research Center	45-6002491	501(c)(3)	22,450	0			IP Commercialization
(2)							
(3)							
(4)							
(5)							
(9)							
w							
(8)							
(6)							
(10)							
(11)						:	
(12)							
<ul><li>2 Enter total number of section 501(c)(3) and government</li><li>3 Enter total number of other organizations listed in the list</li></ul>	ους 501(c)(3) and govorganizations listed		organizations listed in the line 1 table ne 1 table	ne 1 table			
For Paperwork Reduction Act Notice, see the instructions for For	see the Instructions	s for Form 990.		් රී	Cat No 50055P		Schedule I (Form 990) (2013)

Schedule 1 (F		Pag
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
	Part III can be dublicated if additional space is needed.	

(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
-					
2					
3					
4					
5					
9					
7 Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, lin	e 2, Part III, column	(b), and any other additi	onal information.
Part I (2): The allocation is to the University of North Dakota Energy & Environmental Research Center (EERC). This is the single allocation made by this Foundation. The EERC reports on	ota Energy & Envirc	mmental Research Cer	ner (EERC). This is tho	single allocation made by the	is Foundation. The EERC reports on
commercialization effort at each Foundation Board meeting.	ing.				

Schedule I (Form 990) (2013)

## **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(6)(7) (8) (9)(10)

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization Employer identification number **Energy & Environmental Research Center Foundation** 36-3842479 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written with organization loan from the principal amount by board or agreement? organization? committee? From Yes Yes Yes No (1) (2)(3)(4)(5) (6)(7)(8) (9)(10)Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990. Part IV. line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2)(3)(4)(5)

Part IV	Business Transactions Involve Complete if the organization an	ing Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.	<u> </u>	Ligo -
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	anng of zation's nues?
					Yes	No
	s Greenberg	Director	299,725	Payment of IP License		✓
(2)				Fees and reimbursement		
(3)			<u> </u>	of IP legal fees.		<u> </u>
(4)						ļ
(5)						├—
(6) (7)					+	<del> </del>
(8)					+	<del> </del>
(9)			-			<del>                                     </del>
(10)						<u> </u>
Part V	Supplemental Information Provide additional information for	or responses to questions	on Schedule L (see	instructions).	•	**
Director of	EERCF.					
	•••••			•••		•••
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## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Energy & Environmental Research Center Foundation	36-3842479
Response to Part VI, Section A(9): Bob Harris - 300 Elliot Avenue West, Suite 500, Seattle WA 98119	
Chris Greenberg - 3590 South 42nd St., Grand Forks ND 58201	
John Snustad - 600 DeMers Ave., Grand Forks ND 58201	
Ron Ness - 120 North 3rd St., Suite 200, PO Box 1395, Bismarck, ND 58502-1395	
Carl Bauer - 2533 Bonnie Dell Drive, South Park, PA 15129	
Mark Johnsrud - 14624 N. Scottsdale Road, Suite 300, Scottsdale AZ 85254	
Part VI, Section B(11a/b): Tax Form 990 is reviewed and signed by the Treasurer.	
Part VI, Section B (12C): An interested person is required to disclose. The Executive committee determ	ines if a conflict exists and develops
an appropriate mitigation plan.	
Part VI, Section B (15 a & b ) Currently there is no compensation distributed to voting members of the	governing 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 throught the North Dakota Universit	y System. Governing policy and COI
documents are not publicly distributed unless requested. Per our relationship agreement with the University	versity of North Dakota, portions of
these would be publicly available.	
Part XII-(2c): the Foundation BOD is responsible for oversight of the audit.	
······	

Schedule O (Form 990 or 990-EZ) (2014)		Page 2
lame 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

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity \$5334 EERC Foundation \$500 EERC Foundation \$500 EERC Foundation ŝ Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on 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 chanty status
(if section 501(c)(3)) \$500 \$500 (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state
or foreign country) North Dakota North Dakota **North Dakota** Legal domicile (state or foreign country) (b) Primary activity Holding Company Holding Company Holding Company 2 (b) Primary activity (2) Fdtn. Holding Agrebon LLC, 15 N. 23rd St., Stop 9017, Grand Forks ND (3) Fdtn. Holding Mercury Control, LLC 15 N. 23rd St., Stop 9017, Gr.Forks ND University (1) Fdtn. Holding In-Energy LLC,15 N. 23rd St., Stop 9056, Grand Forks ND (a) Name, address, and EIN (if applicable) of disregarded entity (1) University of North Dakota, 264 Centennial Dr., Stop 8193 (a)Name, address, and EIN of related organization Energy & Environmental Research Center Foundation Grand Forks ND 58202-8193, EIN 45-6002491 58202-9017, EIN 38-3922262 58202-9056 EIN 26-2674306 58202-9017, EIN 38-315003 Part I Part II Ε 9 2 9 ල € 9 9

Schedule R (Form 990) 2014

Cat No 50135Y

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

(i) Section 512(b)(13) controlled entity? (k) Percentage ownership Ŷ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing partner? Yes No (h) Percentage ownership amount in box 20 of Schedule K-1 (i) Code V—UBI (g) Share of end-of-year assets (Form 1065) (h) Disproportionate allocations? (f) Share of total income Yes (g) Share of end-ofyear 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 country) (b) Primary activity *۵* (a) Name, address, and EIN of related organization (1) None (a) Name, address, and EIN of related organization Part III Part IV 3 8 9 E 8 9 € ල € 0 9

Schedule R (Form 990) 2014

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2014

Part V Transacti

Note Complete line 1 if any partity is listed in Dade II III or IV of this school-is				Voc No
	e or more related orga	nizations listed in Part		<b>ا</b> ــــــ
				>
<b>b</b> Giff, grant, or capital contribution to related organization(s)			- t	>
c Gift, grant, or capital contribution from related organization(s)			10	>
d Loans or loan guarantees to or for related organization(s)				>
e Loans or loan quarantees by related organization(s)	•	•	4	\ <u>\</u>
	•	• • •	· · ·	•
f Dividends from related organization(s)		•	-	7
g Sale of assets to related organization(s)			10	<u>\</u>
h Purchase of assets from related organization(s)			=	<u>\</u>
i Exchange of assets with related organization(s)			-	>
J Lease of facilities, equipment, or other assets to related organization(s)				>
1 - I accomplished an imment or other control from value of the little of the control of the con			, ,	
Lease of racinges, equipment, of other assets from related organization (s)			· · · · · · · · · · · · · · · · · · ·	\ <b>&gt;</b>
m Performance of services or membership or fundraising solicitations by related organization(s)			= <b>\$</b>	<u> </u>
				\
Sharing of paid employees with related organization(s)				<b>\</b>
	•	•	· · · ·	
<b>p</b> Reimbursement paid to related organization(s) for expenses				<u> </u>
<b>q</b> Reimbursement paid by related organization(s) for expenses			- t	>
			1	
Other transfer of cash or property to related organization			· · · · · · · · · · · · · · · · · · ·	>
				<b>&gt;</b>
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	complete this line, incl	uding covered relation	ships and transaction thre	esholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nt involved
(1) University of ND, EERC - NA less than \$50,000	8			
(2) University of ND, EERC	×	994	Space Calculation	
(3) University of ND	v	1,115,850	1.115.850 Cost Basis and Est. Stock Value	Value
(4)				
(5)				
(6)				
			Schedule R (Form 990) 2014	n 990) 2014

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

in normal and an included the control of the contro					Educated managements of the property of the pr					
(a) (b) Name, address, and EIN of entity Primary a	(b) Primary activity	(c) Legal domicile	(d) Predominant	ş			(h) Disproportionate	(i) nate Code V—UBI		(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	_	allocations	ω -	managing partner?	
			sections 512-514)	Yes No	_		Yes No	_	Yes	
(1)										
(2)									-	_
(3)										
(4)										
(5)										
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<i>\(\delta\)</i>										
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(13)										
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(16)										

Schedule R (Form 990) 2014

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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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