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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

	Inten	nal Reven	ue Service	▶ Int	formation about F	orm 990 and its	instructions is at	www.irs.ge	ov/form99	0.	Inspect	lion
	<u>A</u>	For the	2014 cale	ndar year, or tax	year beginning	July 1	, 2014, a	nd ending	Jui	ne 30	, 20 15	
	В	Check if	applicable	C Name of organiz	ation Energy & En	vironmental Res	earch Center Fo	undation		D Employ	er identification n	umber
		Address	change	Doing business a							36-3842479	
	_	Name ch	•		et (or P O box if mail	is not delivered to s	treet address)	Room/suite		E Telepho	ne number	
	_	Initial ret	*	15 N. 23rd. St.,	•	,						
	\exists			City or town, sta			<u>701-777-5000</u>					
	H		n/terminated	-	-	y, and zir or loreigi	i postai code			• •		
		Amende		Grand Forks, N						G Gross re		448,065
	Ш	Applicati	on pending		ss of principal officer	arris Group Inc.,			a group return for subordinates? Yes Vo No			
					ue West, Suite 500	<u>, Seattle WA 981</u>	19				s included? L. Yes	
	<u>ı</u>	Tax-exer	mpt status	✓ 501(c)(3)	☐ 501(c) () ◀ (insert no	<u> </u>	<u></u> 527	lf "N	lo," attach a	a list (see instructio	ns)
	<u>J</u>	Website	: ▶						H(c) Group	exemption	number >	
	<u>K_</u>	Form of o	organization	✓ Corporation	Trust Association	on 🔲 Other ►	L Yea	ar of formation	1992	M State	of legal domicile	ŅD
	Pa	art i	Summ	ary								
		1	Briefly de	scribe the orga	inization's missio	n or most sign:	icant activities:	To promo	te, encou	rage, and	foster the educ	ation
	9				entific investigation							
	Ē				of North Dakota						·	
	err	2			ie organization di							
	Governance	3			ers of the govern					3		8
	8	4		-	voting members		•			4		7
	Activities &	5		•	als employed in	_	• • •	•		5		
	Viti	6			ers (estimate if ne	-	· · · · · ·	. Laj .		6		0
	\cti	-			revenue from Pa	• •				7a		11
	•				taxable income fr		•			-	-	0
	_	ם	iver uniter	ateu business t	axable income in	om romi 990-1	, IIII 34	· · · ·	Prior Ye	7b	Current Ye	
			Cantribud		- /Dar# \/III	- \			- FIIOI TO		Current re	
	Revenue	8	Duagnam	nons and grant	s (Part VIII, line 11	"	—	· · -		0		10,592
	ven	9	Program	service revenue	e (Part VIII, line 2			·		0		0
	Re	10			VIII column (A)			• •		8		0
		11			column (A), lines				1	,115,850		437,473
	_	12			8 through 11 (mu			ne 12)		,115,858		448,065
501		13			ints pai@(Partil®)			· ·		22,450		<u>41,091</u>
2		14			embers (Part IX,			· ·		0		0
©	es	15			tion, employee be			5–10)		0 (
	ens	16a		_	fees (Part IX, co)		•			0		0
ပ	X				ses (PartHX, colur	, , , ,			<u> </u>			
DEC	ш		•	•	column (A), lines		•	· ·		256,642		735,897
		18			es 13–17 (must e		umn (A), lı ne 25)		279,092		776,988
		19	Revenue	less expenses.	Subtract line 18	from line 12 .	· · · · ·			836,766		(328,923)
	S or							Beç	ginning of Cu	rrent Year	End of Ye	ar
\$	Asset Balan	20	Total ass	ets (Part X, line	16)			· · <u> </u>		2,234,097		1,964 <u>,566</u>
SCAM	# 5	21	Total liab	ılıtıes (Part X, lır	ne 26)					48,952		108,345
Ø	žã	22	Net asset	ts or fund balan	ces. Subtract lin	e 21 from line 2	<u>0</u>		2	2,185,145		1,856,221
	Pa	rt II	Signat	ure Block		•						
					ave examined, this ret						ny knowledge and	belief, it is
	true	e, correct	, and compl	ete Declaration et p	oreparer (other than o	ficer) is based on a	I information of which	ch preparer ha	is any knowl	edge		
			N	<u> </u>	2 musta	7				11-5	5-15	
	Sig	n	Signa	ature of officer	_		•		Da	te		
	He	re	N	John -	Snustad	Treas	urer					
			Туре	or print name and	title			-				
	Pai	id	Print/Ty	pe preparer's name	P	reparer's signature		Date		Check	of PTIN	
		epare	r L							self-emp		
		e Onl	1	ame ►					Fim	n's EIN ▶	. 1	
		OIII	,	ddress ▶						ne no		
	May	the IR	S discuss	this return wit	h the preparer sh	own above? (se	e instructions)				Yes	. □ No

For Paperwork Reduction Act Notice, see the separate instructions.



Form **990** (2014)

Cat No 11282Y

Form 99	90 (2014)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u>. </u>
1	Briefly describe the organization's mission:	
	To promote, encourage, and foster the education and training services, scientific investigations, technology development, technology commercialization, and other related services of the University of North Dakota Energy & Environmental Research	
	Center, Grand Forks, North Dakota (By-Laws Article ii(1)).	
2	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. Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	7 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 measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to continuous the total expenses, and revenue, if any, for each program service reported.	red by others,
4a	(Code:) (Expenses \$ 256,691 including grants of \$ 41,091) (Revenue \$ 448,065)	
	During fiscal year ended June 30, 2015, ten patents were filed, nine patents were issued and the Foundation entered into nine ne	
	modified agreements. Allocations were paid to inventors in accordance wiath the ND State Board of Higher Education policy.	
4b	(Code:) (Expenses \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		•••••
A -1	Other program convece (Decembe in Schedule C.)	
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses > 215.600	

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		1
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in Tobbying 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		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		,
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, VII, VIII, IX, or X as applicable.	i.		10
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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	1
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	<u> </u>	1
b		12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
ь	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

		_	Yes	No
21`	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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		>
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		√
c	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 25 a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	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 "Yes," complete Schedule L, Part II	26		✓
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		✓
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		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	•
29 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		√
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	✓	✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	√	✓

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	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	O L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		V .
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		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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	gifts 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			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
O	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		-
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling 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	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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.	134		
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Form 99	90 (2014)				Page 6
Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s ın Schedule O. S	ee ins	structi	ons.
0	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>			<u> 7</u>
Secti	on A. Governing Body and Management				
10	Enter the number of voting members of the never price hadrest the end of the territory	ـ ـ		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or	1a8	1		
	if the governing body delegated broad authority to an executive committee or similar				
	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 i	elationship with	1		
	any other officer, director, trustee, or key employee?		2		✓
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		✓
6	Did the organization have members or stockholders?		6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
	the year by the following:				
a	The governing body?		8a	√	
ь 9	Each committee with authority to act on behalf of the governing body?		8b	✓	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C)	9	1	
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	-	11a		✓
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13		40-		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12a 12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the p	oolicy? If "Yes,"			
13	Did the organization have a written whistleblower policy?		12c	✓	
14	Did the organization have a written document retention and destruction policy?		14		<u></u>
15	Did the process for determining compensation of the following persons include a review a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	1	
b	Other officers or key employees of the organization		15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule 0 (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?		16a		✓
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 t	o safeguard the			
Soction	organization's exempt status with respect to such arrangements?		16b		
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, a	nd 990-T (Section	501/	2)(3)e	Only
-	available for public inspection. Indicate how you made these available. Check all that apply.	555-1 (56 686)	. 501(دردررع	Orny)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sci	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	nts, conflict of int	erest i	oolicv	, and
	financial statements available to the public during the tax year.			- ,	
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	cords:	>	
	Thomas Erickson, 15 N. 23rd St., Stop 9017, Grand Forks ND 58202-9017				

Form 990	(2014)	i
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Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest	Compensated Employees	, and
	Independent Contractors					

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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	nor any relate	d org	anız			ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er and	Pos neck ss pe	rson Irect	e than or/trustee) Former e than or/trustee) Highest compensated		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Robert Harris, President			rustee		, o	bensated				organizations
(2) Chris Greenberg, Vice President	.5	✓		√				0		0
(3) John Snustad, Treasurer	1	1		· ✓				0		0
(4) Ron Ness	.5	1						o	0	0
(5) Mark Johnsrud		1						0	0	0
(6) Jeff Hume		1						0	0	0
(7) David Straley	5	1						0	0	0
(8) Deanna Carlson Zink	5	1						0	0	0
(9)										·
(10)										
(11)										
(12)										
(13)										
(14)		ļ								

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (c	ontinue	ed)	
•	(A) Name and title		bοx,	unles	Pos neck s pe	rson	than on the thick the thic	n an	(D) Reportable compensation	(E) Reportable compensation fro		Estir amo	(F) mated unt of ther
		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)	organizatioi (W-2/1099-M		compe from organ and r organi	ensation n the nzation related
(15)													
(16)									-				
(17)									<u> </u>				
(18)						_							
(19)													
									<u> </u>				
(21)													
(22)													. ==
(23)													
(24)													
(25)													
1b c d	Sub-total	VII, Sectio	n A					> > >	0		0		0
2	Total number of individuals (including but reportable compensation from the organi	t not limited							<u>_</u>		00,000	of	0
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc									nsated		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000)? <i>l</i> :	f "Ye	s,"	complete Sch	edule J for			1
5	Did any person listed on line 1a receive of for services rendered to the organization											5	1
Section	on B. Independent Contractors												L. <u>*</u>
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	fress							(B) Description of s	ervices	((C) Compens	ation
Schwe	egman Lundberg Woessner							Le	gal-Intellectual	Property			159,199
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who			

Par	t VIII	Check if Schedule O contains	0 r00	nonco or noto to	any lina in this	Dort VIII		
		Check if Schedule O Contains	<u>a 165</u>	porise of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
ara our	b	Membership dues	1b			ĺ		
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c					
Sift	d	Related organizations	1d	10,592				
ī, i	е	Government grants (contributions)	1e					
tio er S	f	All other contributions, gifts, grants,						
혈美		and similar amounts not included above	1f					
ğ	g	Noncash contributions included in lines 1a			- <u>-</u>			
	h	Total. Add lines 1a-1f			10,592			
Ę				Business Code				
eve	2a							
ě	b			-				
Ž.	C				,			
Š	d							
iran	e	All other program convey reven						
Program Service Revenue	f	All other program service revenue Total. Add lines 2a–2f		•				
<u> </u>	<u>g</u> 3	Investment income (including						
	•			•				
	4	Income from investment of tax-exe		1				
	5	Royalties		,	437,473	437,473		
	•	(i) Real		(ii) Personal	437,473	431,413		-
	6a	Gross rents						
	ь	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss) .		<u></u> ▶				
	7a	Gross amount from sales of assets other than inventory (i) Securit	ies	(II) Other	-			
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	ď			▶				
anne	8a	Gross income from fundraising						
Other Reve	:	events (not including \$ of contributions reported on line 1						
Je.		See Part IV, line 18	-					
ᅙ		Less: direct expenses						
		Net income or (loss) from fundra		events . >				
	ya	Gross income from gaming activities See Part IV, line 19						
	L	Less: direct expenses		<u> </u>				
	l .	Net income or (loss) from gamin					·	
	10a	Gross sales of inventory,					<u> </u>	-
		returns and allowances						
	ь	Less: cost of goods sold	. b					
	С	Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11a							L
	b							
	С							
	d	All other revenue		L				
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		▶	448,065	437,473		

Form 990 (2014) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. 7b. (B) Program service (C) Management and (D) Fundraising (A) Total expenses 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 41,091 41,091 2 Grants and other assistance to domestic individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 Other employee benefits Payroll taxes 10 11 Fees for services (non-employees): Management h Legal 5460 5460 Accounting 12,048 12,048 **d** Lobbying Professional fundraising services See Part IV, line 17 f 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 49 14 Information technology 15 Royalties 85,349 85,349 16 Occupancy 994 994 17 Travel . . 363 363 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 1730 1730 20 Payments to affiliates 21 Depreciation, depletion, and amortization . 22 130,251 130,251 23 3351 3351 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.) Other Operating 436 436 Loss on Investment b 495,687 495,687 Bank Fees C 179 d All other expenses е Total functional expenses. Add lines 1 through 24e 25 776,988 256,691 520,297 Joint costs. Complete this line only if the

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X <u>.</u> .		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	88,689	1	126,944
	2	Savings and temporary cash investments	331		331
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	21,449	4	38,560
	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
~	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		6	
ět	7	Notes and loans receivable, net	0		0
Assets	8	Inventories for sale or use	0	8	0
•	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or		-	0
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments – other securities. See Part IV, line 11		12	0
	13	Investments – program-related. See Part IV, line 11	741,125	_	245,438
	14	Intangible assets	1,377,503		1,553,293
	15	Other assets. See Part IV, line 11	5,000		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,234,097		1,964,566
	17	Accounts payable and accrued expenses	46,488	$\overline{}$	104,974
	18	Grants payable	2,464	18	3,371
	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
es	22	Loans and other payables to current and former officers, directors,	·		
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	_	0
	26	Total liabilities. Add lines 17 through 25	48,952	26	108,345
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	2,185,145	27	1,856,221
Ba	28	Temporarily restricted net assets	0	28	0
P	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	2,185,145	33	1,856,221
	34	Total liabilities and net assets/fund balances	2,234,097	34	1,964,566

	90 (2014)			Pa	ıge 12
Par	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		44	18,065
2	Total expenses (must equal Part IX, column (A), line 25)	2		77	6,989
3	Revenue less expenses. Subtract line 2 from line 1	3		(32	B,924)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,18	35,145
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	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		1,85	6,221
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<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," ex	plaın ın			
_	Schedule O.				
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 compared on a consectable of the second of the seco	oiled 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 audite separate basis, consolidated basis, or both:	ed on a			
	·				
_	Separate basis Consolidated basis Both consolidated and separate basis		-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account				
	· · · · · · · · · · · · · · · · · · ·		2c		✓
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain in			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts.	3b		

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

4aiiiC	or the organization					Employer identification	mamber			
	y & Environmental Research Center				4 a 4 b . a . a		42479			
Par	Reason for Public Cha organization is not a private foundation						ons.			
1	_		-		-	•				
2										
3	A hospital or a cooperative ho			n section	170(b)(1	I)(A)(iii).				
4										
5										
6	☐ A federal, state, or local gover									
7	An organization that normally described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)		a gover	nmental unit or fron	the general public			
8	A community trust described in				_					
9	An organization that normally						•			
	receipts from activities related support from gross investme acquired by the organization a	ent income and	unrelated business	taxable ıı	ncome (l	ess section 511 ta				
10	☐ An organization organized and				•	•				
		•	•	-			out the purposes of			
	one or more publicly supported the box in lines 11a through 11	•								
а	Type I. A supporting organiz	ation operated,	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving			
	the supported organization(sorganization. You must con			ct a majo	rity of the	e directors or trustee	es of the supporting			
b	_ :	·				• •				
	control or management of th			ie same p	ersons th	nat control or manag	ge the supported			
	organization(s). You must co	•		ted in cor	naction	with and functional	v intograted with			
С.	its supported organization(s)	(see instructions	s). You must comple	te Part IV	/, Section	ns A, D, and E.				
d							• , ,			
	requirement (see instructions	-				•	an attentiveness			
е		ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III			
f	Enter the number of supported									
g	D 1 11 7 11 7 1		orted organization(s).		·					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed in you	ır goveming	(v) Amount of monetary support (see	(vi) Amount of other support (see			
			above or IRC section (see instructions))	docui	nent?	instructions)	instructions)			
			, "	Yes	No					
A)										
В)										
C)										
D)										
E)										
					_					

Part							
	(Complete only if you checked the Part III. If the organization fails to						alify under
Section	ion A. Public Support	quality unde	er the tests his	ited below, pi	ease comple	ete Part III.)	
	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	(2) 2010	(5) 2011	(0) 2012	(4) 2010	(6) 2014	(i) Total
•	membership fees received. (Do not	l					
	ınclude any "unusual grants.")	672,846	466,854	307,377	1,115,850	437,473	3,000,400
2	Tax revenues levied for the				1,,	,	3/223/103
	organization's benefit and either paid						
	to or expended on its behalf	o	0	0	0	o	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	672,846	466,854	307,377	1,115,850	437,473	3,000,400
5	The portion of total contributions by					1	
	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.	-					3,000,400
	on B. Total Support					I	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	672,846	466,854	307,377	1,115,850	437,473	3,000,400
8	Gross income from interest, dividends,			307,077	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.3.7	0,000,00
	payments received on securities loans,						
	rents, royalties and income from similar		İ				
	sources	129	83	56	8	0	276
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	. 0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)		_				
44	Total support. Add lines 7 through 10	17,600	0	0	0	10,592	28,192
11 12	Gross receipts from related activities, etc.	(see instruction				12	3,028,868
13	First five years. If the Form 990 is for the	•	•	third fourth	or fifth tax ve		3,028,868
	organization, check this box and stop her						> 🗅
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2014 (line 6			1, column (f))		14	99 %
15	Public support percentage from 2013 Sch	nedule A, Part I	I, line 14 .			15	97 %
16a	331/3% support test - 2014. If the organiz				l line 14 is 331	3% or more, cl	neck this
	box and stop here. The organization qua			_			. > 🗸
b	331/3% support test—2013. If the organ					15 is 331/3%	or more,
	check this box and stop here. The organi	•	• •	• • • • •			. ▶ 🗆
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization med						
	Part VI how the organization meets the "forganization			t. The organiza	ation qualifies	as a publicly St	
L							. •
b	10%-facts-and-circumstances test – 20						
	15 is 10% or more, and if the organizate Explain in Part VI how the organization m						
	supported organization						. >
18	Private foundation. If the organization di				, or 17b, chec	k this box and	
	instructions						. ▶ 🗆

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

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

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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		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		1		1		
	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	<u> </u>					
6	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
þ	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						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Ü	line 6.)		İ				
Secti	on B. Total Support				l	<u> </u>	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(4) 10 . 5	(-)	(0) 10 11	107 20 10	(0) =0	(3) 10111
10a							
	payments received on securities loans, rents,						
	royalties and income from similar sources .		1				
ь	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		ļ				
	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		1		1		1
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)				İ		
	,		l front page	al Alexand & a			- FO1(-)(2)
14	First five years. If the Form 990 is for the organization, check this box and stop her	_		a, inira, tourin			
Secti	on C. Computation of Public Suppor			<u></u>			· · · <u>- </u>
15	Public support percentage for 2014 (line 8			3 column (f)		15	%
16	Public support percentage from 2013 Sch						
	on D. Computation of Investment Inc					1.51	70
17	Investment income percentage for 2014 (y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2013			-	* * * *	18	
19a	331/2% support tests - 2014. If the organi						
	17 is not more than 331,8%, check this box						
b	331/3% support tests - 2013. If the organiz	ation did not c	check a box on	line 14 or line	19a, and line 16	s is more than	331/3%, and
	line 18 is not more than 331,3%, check this I	box and stop h	nere. The organ	zation qualifies	as a publicly s	upported organ	nization 🕨 🔲
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	

Voc No

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. Al	I Supporting	g Organizations
---------------	--------------	-----------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)((B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(ll purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and El numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the actio was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that als support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substanti contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percei controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or moi disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943 (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720. determine whether the organization had excess business holdings.)

		163	140
ng by	1		
us e <i>d</i>	2		
er	3a		
nd he	3b		1
(2)	3c		
If	4a		
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fit	9c		
(f) ng	10a		
to	10b		
orm 9	990 or	990-EZ	2014

Part	Supporting Organizations (continued)			
			Yes	No
11`	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	-		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		ŀ	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		}
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			T
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		l	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Г		110
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	- <u>-</u> -	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	 ' 		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			ł
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
•	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			Ц
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	tructi	ons).
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			\vdash
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.			
•	•	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		_	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this mount			
	DI ITS SUPPORTED DIGARIZATIONS? IT "YES " DESCRIBE IN Part VI the role played by the organization in this moord	1.37	i	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	ganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization of the containing o			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<u></u>	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-inte	grated Type III support	ing organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions Current Year							
_1	Amounts paid to supported organizations to accomplish		· · · · · · · · · · · · · · · · · · ·				
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations				
	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required)						
<u>-6</u>	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.	·	· · · · · · · · · · · · · · · · · · ·				
8	Distributions to attentive supported organizations to which	h the ergonization is re-					
0	(provide details in Part VI). See instructions.	in the organization is res	ponsive				
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount	·····		-			
	,	(1)	(ii)	(iii)			
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
	Excess distributions carryover, if any, to 2014:						
<u>a</u> b							
		-					
d	· · · · · · · · · · · · · · · · · · ·						
	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2014 distributable amount			· · · · · · · · · · · · · · · · · · ·			
i	Carryover from 2009 not applied (see instructions)						
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2014 from Section						
	D, line 7: \$						
a	Applied to underdistributions of prior years						
<u>_b</u>	Applied to 2014 distributable amount						
<u>c</u> _	Remainder. Subtract lines 4a and 4b from 4.		· · · · · · · · · · · · · · · · · · ·				
5	Remaining underdistributions for years prior to 2014, if						
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h		_				
Ü	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2015. Add lines 3						
_	and 4c.						
8	Breakdown of line 7:			-			
а							
b							
C	•						
<u>d</u>	Excess from 2013						
е	Excess from 2014						

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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.

0MB No 1545-0047

Open to Public Inspection

Employer identification number

Energy & Environmental Research Center Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 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? 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? . 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. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 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 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 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. b 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

Pa	~	_	2

Pari	III Organizations Maintaining	Collections of	Art, His	torical	Treasures,	or Ot	her Similar A	Asset	s (conti	nued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, che	ck any of the	follow	ving that are a	signıf	icant us	e of its
а	☐ Public exhibition		d	☐ Loar	n or exchange	progr	rams			
b	☐ Scholarly research		е	☐ Othe	er					
С	☐ Preservation for future generation:									
4	Provide a description of the organiza XIII.	tion's collections	and expl	ain how	they further th	ne org	anızation's ex	empt (ourpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather] Yes	□ No
Part	IV Escrow and Custodial Arra									
	Complete if the organization 990, Part X, line 21.						•		t on Fo	rm
	Is the organization an agent, trustee included on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing t	table:					
						<u> </u>	+	Amou	nt	
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e	+			
f	Ending balance					1f			7 1/2 -	–
2a h	Did the organization include an amou If "Yes," explain the arrangement in P								Yes	
Par		art Alli. Check hei	e ii tile e.	хріанаціс	n nas been p	TOVIGE	d in Part XIII		· · · · · · · · · · · · · · · · · · · 	<u> </u>
ı aı	Complete if the organization	answered "Yes	" to For	m 990 F	Part IV line 1	ın				
	Complete ii the organization	(a) Current year		or year	(c) Two years		(d) Three years ba	ack (e) Four year	rs back
1a	Beginning of year balance	,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-,	- 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Contributions	-						-+-		
c	Net investment earnings, gains, and losses									
d	Grants or scholarships				<u> </u>					
е	Other expenditures for facilities and programs									
f	Administrative expenses			_						
g	End of year balance						 			
2	Provide the estimated percentage of t	he current vear er	nd balanc	e (line 1	a. column (a))	held a	ns:			
а	Board designated or quasi-endowme	nt ▶	%	(5, (,)					
b	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2	c should equal 10	00%.							
3a	Are there endowment funds not in thorganization by:	e possession of th	ne organı	zation th	at are held ar	nd adr	ministered for	the	Yes	s No
	(i) unrelated organizations							. [3	Ba(i)	+
	(ii) related organizations								a(ii)	+-
b	If "Yes" to 3a(ii), are the related organ								3b	
4	Describe in Part XIII the intended uses									
Part	VI Land, Buildings, and Equip	ment.								
	Complete if the organization	answered "Yes	" to Fori	m 990, F	Part IV, line 1	1a. S	See Form 990), Part	X, line	10.
	Description of property	(a) Cost or ot (investm	her basis	(b) Cost	or other basis other)	(c) A	Accumulated preciation) Book val	
1a	Land						·			
b	Buildings			Γ.						
С	Leasehold improvements									
d	Equipment									
е	Other									
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part ,	X, columi	n (B), line 10(d	;).) .				

Part VII	Investments—Other Securities		000 Dart IV line	11h O Farm	000 Part V 15- 40
	Complete if the organization ans				
	(a) Description of security or categor (including name of security)	y 	(b) Book value		hod of valuation: -of-year market value
(1) Financial					
	neld equity interests				
(3) Other					
(A)			<u> </u>		
(C)				<u> </u>	
(D)			- -		
(E) (F)	•••••		· · · · · · · · · · · · · · · · · · ·		
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12) ▶				
Part VIII	Investments—Program Relate		<u> </u>	<u> </u>	
T un C VIII	Complete if the organization ans		m 990. Part IV. line	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation: -of-year market value
(1) Stock			245,438	End of year marke	
(2)					
(3)					
(4)	 		<u></u>		
<u>(5)</u>					
(6)					
(7)		 			
_(8)					
(9)	b) must equal Form 990, Part X, col (B) line 13.)				
Part IX	Other Assets.		<u> </u>	L	
Partix	Complete if the organization ans		m 990, Part IV, line	e 11d. See Form	
		(a) Description			(b) Book value
					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u> (8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, o	col. (B) line 15.)	 		
Part X	Other Liabilities. Complete if the organization and line 25.	swered "Yes" to For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes		<u> </u>		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		<u> </u>			
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)		0		
2. Liability for	r uncertain tax positions. In Part XIII, prov	ride the text of the footn	ote to the organization	n's financial stateme	ents that reports the
organization'	s liability for uncertain tax positions unde	er FIN 48 (ASC 740). Che	eck here if the text of t	ne footnote has bee	en provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Staten Complete if the organization answered "Yes" to Form 990,		r 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		-	
C	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII.)		7	
e	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.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial State			
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a.		
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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In	ne 18.)	5	
	Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai			
Respoi	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this par nse to Part X(2): The Foundation has adopted the provisions of FASB Accour nting for uncertainty in income tax. As of June 30, 2015 and 2014, the unrecognitions	nting Standards Codification	Topic ASC 74	0-10, related to
If the F	oundation has any unrecognized tax benefits, future accrued interest and pe	nalties would be recognized	in tax expens	e. The
Founda	ation is no longer subject to Federal tax examinations by tax authorities for y	ears before 2011.	·	·
	······································		·	
	·	·····	·	
	······		·	

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

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

 2014	Open to Public	Inspection	Employer identification number
			Employer ide

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

Energy & Environmental Research Center Foundation Part E General Information on Grants and Assistance	enter Foundation n on Grants and	Assistance					36-3842479
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	tain records to sub	stantiate the amou	nt of the grants or	assistance, the g	antees' eligibility fo	r the grants or assistanc	e, and
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · · · Ves
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	he use of grant fu	nds in the United	States.		
Part II Grants and Other Assistance to Domestic O	Assistance to Do	mestic Organiz	ations and Dornan \$5,000. Part	nestic Governm Il can be duplica	Aganizations and Domestic Governments. Complete if the organization more than \$5,000. Part II can be duplicated if additional space is needed.	the organization ansv pace is needed.	rganizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, more than \$5,000. Part II can be duplicated if additional space is needed.
f (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UND Energy & Environmental Research Center	45-6002491	501(c)(3)	41,091	0			IP Commercialization
(2)							
(6)							
	,						
	:						
			:				
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and gov organizations listed	ernment organizat in the line 1 table	ions listed in the li	ne 1 table			 • •
For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instruction	s for Form 990.		Cal	Cat. No. 50055P		Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	mestic Individua	als. Complete if the	organization answ	ered "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
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7						
Part IV Part I(2): Ti	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional 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	the information re	equired in Part I, Im mental Research Cen	e 2, Part III, column ter (EERC). This is the	(b), and any other additi	nation required in Part I, line 2, Part III, column (b), and any other additional information.
commercia	commercialization effort at each Foundation board meeting.					
1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
						Schedule I (Form 990) (2014)

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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open To Point Inspection

Employer identification number

OMB No 1545-0047

	y & Environmental Re						_				38 <u>424</u>	79		
Par		fit Transaction ne organization	ns (section 50° answered "Ye	1(c)(3), es" on l	section Form 99	501(c)(4), a 0, Part IV,	and 50 line 25	01(c)(29) organız 5a or 25b, or Fo	ations rm 99	only) 0-EZ,). Part	V, line	40b	
1	(a) Name of discussified		(b) Relationship b	etween o	disqualified	person and	Ţ	(1) 5					(d) Co	rected?
	(a) Name of disqualified	person		organiza	ation			(c) Description	n of tra	nsactio	n		Yes	No
(1)														
(2)														
(3)						-		_						
(4)												-		
(5)														
(6)														
2	Enter the amount under section 4958	3							ring t	he ye	ar ▶ \$	S		
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	ıızatıo	n , .		!	▶ \$	S		
Part	Complete if the	l/or From Interne organization reported an amo	answered "Ye	es" on I 990, Pa	Form 99 art X, line	0-EZ, Part e 5, 6, or 2	2.	e 38a or Form 9			1	6; or	if the	ritten
(=)	amo or moreoteo person	with organization	loan	fro	m the	principal ar		(i) Dalarice due	(g) iii	Jelaun ·	by bo	pard or nittee?	agree	
				То	From				Yes	No	Yes	No	Yes	No
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(9)		 .		<u> </u>					ļ	ļ				
(10)			<u> </u>						ļ	L				
Total Part	Grants or Ass Complete if the	sistance Beneration	fiting Interest answered "Ye	ed Per	rsons.	0, Part IV, I	•	\$ 7.	l				<u> </u>	
(a)	Name of interested persor		ship between inter		(c) Amount	of assistance	. ((d) Type of assistance	e	(e)) Purpo	se of a	ssistan	се
(1)							-							
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(10)										Ī .				

Chris Greenberg				<u> </u>
nris Greenberg	D:			Yes
	Director	337,371	Payment (reimbursement) of IP	+
			license and legal fees.	
				+
				_
		<u>. </u>		
V Supplemental Information				
payments were received by EERCF	on for responses to questions of from ME2C for licensing fee re			lder of
and a director of the EERC Foundation	on.			
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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

Department of the Treasury Internal Revenue Service ➤ 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

Employer identification number

Energy & Environmental Research Center Foundation	36-3842479
Response to Part VI, Section A, #9	
Robert 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 - 100 West Broadway Ave., Suite 200, PO Box 1395, Bismarck ND 58502-1395	······
Mark Johnsrud - 14624 North Scottsdale Road, Suite 300, Scottsdale AZ 85254	
David Straley - 2000 Schafer Street, Suite D, Bismarck ND 58501-1204	
Deanna Carson Zink - 3501 Univeristy Ave., Stop 8157, Grand Forks ND 58202-8157	
Jeff Hume - PO Box 269000, 20 North Broadway, Oklahoma City, OK 73102	
Response to Part VI, Section A,#11(b) - Tax Form 990 is reviewed and signed by the Treasurer and sub	sequently provided to all directors.
	······
Response to Part VI, Section B, 12(c) - An interested person is required to disclose. The Executive con	nmittee determines if a conflict exists
and develops an appropriate mitigation plan.	······
······	
Response to Part VI, Section B, 15(a & b) - Currently there is no compensation distributed to voting me	embers of the governing board.
However, a voting member of the governing board who receives compensation, directly or indirectly, for	rom the Foundation for services is
precluded from voting on matters pertaining to that member's compensation.	······
	·····
Response to Part VI, Section C, (19) - Financials statements are publicly disclosed through the North D	akota University System. Governing
policy and COI documents are not publicly distributed unless requested. Per our relationship agreeme	nt with the University of ND, portions of
these would be publicly available.	·····

Schedule O (Form 990 of 990-EZ) (2015)	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

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047 2014

					Employer Ide	Employer Identification number
Energy & Environmental Research Center Foundation					36-	36-3842479
Part I Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33.	If the organization	answered "Yes" o	on Form 990, Parl	t IV, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	P	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Fdtr. Holding Agrebon LLC, 15 N. 23rd St., Stop 9017, Grand Fork 58202-9017, EIN 38-3915003	rks ND Holding Company		North Dakota	0	\$500	\$500 EERC Foundation
(2) Fdtn. Holding Mercury Control, LLC 15 N. 23rd St., Stop 9017 Grand Forks						
58202-9017, EIN 38-3922262	Holding Company		North Dakota	0	\$500 E	\$500 EERC Foundation
(3)						
(4)						
(9)						
(9)						
Part II 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.	tions Complete if tring the tax year.	he organization ar	swered "Yes" on	Form 990, Part I	IV, line 34 becau	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))	(n) Direct controlling entity	Section 512 controll entity
(1) University of North Dakota 264 Centennial Dr. Ston 8193						Yes
	University	QN	501(c)(3)	170(b)(1)(A)(vi) NA	NA (<u>`</u>
(6)						
(4)						
(5)						
(9)						
ω						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. N	Cat. No. 50135Y		Schedule	Schedule R (Form 990) 2014

ш	ıe '34
	art IV, lir
	n 990, Pa
	on Forn
	d "Yes"
	s Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 nizations treated as a partnership during the tax year.
	nization ear.
	he orgar the tax y
	s Taxable as a Partnership Complete if the organizations treated as a partnership during the tax year.
	hip Con tnership
	as a par
	e as a P treated
	Taxabl
	izations ed orgar
	d Organ ore relat
	Relate
	identification of Related Organizations secause it had one or more related organ
n 990) 2014	Identification of Related Organ because it had one or more relat
Schedule R (Form 990) 2014	
Sche	Pai

(k) Percentage ownership									(i) Section 512(b)(13) controlled entity?	٩ ٧								Schedule R (Form 990) 2014
				-	ļ	-	├—	art IV	(i) section 512(b) controlled entity?	Yes								m.
	Yes	+		-			├	990, F										le R (F.
	-	-					 	Form	(h) Percentage ownership									chedu
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								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.	(g) Share of end-of-year assets									
(h) pporttonate cations?	2	-	ļ				_	wered							-			-
(g) (h) Share of end-of- Disproportionate year assets allocations?	Tes	+	-	<u> </u>	-		<u> </u>	n ans ear.	(f) Share of total income									
(g) nare of end-or year assets								izatio tax y										1
Share c								orgar ig the	} i entity orp, or tru									
f total ne								if the t durir	(e) Type of entry (C corp, S corp, or trust)									
(f) Share of total income								plete r trus)) 6u			_						-
		+	 					t Corr tion o	(d) Direct controlling entity									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)								Trus orpora	Direct									
Precincom uni exclu tav								on or s a cc	ile country)									
		1						orati	(c) Legal domicile (state or foreign country)								į	
(d) Direct controlling entity								Corp	Le (state o									
	<u> </u>	-						e as a	>									
(c) Legal domicile (state or foreign								axabl organi	(b) Primary activity									
0 9,4 0	-	ļ	-		<u> </u>	<u> </u>		ated c	Prımar									
vity								izatio			i	-		-	ļ	 	 	
(b) Primary activity								Or mo	Ç									
Prin	l.							ated (janizatio									
	+-	<u> </u> 	-				 	f Rela	ated org									
5 0								Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization ar line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) IN of rela									
, and Ell Inization								tifica 34 be	s, and E									
(a) Name, address, and EIN of related organization								Iden Ine	(a) Name, address, and EIN of related organization									
Name, refa								2	Мате,		one							
	3	<u>8</u>	<u>6</u>	4	(2)	(9)	E	Part IV			(1) None	(2)	ල	9	(2)	(9)	(2)	

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

201 2014	(Form Q	Schodule B			
					(9)
					(5)
				i	(4)
n 10,592	ıvst. gai	\$448,065 Cost basis 437,473, invst. gain 10,592	\$448,065	S	(3) Univeristy of ND
		\$994 Space Calculation	\$994	X	(2) University of ND, EERC
				q	(1) University of ND, EERC, NA less than \$50,000
VOIVED	amount in	Method of determining amount involved	Amount involved	Iransaction type (a–s)	Name of related organization
		(D)	(9)	(<u>a</u>)	(a)
olds.	n thresh	ships and transaction thresholds.	uding covered relation	emplete this line, incl	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
	15				s Other transfer of cash or property from related organization(s)
>	-				r Other transfer of cash or property to related organization(s)
<u> </u>	<u> </u> !	· · · · · · · · · · · · · · · · · · ·	•		
<u> </u>	10				
>	5				p Reimbursement paid to related organization(s) for expenses
<u> </u>	2				o straining or paid employees with related organization(s)
<u>\</u>	 - -			•	
> >	ב ב				 Performance of services of membership of fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
>	=	•			
	+ \				k Lease of facilities, equipment, or other assets from related organization(s)
		1.			
>	=				j Lease of facilities, equipment, or other assets to related organization(s)
^	1i	•			i Exchange of assets with related organization(s)
^	- 1				h Purchase of assets from related organization(s)
>	1g				g Sale of assets to related organization(s)
>	11	•			f Dividends from related organization(s)
		<u> </u>			
>	1e				e Loans or loan guarantees by related organization(s)
>	1d				d Loans or loan guarantees to or for related organization(s)
/	1c	•			c Gift, grant, or capital contribution from related organization(s)
_	1b ,				b Giff, grant, or capital contribution to related organization(s)
>	1a				a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
] i⊢lv?	nizations listed in Parts	or more related orga	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?
S S	Yes				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
2					

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.

orgioss reverted that was not a related organization; one instructions regarding excussion to certain investment parties infor-	garııcarıdır. Gee	T I I I I I I I I I I I I I I I I I I I	yaı uı ıy exciusi	21 101 CG 18	ייי יייואכסמוופווו מ					
(a) Name address and FiN of entity	(b) Primary activity	(c)		(e) Are all partners	Share of	(g) Share of	(h) Disproportionate	(a) Code V – UBI	(i) General or	(k) Percentage
	î	Ē	income (related,	section	total income	_	allocations?		managing	
		country)	unrelated, excluded from tax under	organizations?		assets		of Schedule K-1 (Form 1065)	partner?	
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
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(15)										
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								Sche	dule R (For	Schedule R (Form 990) 2014

scheaule H (F	om 990) 2014	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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