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SCANNED DEC 0 5 2017

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

A	For the	2016 cale	endar year, or tax year b	eginning		, <b>2</b> 016, a	and endin	g		, 20				
В	Check if	applicable:	C Name of organization FC	SSUM FOUN	DATION, INC.				D Employ	er identification n	ımber			
	Address	change	Doing business as	•					45-6013302					
	Name ch	nange	Number and street (or P.	O. box if mail is r	not delivered to stree	et address)	Room/su	ite	E Telepho	ne number				
	Initial ret	um	1241 UNIVERSITY DR I	N						701-231-6800				
	Final retu	m/terminated	City or town, state or pro	vince, country, a	nd ZIP or foreign po	stal code								
$\overline{\Box}$	Amende	d return	FARGO, ND 58102-252	4					G Gross re	eceipts \$	66010			
$\overline{\Box}$		on pending	F Name and address of prir		John W. Shotwe	I		H(a) is this a or		subordinates?   Yes				
_		po	1241 UNIVERSITY DR I	•		•				s included? Tes				
	Tay-aya	mpt status:	✓ 501(c)(3)	501(c) (	) <b>◄</b> (insert no.)	4947(e)(1) or	☐ 527			ilist. (see Instructio				
<u>:</u>	Website				) 4 (moont no.) L	3 4347(4)(1) 61		H(c) Group	exemption	number >				
ĸ			Corporation Trust	Association	Other	I Yes	ar of format		1	of legal domicile:	ND			
_	art I	Summ				15.00		1939	I IN CULIC	Or regal dorniolio.	ND			
-	1		escribe the organization	n'e mission	or most significa	ant activities:								
•	•	-	-		=									
Activities & Governance			North Dakota State Un	iversity Found	ation and Ajumi	ii Associatioi	in carry	ing out its ex	empt pur	pose or suppor	ung			
Ē			kota State University iis box ▶  ☐ if the orga	nization disc	ontinued its one	rotiono or di	ionocod e	of mara than	250/ of	ita nat anasta				
8	2				-		sposeu c	oi more trian	1 _	115 Het assets.	_			
Ğ	3		of voting members of	•			 !:== 4  =\		3					
8	4		of independent voting		-									
ĕ	5		mber of individuals em		-		e 2a) .		5		0			
듕	6		mber of volunteers (est						6		<u>8</u>			
•	7a		related business reven						7a		0			
_	b	Net unre	lated business taxable	income from	1 Form 990-1, II	ne 34	<del></del>		7b	O	0			
	۱ ـ						-	Prior Ye	WIT	Current Ye	<del>981</del>			
Revenue	8		tions and grants (Part	•			· ·							
	9		service revenue (Part				· ·							
ۿ	10		ent income (Part VIII, c				$\cdot \cdot \cdot \downarrow$		13		38			
_	11		venue (Part VIII, colum			-	-		62615		55995			
	12		enue-add lines 8 thro				ne 12)		62628		56033			
	13		nd similar amounts pa	•		-	L		115568		57000			
	14	Benefits	paid to or for member	s (Part IX, co	lumn (A), line 4)		٠ . لـ							
Se	15		other compensation, er		•		5–10)							
Expenses	16a	Profession	onal fundraising fees (F	Part IX, colum	nn (A), line 11e)		· · L							
츛	b		draising expenses (Pa											
ш	17	Other ex	penses (Part IX, colum	nn (A), lines 1	1а=11а, <u>Б</u> 1€24	#IN/FD	L		1345		1419			
	18	Total exp	oenses. Add lines 13-1	17 (must equa	al Part IX, Colum	h (A), line 26	PO L		116913		58419			
	19_	Revenue	less expenses. Subtra	act line 18 fro		<u> </u>	SI		(54285)		(2386)			
5 g					NOV S	2 8 2017	ا الآا	Beginning of Cu	rrent Year	End of Ye	ar			
seets or	20	Total ass	sets (Part X, line 16)		<u> </u>	<u> </u>			548135		478038			
Net As: Fund B:	21	Total liab	oilities (Part X, line 26)		OGE	IFN HIT	' · { L		72688		4977			
ž	22	Net asse	ts or fund balances. S	ubtract line 2	1 from line 20	/LIV, 0 !			475447		473061			
P	art II	Signa	ture Block											
			ıry, I declare that I have exar							my knowledge and	belief, it is			
tru	e, correc	t, and comp	lete. Declaration of preparer	(other than office	er) is based on all in	formation of whi	ch prepare	r has any knowl	edge.					
		A A	ulipan f	) stus	~				11-1	5-17				
Si	gn	Sign	nature of officer					Da	te					
He	re		Allyson Peter	-son, A	ssistant	Secreti	my 1	Treasu	rer					
		Тур	e or print name and title				5							
Pa	id	Print/Ty	pe preparer's name	Prep	arer's signature		Da	ate	Check	☐ if PTIN				
	iiu epare				_				self-em					
	se Oni		name ►					Firm	n's EIN ▶					
J:	9 <del>0</del> VIII	יין עי	address ▶					1	ne no.					
Ma	y the If		s this return with the p	oreparer show	vn above? (see	instructions)				<u> </u> Ye:	No No			
For	Papen	work Redu	iction Act Notice, see th	ne separate in	structions.		Cat. N	lo. 11282Y		Form	90 (2016)			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

orm 990	
Part I	
4	Check if Schedule O contains a response or note to any line in this Part III
	o assist in carrying out the purpose of North Dakota State University Foundation and Alumni Association, a nonprofit corporation
	rganized and existing for the support of North Dakota State University.
	garazed and existing for the expect of float based educ of floats.
2	old the organization undertake any significant program services during the year which were not listed on the
	rior Form 990 or 990-EZ?
3	"Yes," describe these new services on Schedule O.  iid the organization cease conducting, or make significant changes in how it conducts, any program
	ervices?
	rescribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others to total expenses, and revenue, if any, for each program service reported.
4a	Code: ) (Expenses \$ 12000 including grants of \$ 12000 ) (Revenue \$ )
	rants to North Dakota State University Foundation and Alumni Association (1241 University Dr N, Fargo, ND 58102-2524), the
	upported organization, for use in carrying out its exempt purpose of supporting North Dakota State University.
	12,000 was contributed to the Fossum Foundation endowment fund held by the NDSU Foundation and Alumni Association, which as a restricted purpose of using the annual distribution of income, as set by the Investment Committee of the NDSU Foundation
	nd Alumni Association, for merit scholarships at North Dakota State University.
4b	Code:) (Expenses \$45000 including grants of \$45000 ) (Revenue \$)
	Grants to North Dakota State University (1340 Administration Ave, Fargo, ND 58102) for the following:
	45,000 was used to support the NDSU undergraduate merit scholarships program.
4c	Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O.)
	Expenses \$ including grants of \$ ) (Revenue \$ )
<del>4e</del>	otal program service expenses > 57000

Part	V 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	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>~</b>	
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		1
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
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	1	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		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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		/
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

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Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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	20b 21	1	
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	•	,
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		<i>y</i>
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		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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>J</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>v</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			7
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	ļ ——	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	29		1
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
32	Part I	31		1
33	complete Schedule N, Part II	32		<b>V</b>
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
35a	or IV, and Part V, line 1	34 35a	<b>✓</b>	<u></u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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, Part VI	37		,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	-

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			
_		_	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
22	reportable gaming (gambling) winnings to prize winners?	1c	<b>√</b>	_
Za				,
b	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  [5]  [6]  [6]  [7]  [8]  [8]  [8]  [8]  [9]  [9]  [9]  [9	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>√</b>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
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).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	$\vdash$	<b>✓</b>
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	$\vdash$	
Ou .	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	lli	<b>1</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			_
	gifts were not tax deductible?	6b	!	
7	Organizations that may receive deductible contributions under section 170(c).			
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		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		
_	required to file Form 8282?	7c	احت ا	<u> </u>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		<b>√</b>
f	Did the organization receive any lunds, directly of indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		7
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		•
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<b>√</b>
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:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Section 501(c)(12) organizations. Enter:			
··a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)			,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which		ļ	
Ь	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "You " has it filed a Form 720 to report these navments? If "Ale " provide an evaluation in Schedule O	14h	1	Ť

Form 99	0 (2016)			Page <b>€</b>
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	structi	
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			т
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 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<b>√</b>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6 7a	Did the organization have members or stockholders?	6 7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	<b>✓</b>	<u></u>
Ъ	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	<b> </b> -	<b>  ✓</b>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	OGE.)	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>√</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14	Did the organization have a written whistleblower policy?	13	<u> </u>	1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		<b>✓</b>
Section	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501	(c)(3)s	only
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	

	·	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	ees, and
	Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . .

[7]

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.

(A) Name and Title	(B) Average hours per week (list any	no dilicol di la di coloni il doloco)						(D)  Reportable compensation from	(E)  Reportable compensation from related	other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John W Shotwell	.25									
President, Director	<u> </u>	✓	L	<b>✓</b>			_	0	0	0
(2) Clyde Fossum	.25									
Vice-President, Director		✓		<b>'</b>			_	0	0	0
(3) Burdell E Fossum	.25									
Secretary, Director		✓		✓			ļ	0	0	0
(4) Carl D. Larson	.25									
Treasurer, Director		<b>'</b>		<b>✓</b>				0	0	0
(5) William C Marcil	.25									
Director	ļ	<u> </u>		<u> </u>	Щ			0	0	0
(6) Karen Morrison	.25	_		ļ				!		
Director		<b>✓</b>	L.	<u> </u>				0	0	0
(7) Gregg Halverson	.25	١.								
Director		<b>'</b>	L.				ļ	0	0	0
(8) Allyson Peterson	75			_ ا						
Asst Secretary/Treasurer	50	ļ	L	1	ļ		_	0	97665	21145
(9)	<del> </del>							:		
(10)		-	-		<b></b>				-	
(11)					_				-	
(12)	<b>+</b>									
(13)			-							
(14)	<del> </del>	-								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	•				•	C)				}		
	(B)	(do n	ot ch		ition mon	e than o	one	(D)	(E)		<b>(F)</b>	
	Average hours per					is both		Reportable compensation	Reportable compensation		Estimated amount of	
		week (list arry	1	_		_	or/trust			related	İ	other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizatio (W-2/1099-M		compensation from the
		organizations	정호		Ř	릙	8 8	록	organization (W-2/1099-MISC)		1150)	organization
		below dotted	우블	屋		Š	🖁				ŀ	and related
		line)	St	뎙		8	8					organizations
			"	8			Sate				1	
(4E)		<del> </del>		├-	⊢		-	├	<del> </del>	ļ		
(15)		<del> </del>	1					}			}	
(46)					$\vdash$	-		┝	<del> </del>			
(16)	.,	<b></b>	ł					ŀ				
(47)		<del> </del>	├	├	-	$\vdash$	<del> </del>	⊢	<del></del>	<u> </u>		
3.1.7		<b></b>	-						İ			
(40)				-	⊢	-	<del></del>	-				
(18)			ł		l			ľ			ļ	
(19)		<del></del>			-			┝	<del> </del>	<u> </u>		<del></del>
(19)		<b></b> -	ł									
(00)	<del></del>	<del> </del>	_	-	⊢	-	<del> </del>	┢			-+	
(20)		<del>{</del>	ł	ĺ	1	l				[		
(04)		<del> </del>		<del> </del>		┝		<u> </u>	<del> </del>	ļ		<del></del>
(21)		<b></b>							1		- 1	
(00)		<del>                                     </del>	-	<del> </del>	<del> </del> —			┢	<del> </del>	<u> </u>		
(22)		<del> </del>	1	ł	1	1	1	1	1	1	- 1	
(02)		<del> </del> -	_	┢	├				<del> </del>	<u></u>		
(23)		<del> </del>	ł					l	[		- 1	
(0.4)		<del> </del>	-	-		$\vdash$	├	⊢		<u> </u>	-+	·
(24)		<del> </del>	•	İ								
(OE)		<del> </del>			├-			<del> </del>		ļ		<del></del>
(25)		<del> </del>			ļ							
1b	Sub-total	Щ	<u> </u>		<u> </u>	<u> </u>	L	<u> </u>		<u> </u>		
C	Total from continuation sheets to Part	, VII Saatla	 n A	•	•	•	•		0			
d		•		•	•		•					
2	Total (add lines 1b and 1c)							<u> </u>	<del></del>	are then \$16	20 000	
_	reportable compensation from the organi		<i>1</i> 0 ti	IUSE	7 1151	.eu	above	9) W	0 10 1909391	ore man pro	30,000	OI .
	reportable compensation from the organi	Lation										Yes No
3	Did the organization list any former of	ficer direc	tor o	r tr	net	94	kev e	emn	lovee or high	est compe	hetean	Yes No
•	employee on line 1a? If "Yes," complete											3 🗸
4	For any individual listed on line 1a, is the							n a	nd other comr	onestion for	om the	
•	organization and related organizations											
	individual	g. •						., 				4 1
5	Did any person listed on line 1a receive of	r accrue co	ompe	nsat	tion	froi	m anv	/ un	related organiz	ration or ind	ividual	
•	for services rendered to the organization											5 1
Section	on B. Independent Contractors	<u></u>										19113
1	Complete this table for your five highest	compensat	ed ind	ien	end	ent	contr	acte	ors that receive	ad more tha	n \$100	000 of
•	compensation from the organization. Rep											
	year.							,				
	(A)							1	(B)			(C)
	Name and business add	iress							Description of s	ervices	C	Compensation
-								1				
								<del>                                     </del>	· · ·			
-							_	1				
								t				
								T				
_2	Total number of independent contractor	rs (includir	ng bu	rt n	ot	limit	ed to	th	ose listed ab	ove) who	· · · · · ·	
_	received more than \$100,000 of compens	•	_						0	, , , , ,		
	<del></del>			-								

Par	VIII	Statement of Reve		nonce or note to	any lina in thia	Dort VIII		
		Check if Schedule C	comains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<b>8 8</b>	1a	Federated campaigns	s 1a			revenue		512-514
ons, Gifts, Grants Similar Amounts	ь	Membership dues .						
Q .	c	Fundraising events .						
Contributions, Giffs, and Other Similar Ar	ď	Related organizations	<del></del>					
e, G	е	Government grants (con						
r Si	f	All other contributions, g	·					
₽ ‡		and similar amounts not inc	luded above 1f					
Contributic and Other	g	Noncash contributions include	ded in lines 1a-1f: \$					,
<u>රි ළි</u>	h	Total. Add lines 1a-1	f	🕨				
TUB.				Business Code				
Ver	<b>2a</b>	***************************************						
Program Service Revenue	b	***************************************						
ξ	С							
3	d							
E a	8							
5	f	All other program ser		L	├ <i>──</i>			
	3	Total. Add lines 2a-2 Investment income					I	1
	3	and other similar amo	` •		اما			
	4	Income from investmen	•		38			38
	5	Royalties	•	•	25348		l	25348
		Noyaluos	(i) Real	(ii) Personal	25346			25346
	6a	Gross rents	40624	.,				
	Ь	Less: rental expenses	9977					
	С	Rental income or (loss)	30647					
	d	Net rental income or	·	<b>&gt;</b>	30647			30647
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	ь	Less: cost or other basis and sales expenses .						
	c	Gain or (loss)						
	d	Net gain or (loss) .		▶				
evenue	8a	Gross income from fu						
Other Reve		of contributions reported See Part IV, line 18 .						
통	b	Less: direct expenses						
•	С	Net income or (loss) f		events . >				
	9a	Gross income from gassee Part IV, line 19 .						
		Less: direct expenses Net income or (loss) f						
	10a	Gross sales of in returns and allowance						
	ь	Less: cost of goods s	_					
		Net income or (loss) f	rom sales of inv					
	L	Miscellaneous F	Revenue	Business Code				
	11a							
	b							<del>                                     </del>
	C	All other revenue				<del> </del>		<del>                                     </del>
	d	All other revenue . Total. Add lines 11a-						
	12	Total revenue. See in			56033			50000
					300331		<u> </u>	56033 Form <b>990</b> (2016)

orm 95	10 (2016)				Page 10
Part	IX Statement of Functional Expenses		<del></del>		
	n 501(c)(3) and 501(c)(4) organizations must con	plete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	57000	57000		
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				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	10		10	
C	Accounting	1028		1028	
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	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	14		14	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	152		152	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	215		215	
24	Other expenses. Itemize expenses not covered	}			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					·
b					
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	58419	57000	1419	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising SOID 08 2 (ASC 058 720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX <u>.</u>		🗀
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	-	1	
	2	Savings and temporary cash investments	96834	2	1
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2165	4	28901
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	· ·	Ì	
		Complete Part II of Schedule L		5	
	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			
ø		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 469686			
	ь	Less: accumulated depreciation 10b 20550	449136	100	440126
	11	Investments—publicly traded securities	449130	11	449136
	12	Investments—other securities. See Part IV, line 11	<del></del>	12	<del></del>
	13	Investments—program-related. See Part IV, line 11	<del></del>	13	<del></del>
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	540405		470000
	17	Accounts payable and accrued expenses	548135	<del></del>	478038
	18	Grants payable	72688	18	4977
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
		Loans and other payables to current and former officers, directors,		21	
Ë	22	trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L		22	
Liabilities	02	· · · · · · · · · · · · · · · · · · ·		23	
_	23	Secured mortgages and notes payable to unrelated third parties			
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		of Schedule D		05	
	26	Total liabilities. Add lines 17 through 25	70000	25 26	4077
—	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and	72688	20	4977
S		complete lines 27 through 29, and lines 33 and 34.			
ĕ	97	Unrestricted net assets	475447	07	470004
<u>a</u>	27		475447		473061
Ä	28 29	Temporarily restricted net assets		28 29	
Ę	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		complete lines 30 through 34.			
Ö	20	· · · · · · · · · · · · · · · · · · ·		20	11.5 24.00 26.00 2
ets	30 31	Capital stock or trust principal, or current funds		30	
485	32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds .		31 32	
et/	33	Total net assets or fund balances	475.1		
ž	34	Total liabilities and net assets/fund balances	475447		473061 478038
		TOTAL HADHILES AND HEL ASSELSTUNG DAMANCES	548135	34	4/6036

Form 9	90 (2016)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			56033
2	Total expenses (must equal Part IX, column (A), line 25)	2			58419
3	Revenue less expenses. Subtract line 2 from line 1	3		. (	(2386)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	75447
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 O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4	73061
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>		<u> 7</u>
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled 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 audit	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	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 according		2c		<b>\</b>
	If the organization changed either its oversight process or selection process during the tax year, e	oplain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		<b>&gt;</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			For	n <b>990</b>	(2016)

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

	SUM FOUNDATION, INC					45-601		
Par			<del></del>				ns.	
The o 1 2								
3	☐ A hospital or a cooperative hos		•			• •		
4	A medical research organization hospital's name, city, and state	n operated in co					ili). Enter the	
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	d by a governmenta	al unit described in	
6 7								
8	☐ A community trust described in	section 170(b)	)(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organi or university or a non-land-grauuniversity:	nt college of agr	iculture (see instructio	ns). Ente	r the nan	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and un	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more than ection 511 tax) from	າ 33¹/₃% of its	
11	☐ An organization organized and	operated exclusion	sively to test for public	safety. S	See <b>sect</b> l	on 509(a)(4).		
12	An organization organized and of one or more publicly suppo Check the box in lines 12a thro	rted organizatio	ns described in secti	on 509(a	)(1) or se	ection 509(a)(2). See	section 509(a)(3).	
a	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t			
b	Type II. A supporting organ control or management of to organization(s). You must o	the supporting o	rganization vested in	the same				
C	Type III functionally integrits supported organization(						ally integrated with,	
d	Type III non-functionally i that is not functionally integ requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an		
0	Check this box if the organ functionally integrated, or T	ization received Type III non-fund	a written determination	on from the operating of	ne IRS the organizati	at it is a Type I, Type ion.	II, Type III	
f	Enter the number of supported of						1	
g	Provide the following information		T				4.0.4	
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A) No Fo	orth Dakota State University oundation & Alumni Association	23-7120898	5	,		57000		
(B)								
(C)								
(D)								
(E)								
Tata						57000		

Part							
	. (Complete only if you checked the						alify under
Čti	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	4-1 0040	(h) 0040	4 ) 0044	1-D 0045	( ) 0040	(O T-4-1
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		_				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support	( ) 0040	T #1.0040	4 3 0044	1 ( 0 00 ( 0		
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						"
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	*	•			12	
13	First five years. If the Form 990 is for the	_					
Sec.	organization, check this box and stop he			· · · · ·		· · · · ·	· · · <b>&gt;</b> []
<b>Secti</b>	on C. Computation of Public Support Public support percentage for 2016 (line 6)			1 column (6)	<del></del>	14	<u></u> %
15	Public support percentage from 2015 Sch		•			15	<del></del>
16a	331/3% support test—2016. If the organi						
	box and stop here. The organization qua	lifies as a pub	licly supported	organization			▶ 🗆
b							
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the "fac	ne "facts-and-o	circumstances stances" test.	" test, check The organizati	this box and	a, and line
18	Private foundation. If the organization di					k this box and	

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

(Complete only if you checked the box on line 10 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.)

<u> </u>	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support		T	T			
_	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513				<u></u>		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
	on B. Total Support	r	T			, ,	
Calen 9	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon		•		
Secti	on C. Computation of Public Suppor			·			
15	Public support percentage for 2016 (line			3, column (fl)	<del></del>	15	%
16	Public support percentage from 2015 Sch	hedule A, Part	III, line 15 .	. ,,,		16	<u>%</u>
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2016 (						%
18	Investment income percentage from 2015						<u>%</u>
19a	331/2% support tests—2016. If the organ 17 is not more than 331/2%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizati	ion . 🕨 🗌
b	331/2% support tests—2015. If the organization 18 is not more than 331/2%, check this	box and stop h	here. The organ	ization qualifies	as a publicly s	supported organ	nization 🕨 🗌
20	Drivete foundation If the organization di	id not chock a	boy on line 14	100 or 10b	shook thin how	and see instru	ctions -

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 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 by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status 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," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and 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)(2)(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")? If "Yes," and if you checked 12a or 12b 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 discretion 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 used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 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 **EIN** 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 action 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 already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Page	o .

Part	IV Supporting Organizations (continued)		rage
	- Cupporting Organizations (continues)	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ľ
_	below, the governing body of a supported organization?	11a	1
b	A family member of a person described in (a) above?	11b	1
	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	1
	on B. Type I Supporting Organizations	11101	_ <del>_</del> _
	on bi typo i dupporting di guinautorio	Ves	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	10.	110
•	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		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 🗸	
2	Did the expenientian energia for the honefit of any supported expenientian ether than the supported		
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,		
	supervised, or controlled the supporting organization.		1
Saati		2	1 4
Secu	on C. Type II Supporting Organizations	150	1
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	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).		ļ.,,,
		1 [	Ц
Secti	on D. All Type III Supporting Organizations	150	T
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
_		1	
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 <b>Part VI</b> how 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 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	
Secti	on E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructio	1 <b>s</b> ).
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	(see instruc	tions).
	Activities Test Annual (a) and (b) heleur	Vac	Na
2	Activities Test. Answer (a) and (b) below.	Tes	No
а	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.		
L	•	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
	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 regard.	3b	<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
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-functionall instructions).	y int	tegrated Type III support	ing organization (see

Part		<ol><li>Supporting Organi</li></ol>	zations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exc	empt purposes of suppo	orted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5_	Qualified set-aside amounts (prior IRS approval required)						
6_	Other distributions (describe in Part VI). See instructions.						
7_	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2016 from Section C, line 6						
_10	Line 8 amount divided by Line 9 amount						
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
_1_	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2016:						
а							
b							
С	From 2013						
d	From 2014						
е	From 2015						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2016 distributable amount						
i_	Carryover from 2011 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from						
	Section D, line 7:		<u></u>				
<u>a</u>	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2016 distributable amount						
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		ì				
7	Excess distributions carryover to 2017. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а							
b	Excess from 2013						
С	Excess from 2014						
d	Excess from 2015						
е	Excess from 2016						

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A	, Part I, Line 11g, row (A), column (V)
Monetary s	upport includes payments to North Dakota State University Foundation and Alumni Association for a contribution
to the Foss	um Foundation endowment fund, which has a restricted purpose of using the annual distribution of income, as set
by the Inve	stment Committee of the NDSU Foundation & Alumni Association, for ment scholarships at North Dakota State University.
Monetary s	upport also includes payments to North Dakota State University for grants related to scholarships.
.,	

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

Open to

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name o	f the on	ganization			Employer identification number
FOSSI	JM FOL	INDATION, INC.			45-6013302
Par		Organizations Maintaining Donor Adv Complete if the organization answered '			ds or Accounts.
		Complete if the organization answered		dvised funds	(b) Funds and other accounts
1	Total	number at end of year			
2		egate value of contributions to (during year)			
3		egate value of grants from (during year) .		<del>-</del>	
4		egate value at end of year			
5	Did t	ne organization inform all donors and donor are the organization's property, subject to the			
6	only 1	ne organization inform all grantees, donors, a for charitable purposes and not for the benef tring impermissible private benefit?	fit of the donor or o	donor advisor, or fo	
Par		Conservation Easements.	· · · · · · · · · · · · · · · · · · ·		
		Complete if the organization answered '			
1	Pi	ose(s) of conservation easements held by the reservation of land for public use (e.g., recreat rotection of natural habitat reservation of open space olete lines 2a through 2d if the organization he nent on the last day of the tax year.	tion or education)	☐ Preservation of ☐ Preservation of	f a certified historic structure
а		·			
b		acreage restricted by conservation easement			
c		per of conservation easements on a certified h			
ď	Numb	per of conservation easements included in		8/17/06, and not	on a
3	Numb tax ye	per of conservation easements modified, transpar ►	sferred, released, e	xtinguished, or tem	ninated by the organization during the
4		per of states where property subject to conse			
5		the organization have a written policy recons, and enforcement of the conservation ea			
6	Staff a	and volunteer hours devoted to monitoring, inspect	ting, handling of viola	tions, and enforcing o	conservation easements during the year
7	Amou ►\$	nt of expenses incurred in monitoring, inspectin	ng, handling of violati	ions, and enforcing	conservation easements during the year
8		each conservation easement reported on line ection 170(h)(4)(B)(ii)?	2(d) above satisfy t	-	
9	balan	t XIII, describe how the organization reports on the sheet, and include, if applicable, the text of dization's accounting for conservation easement.	of the footnote to th		
Part	Ш	Organizations Maintaining Collections Complete if the organization answered			Other Similar Assets.
1a	works	organization elected, as permitted under SF, of art, historical treasures, or other similar service, provide, in Part XIII, the text of the f	assets held for pi	ublic exhibition, ed	lucation, or research in furtherance of
b	works	organization elected, as permitted under S s of art, historical treasures, or other similar c service, provide the following amounts relati	assets held for pu	ublic exhibition, ed	lucation, or research in furtherance of
	(i) Re	evenue included on Form 990, Part VIII, line 1			<b>. &gt;</b> \$
2	if the	evenue included on Form 990, Part VIII, line 1 isets included in Form 990, Part X organization received or held works of art, ving amounts required to be reported under S	, nistoricai treasure	es, or other similar	assets for financial gain, provide the
а	Reve	nue included on Form 990, Part VIII, line 1s included in Form 990. Part X			

Part	Organizations Maintaining	Collections of A	rt, Historica	Treasures, or (	Other Similar As	sets (continued)
3 .	Using the organization's acquisition, collection items (check all that apply):		er records, ch	eck any of the follo	owing that are a si	gnificant use of its
а	☐ Public exhibition		d 🗌 Loa	n or exchange pro	grams	
b	☐ Scholarly research		e 🗌 Oth			
c	☐ Preservation for future generations	S				
4	Provide a description of the organizar XIII.		nd explain how	they further the o	rganization's exem	pt purpose in Part
5	During the year, did the organization	solicit or receive d	onations of ar	t. historical treasu	res, or other simila	r
•	assets to be sold to raise funds rather					. Ses Ses No
Part			· · · · · · · · · · · · · · · · · · ·			
	Complete if the organization 990, Part X, line 21.		on Form 990	, Part IV, line 9, c	or reported an am	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?					t Yes   No
b	If "Yes," explain the arrangement in P					
					Ar	nount
C	Beginning balance			[7	lc	
d	Additions during the year				ld	
0	Distributions during the year			<i>.</i> .   [-	le	
f	Ending balance			<b>-</b>	1f	
2a	Did the organization include an amount	nt on Form 990. Par	t X. line 21. for	escrow or custod	ial account liability	?   Yes   No
b	If "Yes," explain the arrangement in Pa					
Par			<u> </u>			<u> </u>
	Complete if the organization	answered "Yes"	on Form 990	Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1835523	198502	26 189109	4 1511042	1181304
b	Contributions	12000	7500	***************************************		†
C	Net investment earnings, gains, and	12000	7000	10000	200000	340000
_	losses	98434	-5942	28 5156	2 216481	28838
d	Grants or scholarships	68797	16507			
9	Other expenditures for facilities and	00/9/	10307	3/03	30428	39100
	programs					
f	Administrative expenses					-
9	End of year balance	1877160	183552	198502	6 4804004	4544040
2	Provide the estimated percentage of t					1511042
a	Board designated or quasi-endowmer	•	•	rg, column (a)) nek	. as.	
Ь	Permanent endowment	%	70			
C	Temporarily restricted endowment ▶	····· %				
·	The percentages on lines 2a, 2b, and		nez			
3a	Are there endowment funds not in the			hat are held and a	dministered for the	_
- Cu	organization by:	b possession or the	organization i	ilat are field and a		Yes No
	(i) unrelated organizations					
					• • • • • •	
_	.,					3a(ii) ✓
4	If "Yes" on line 3a(ii), are the related o					3b
	Describe in Part XIII the intended uses		i s endowmen	Tunus.		
Part			an Farm 000	Dort IV line 11e	Coo Form 000	Dark V. line 40
	Complete if the organization		<del></del>			
	Description of property	(a) Cost or othe (investment		t or other basis (c (other)	) Accumulated depreciation	(d) Book value
1a	Land	,	448116			448116
b	Buildings		13520		12500	1020
C	Leasehold improvements					
d	Equipment		7000		7000	0
е	Other		1050		1050	0
Total	Add lines 1a through 1e (Column (d) n	nuct equal Form 99		nn (R) line 10c )		440126

Part VII	Investments - Other Securities				
	Complete if the organization ans				
	(a) Description of security or category (including name of security)	<b>,</b> 	(b) Book value		hod of valuation: -of-year market value
(1) Financial					
	neld equity interests				
(3) Other					
(*)	••				
(B)					<del> </del>
(C) (D)					<del></del>
(E)					
(F)					
(G)			<del></del>	<del></del>	<del></del>
(H)					<u> </u>
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments - Program Related			<u> </u>	
	Complete if the organization ans		m 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	,	(b) Book value	(c) Met	hod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					·
(5)					· <u> </u>
(6)					
(7)					
(9)	11 - 1 - 15 - 000 D-1V - 1 DIE- 101 b				
	b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>		
Part IX	Other Assets. Complete if the organization ans	wordd "Voo" on Eo	m 000 Part IV lin	o 11d Soo Form	990 Part V line 15
		a) Description	III 330, Fait IV, III	e i iu. See i oiiii	(b) Book value
					<b>(4)</b> = 0 = 1 = 0
(2)	<del></del>				
(3)		<del></del>		······································	
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)	<u></u>	<u></u> ▶	<u> </u>
Part X	Other Liabilities. Complete if the organization ans	wered "Yes" on Fo	rm 990, Part IV, lin	e 11e or 11f. Sec	e Form 990, Part X,
	line 25.	5.5	-		
1.	(a) Description of liability	(b) Book value			
(1) Federal in	icome taxes				
(2)		<del> </del>			
(3)					
(5)	<del></del>				
(6)		<u> </u>	<del>-</del>		
(7)					
(8)		<del>                                     </del>			
(9)		<del> </del>			
	b) must equal Form 990, Part X, col. (B) line 25.)	<del> </del>			
	r uncertain tax positions. In Part XIII, prov	ide the text of the footr	ote to the organization	n's financial stateme	ents that reports the
	s liability for uncertain tax positions unde				

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	···
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				<del></del>
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		<del></del>		
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:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	
Part				er Return	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on Form 990,			-	
1				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			
C	Other losses				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ne 18.) .     .		5	·
Part	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar				
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide a	ny additional ir	formation.	
Part V	line 4: The endowment funds are held by the North Dakota State University F	oundation an	d Alumnı Assoc	iation (relat	ed organization)
The an	nual distribution of the endowment is currently being used for NDSU merit so	holarships.			
_,					
Part X,	line 2: The Foundation is a publicly supported organization under Internal Re	venue Code	Section 501(c)(3	, and is cla	ssified
as an o	organization which is not a private foundation. Accordingly the Foundation is	not subject to	federal income	taxes in a	ddition,
the Fo	undation is subject to income tax on net income that is derived from business	activities tha	t are unrelated	o its exemp	t purposes.
The Fo	oundation believes that it has appropriate support for any tax positions taken	affecting its a	nnual filing requ	ıırements, a	nd as such,
does n	ot have any uncertain tax positions that are material to the financial statemer	its. The Found	lation would rec	ognize futu	re accrued
interes	st and penalties related to unrecognized tax benefits and liabilities in income t	ax expense if	such interest a	nd penalties	are
incurre	ed. The Foundation's Form 990-T and other income tax filings required by the	state of North	Dakota are no l	onger subj	ect to tax
exami	nation for years before 2013.				
_,					

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
, PARTS YI and	d XII. The Fossum Foundation does not issue separate audited financial statements.	
AKIS ALGIN	1 All. The Possum Poundation does not issue separate addited illianida statements.	
		*
		***************************************

SCHEDULE (Form 990)

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

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

2016

OMB No. 1545-0047

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

Open to Public Inspection **%**□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Employer identification number ✓ Yes 45-6013302 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance FOSSUM FOUNDATION INC. Department of the Treasury Internal Revenue Service Name of the organization

Part II

Part

Scholarship endowment (h) Purpose of grant or assistance Scholarships 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (e) Amount of non-cash assistance (book, FMV, appraisal, other) 0 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12000 45000 (d) Amount of cash Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) Government 501(c)(3) 23-7120898 45-6002439 (B) EIN 1340 Administration Ave, Fargo, ND 1 (a) Name and address of organization (2) North Dakota State University 1241 Univ Dr N, Fargo, ND 58102 (1) NDSU Foundation or government Q € 9 [2] ල 9 E € 5 €

Schedule I (Form 990) (2016)

Cet. No. 50055P

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

Schedule I (Form 990) (2016)
Part III Grants an

Part III	Grants and Other Assistance to Domestic In Part III can be duplicated if additional space is	mestic Individual space is needed.	als. Complete if the 1.	organization answ	idividuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 needed.	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
7						
4						
တ						100
မွ						
7				,		
Part IV	Part IV Supplemental Information. Provide the inform Part I, line 2: All grants to North Dakota State University Foundation		equired in Part I, lin	e 2; Part III, columnorth Dakota State Univ	nation required in Part I, line 2; Part III, column (b); and any other additional information. and Alumni Association and North Dakota State University are in accordance with the Foundation's st	nation required in Part I, line 2; Part III, column (b); and any other additional information. and Alumni Association and North Dakota State University are in accordance with the Foundation's stated purpose
of assisting	of assisting in carrying out the purposes of the NDSU Foundation. The Foundation's Board of Directors reviews reports on the issued funds at its annual meeting.	tion. The Foundation	i's Board of Directors rev	iews reports on the Issu	ed funds at its annual meeting.	
The use of	The use of the grant funds are monitored throughout the year through the scholarship process of the NDSU Foundation's Donor Compliance Services department. In addition, the Foundation relies	through the scholars	thip process of the NDSI	J Foundation's Donor C	ompliance Services department	In addition, the Foundation relies
on the Univ	on the University to monitor appropriate use of funds.					
	!					
						Schedule I (Form 990) (2016)

### 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

2016

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

Name of the organization	Employer identification number
FOSSUM FOUNDATION, INC.	45-6013302
Form 990, Part VI, Section A, line 2: Burdell Fossum, Clyde Fossum, and Karen Morrison have a family relationship.	
line 8b <sup>.</sup> There were no meetings of the Executive Committee	
Section B, Line 11b Before filing, the completed 990 was reviewed in detail by Allyson Peters	erson, Assistant Secretary/Treasurer.
After filing, a copy of the filed 990 was delivered via e-mail to the comp	olete board.
Section B, Line 15 <sup>-</sup> Fossum Foundation has no employees. Management services are prov	lded by North Dakota State University
Foundation and Alumni Association, the supported organization	
Section C, Line 19 <sup>-</sup> The Foundation's governing documents and financial statements (cons	colidated with supported organization) are
made available to the public upon request.	
Form 990 Part VII, Section A, 1a, Line (8)(b). Allyson Peterson, Assistant Secretary/Treasurer of the Foundation is the S	enior Vice President of Finance and
Operations/CFO of the supported organization, North Dakota State University	sity Foundation & Alumni Association.
Form 990, Part XII, Line 2b. The financial data of the Foundation is included in the audit of the consolidated fin	nancial statements of the supported
organization, North Dakota State University Foundation & Alumni Association.	
Form 990, Part XII, Line 2c: The Finance & Audit Committee of the supported organization, North Dakota State	e University Foundation & Alumni
assumes responsibility for oversight of the consolidated financial statements and so	election of independent auditor
·	
·	
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### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, ilne 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.

Department of the Treasury Internal Revenue Service Name of the organization FOSSUM FOUNDATION, INC.

Inspection

OMB No. 1545-0047

2016

Open to Public

Part I	Identification of Disregarded Entities. Complete i	if the organization	answered "Yes"	on Form 990, Par	t IV, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	Prim	(b) sary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(a) ind-of-year assets	(f) Direct controlling entity
_(1)							
(2)			<del></del>				
(3)							
(4)							_
(5)							
(6)			-				
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during	ons. Complete if t ig the tax year.	he organization a	nswered "Yes" or	n Form 990, Part	V, line 34 becau	se it had
	Name address and SIN of related paramitation	(b) Primery activity	(c)	(d) Example Code section	(c)	Direct controlling	Section 5120413

(a) Name, address, and EIN of related organization	(b) Primery activity	(c) Legal domicile (state or foreign country)	(d) Exampt Code section	(a) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section : cont ent	rolled
						Yes	No
(1) North Dakota State University Foundation and Alumni Assocation		l					<b>,</b>
	Support NDSU	ND	501(c)(3)	5	N/A	<b></b>	<del>                                     </del>
(2)							
(3)							
(4)							
(5)				-			
(6)	_				_		
<u>m</u>							

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Cat. No. 50135Y

Schedule R (Form 990) 2016

	(a) fress, and EIN of organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomment income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Desprop	h) ortonete tions?	(f) Code V—UB/ amount in box 20 of Schedule K-1 (Form 1065)	Geni	(i) eral or eging ther?	(k) Percentage ownership
			i			l	<u> </u>	Yes	No		Yes	No	1
(1)													
(2)													
(3)			<u> </u>	<del>                                     </del>				_			<del>                                     </del>	<u> </u>	
(4)			1								-		
(5)		<del></del>					<del> </del>			<u> </u>	-	-	
(6)			_	<del>                                     </del>		<u> </u>	<u> </u>	-	_		<del> </del>	<b> </b>	-
n			_	<del> </del>			<del>                                     </del>			<u></u>	-	<u> </u>	<u> </u>

Name, address, and EIN of related organization

Primary activity

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Schedule R (Form 990) 2016

Part	Transactions With Related Organizations. Complete if the organization answ	rered "Yes" on Form	990, Part IV, line 3	4, 35b, or 36.
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	zations listed in Parts	11–IV?
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			18
b	Gift, grant, or capital contribution to related organization(s)			1b 🗸
С	Gift, grant, or capital contribution from related organization(s)			1c 🗸
d	Loans or loan guarantees to or for related organization(s)			1d 🗸
е	Loans or loan guarantees by related organization(s)			10 🗸
f	Dividends from related organization(s)			11
9	Sale of assets to related organization(s)			1g 🗸
h	Purchase of assets from related organization(s)			1h
j	Exchange of assets with related organization(s)			11
j	Lease of facilities, equipment, or other assets to related organization(s)	•		
k	Lease of facilities, equipment, or other assets from related organization(s)			1k V
ï	Performance of services or membership or fundraising solicitations for related organization(s)			
m	Performance of services or membership or fundraising solicitations by related organization(s)			1m 🗸
	Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)			10 1
	Shanng of paid employees with related organization(s)			10 7
•	origing of paid origination organization (c)			
P	Reimbursement paid to related organization(s) for expenses			1p 🗸
q	Reimbursement paid by related organization(s) for expenses			1g   🗸
	Other transfer of cash or property to related organization(s)			
2	If the answer to any of the above is "Yes," see the instructions for information on who must o	complete this line, Incl	ding covered relation	ships and transaction thresholds.
	(m) Name of related organization	(b) Transaction type (a-q)	(c) Amount involved	Method of determining amount involved
(1) No	rth Dakota State University Foundation and Alumni Association	Ь	12000	General Ledger
(2)				
(3)				
(4)				
				· · · · · · · · · · · · · · · · · · ·
(5)			<del></del>	
<u>(6)</u>		<del> </del>		Schedule R (Form 990) 2016

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	minarit Are all pr (related, , excluded 501(c ox under organiza		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or meneging pertner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)					,								
(2)													
(3)													
(4)										-			
(5)													
(6)					-								
(7)													
(8)													
(9)													
(10)													<del></del> -
(11)													
(12)													
(13)													
(14)		-											
(15)													
(16)													
					_					0-1-	44.6		n 0000 2016

Schedule R (Form 990) 2016

Schedule R (i	Form 990) 2016 Page
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.
Schedule F	R, Part V, Line 2 (1):
Gifts, gran	s, or capital contributions to related organization includes the following:
\$12,000 wa	s contributed to the Fossum Foundation endowment fund held by the NDSU Foundation and Alumni Association, which has a
restricted p	ourpose of using the annual distribution of income, as set by the Investment Committee of the NDSU Foundation and Alumni
Association	n, for ment scholarships at North Dakota State University.
	***************************************