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Form <b>990-T</b>	E	Exempt Organization Bus	sine	ss Income T	ax Returr	·  -	OMB No 1545-0687
		(and proxy tax und			- 20 001	_	2017
	For ca	allendar year 2017 or other tax year beginning JUL 1				<u>.8</u>	ZU 11
Department of the Treasury Internal Revenue Service	<b></b>	► Go to www.irs.gov/Form990T for in  Do not enter SSN numbers on this form as it may					Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name of	changed	and see instructions.)		(Emplo	yer identification number byees' trust, see ctions)
B Exempt under section	Print	Bismarck State College	e Fo	undation		4	5-0358929
X 501(c)(3 0)	or	Number, street, and room or suite no. If a P.O. bo	x, see in	structions.			ted business activity codes structions)
408(e)220(e)	Туре	PO Box 5587				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
408A 530(a) 529(a)		City or town, state or province, country, and ZIP of Bismarck, ND 58506-55		n postal code		531	120
C Book value of all assets		F Group exemption number (See instructions.)	<b></b>				
48,986,6	554.	G Check organization type ► X 501(c) cor	poration	501(c) trust	401(a)	trust	Other trust
H Describe the organization	n's prim	ary unrelated business activity.   Rental	of	commercial 1	real prop	erty	Υ
I During the tax year, was	the corp	poration a subsidiary in an affiliated group or a pare	nt-subs	diary controlled group?	▶ [	Yes	x No
		itifying number of the parent corporation.					
		Kari Knudson				701	
Part I Unrelate	d Trac	de or Business Income	,	(A) Income	(B) Expenses	3	(C) Net
1a Gross receipts or sal	es				*		•
b Less returns and allo		c Balance	1c_		3		
2 Cost of goods sold (			2				•
3 Gross profit. Subtrac			3				
4a Capital gain net incor	•	•	4a				
		Part II, line 17) (attach Form 4797)	4b				
c Capital loss deductio		-	4c				
	_	nips and S corporations (attach statement)	5				
6 Rent income (Schedi			6	200 220	226 0		142 266
7 Unrelated debt-finance			7	380,229.	236,8	65.	143,366.
8 Interest, annuities, ro	yalties, a	and rents from controlled organizations (Sch. F)	8				-
	ika secili	on 501(c)(7), (9), or (17) organization (Schedule G		-			
10 Explored exempt act	Sabadul	o IV	10				
12 Other income (See In	och Afia	os atron schodula)	12				
13 Total. Combine lines	_ ~	7	13	380,229.	236,8	63.	143,366.
		ot Taken Elsewhere (See instructions for			23079	0 3 4	143,3000
		utions, deductions must be directly connecte			income)		
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14	
15 Salaries and wages	,	(00.0000, 0.00000				15	
16 Repairs and mainter	nance					16	
17 Bad debts						17	
18 Interest (attach scho	edule)					18	
19 Taxes and licenses						19	4,608.
20 Charitable contribut	ions (Se	e instructions for limitation rules)		See State	ement 3	20	13,726.
21 Depreciation (attach	Form 4	562)		21	127,858.		
22 Less depreciation c	laimed o	n Schedule A and elsewhere on return		22a	127,858.	22b	0.
23 Depletion						23	·
24 Contributions to def		· ·				24	
25 Employee benefit pr	-					25	<del></del>
26 Excess exempt expe		-				26	<u>.                                    </u>
27 Excess readership of	-	•		a -· ·		27	
28 Other deductions (a		•		See State	ement 2	28	500.
29 Total deductions A		•				29	18,834.
		income before net operating loss deduction. Subtra	ct line 2	9 trom line 13		30	124,532.
		n (limited to the amount on line 30)		••		31	104 530
		income before specific deduction. Subtract line 31 f		30		32	124,532.
		ly \$1,000, but see line 33 instructions for exception		W ( 00 / · · ·	-N	33	1,000.
34 Unrelated business line 32	taxable	e income Subtract line 33 from line 32. If line 33 is	greater	tnan line 32, enter the sm	aller of zero or	34	123,532.

Form 990-1	(2017) Bismarck State College Foundation 45-0	J358929	Page Z
Part I			
35\	Organizatione Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) \$ (3) \$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		
_	(2) Additional 3% tax (not more than \$100,000)		
c	Income tax on the amount on line 34  See Statement 4	▶ 35c	28,707.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
•	Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	4 40	28,707.
Part I			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a		
	Other credits (see instructions) 41b		
C	General business credit. Attach Form 3800 41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 41d		
	Total credits Add lines 41a through 41d	4 le	
42	Subtract line 41e from line 40	42	28,707.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	11	
44		48 44	28,707.
	Payments: A 2016 overpayment credited to 2017		
	2017 estimated tax payments 506 456 25,00	00.	
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions)  45d	7	
	Backup withholding (see instructions) 45e		
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f		
g	Other credits and payments: Form 2439		
·	Form 4136 Other Total 45g		
46	Total payments. Add lines 45a through 45g	46	25,000.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 53	48	3,707.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	▶ 49	
50	Enter the amount of line 49 you want Credited to 2018 estimated tax	<b>▶</b>   50	
Part \	Statements Regarding Certain Activities and Other Information (see instructions)	1	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		
	here >		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	7	X
	If YES, see instructions for other forms the organization may have to file.		
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	_	
۵.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ıy knowledge and belie	ef, it is true,
Sign		May the IRS discu	ss this return with
Here '	Suprature of officer  Date    11-14-18   Executive Director   Tutle	the preparer show	
	Signature of officer Date Title	instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	self- empl	,	
Prepa	rer Lisa Chaffee, CPA Lisa Chaffee, CPA 11/12/18		<u>.93453</u>
Use C	Only Firm's name ► EIDE BAILLY LLP Firm's El	N ► 45-0	250958
	1730 BURNT BOAT LOOP, STE.100		
	Firm's address ► BISMARCK, ND 58503-0886 Phone no	o. 701-255	
		For	m <b>990-T</b> (2017)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation N/A		·-·		~	
1 Inventory at beginning of year 1 6 Inventory at end of year						6	•	
2 Purchases	2		7 Cost of goods sold. Su	•	ine 6			
3 Cost of labor	3		from line 5. Enter here					
4a Additional section 263A costs			line 2		,	7		
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a		•		:	
5 Total. Add lines 1 through 4b	5		the organization?				7	
Schedule C - Rent Income (	From Real	Property and		Lease	ed With Real Pro	perty	1)	
(see instructions)							<u> </u>	
1 Description of property								
(1)			***					
(2)		•		_				
(3)					_			
(4)		•	•					
	2. Rent receive	d or accrued						
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than	of rent for pe	d personal property (if the percentarsonal property exceeds 50% or if is based on profit or income)	ige	3(a) Deductions directly columns 2(a) an	connect d 2(b) (a	ted with the income ttach schedule)	ın
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		er <b>&gt;</b>	-	0.	(b) Total deductions Enter here and on page 1, Part I, line 8, column (8)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see II	nstructions)					
			2 Gross income from		3 Deductions directly control debt-finance			
1 Description of debt-fina	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	<b>a</b> .	(b) Other deductio (attach schedule)	)
	_ '33'		505 450		<u></u>	Sta	atement	
(1) Commercial Office	e Buildi	ng	535,459.			<del> </del>	333,5	<u>,63.</u>
(2)								
(3)						-		
(4)	<u> </u>		1-11-11			+		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al	adjusted basis locable to ced property schedule)	<ol><li>Column 4 divided by column 5</li></ol>		7. Gross income reportable (column 2 x column 6)	(c	8 Allocable deduction 6 x total of column 6 x total of column 3(a) and 3(b))	olumns
Statement 6 (1) 4,567,985.		433,222.	71.01%		380,229	+	236,8	363
(2)		433,222.	/1.01 <u>%</u> %		300,223	<del>-</del>	230,0	<del>, 0 3 .</del>
(3)			%			+		
	· · · · · · · · · · · · · · · · · · ·		%			+	,	
(4)					inter have and an over 4	+ -	ntor have c= -1	
					inter here and on page 1, Part I, line 7, column (A)		nter here and on par Part I, line 7, column	
Totals					380,229		236,8	163
Total dividends-received deductions inc	cluded in column	8		L	300,423	•	430,0	0.
Term erricence reserved deductions inc		<del>-</del>				-1	Form <b>990-1</b>	
								/

## Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				***************************************		
(2)					•	,
(3)			]			
(4)		<u> </u>				
Totals (carry to Part II, line (5))	0.	0.				0.
						Form 990-T (2017)

0.

rait		•	•	i ate basis (i oi eac	ar periodical liste	u ii rait ii, iii ii			
	columns 2 through 7 on a line-by-line basis.)								
	1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)									
(2)									
(3)									

0.

Enter here and on page 1, Part I, line 11, col (B)

0.

Enter here and on page 1, Part I, line 11, col (A).

1 Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

Enter here and on page 1, Part II, line 27

(4)

Totals from Part I

# Department of the Treas Internal Revenue Service

### **Alternative Minimum Tax - Corporations**

Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123

45-0358929 Bismarck State College Foundation Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). Taxable income or (loss) before net operating loss deduction 123,5<u>32.</u> Adjustments and preferences: a Depreciation of post-1986 property 2a b Amortization of certified pollution control facilities 2b c Amortization of mining exploration and development costs 2с d Amortization of circulation expenditures (personal holding companies only) 2 J e Adjusted gain or loss 2e f Long-term contracts 2f Merchant marine capital construction funds 2g Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2h Tax shelter farm activities (personal service corporations only) 2i Passive activities (closely held corporations and personal service corporations only) 2j Loss limitations 2k Depletion 21 m Tax-exempt interest income from specified private activity bonds 2m n Intangible drilling costs **2**n <u>-9,58</u>9. Other adjustments and preferences Statement 9 20 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 113,943 3 3 Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions 241,801. 4a b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions 127,858 4b c Multiply line 4b by 75% (0.75). Enter the result as a positive amount 4c 95,894 d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions Note: You must enter an amount on line 4d (even if line 4b is positive) 4d e ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c 95,894. • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 209,837. Combine lines 3 and 4o. If zero or less, stop here; the corporation does not owe any AMT 5 Alternative tax net operating loss deduction. See instructions 6 7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions 209,837. 8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): a Subtract \$150,000 from line 7. If completing this line for a member of a controlled 59,837 group, see instructions. If zero or less, enter -0-8a 14,959. **b** Multiply line 8a by 25% (0.25) c Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-25,041. 8c 184,796. 9 Subtract line 8c from line 7. If zero or less, enter -0-9 36,959. 10 Multiply line 9 by 20% (0.20) 10 11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions 11 Stmt 10 Blended Rate 18,631. 12 Tentative minimum tax. Subtract line 11 from line 10 12 28.707. 13 Regular tax liability before applying all credits except the foreign tax credit 10 14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 14 Form 4626 (2017)

\* See also

JWA For Paperwork Reduction Act Notice, see separate instructions

Statement 8

		➤ See ACE Worksheet Inst	ructions.	<del> </del>		······································
	Description of AMATI February assessment from the Co.	-45 4000				112 042
1	Pre-adjustment AMTI. Enter the amount from line 3 of	ot Form 4626			1 -	113,943.
2	ACE depreciation adjustment		10.1	107 050		
	a AMT depreciation		2a	127,858.		
	b ACE depreciation:	[0.74]				
	(1) Post-1993 property	2b(1)				
	(2) Post-1989, pre-1994 property	2b(2)				
	(3) Pre-1990 MACRS property	2b(3)	_			
	(4) Pre-1990 original ACRS property	2b(4)	.			
	(5) Property described in sections					
	168(f)(1) through (4)	2b(5)				
	(6) Other property	2b(6)				
	(7) Total ACE depreciation. Add lines 2b(1) through	•	2b(7)			
(	c ACE depreciation adjustment. Subtract line 2b(7) fro	m line 2a			2c	127,858.
3	Inclusion in ACE of items included in earnings and pr	rofits (E&P):	1 1			
â	a Tax-exempt interest income		3a			
t	b Death benefits from life insurance contracts		3b			
(	c All other distributions from life insurance contracts (	ıncludıng surrenders)	3c			
•	d Inside buildup of undistributed income in life insuran	nce contracts	3d			
•	e Other items (see Regulations sections 1.56(g)-1(c)(6	6)(III) through (IX)				
	for a partial list)		3e	<u></u>	1	
f	f Total increase to ACE from inclusion in ACE of items	included in E&P. Add lines 3a thro	ugh 3e		3f	
4	Disallowance of items not deductible from E&P:					
í	a Certain dividends received		4a			
t	Dividends paid on certain preferred stock of public utilities that	at are deductible under section 247 (as				
	affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19	9, 2014, 128 Stat 4043)	4b			
(	c Dividends paid to an ESOP that are deductible under	section 404(k)	4c			
(	d Nonpatronage dividends that are paid and deductible	e under section				
	1382(c)		4d			
•	e Other items (see Regulations sections 1.56(g)-1(d)(3	3)(ı) and (ıı) for a				
	partial list)		4e			
f	f Total increase to ACE because of disallowance of iter	ms not deductible from E&P. Add l	ines 4a through 4	1e	4f	
5	Other adjustments based on rules for figuring E&P:		1 1			
	a Intangible drilling costs		5a			
t	Circulation expenditures		5b			
C	C Organizational expenditures		5c			
C	d LIFO inventory adjustments		5d			
•	e Installment sales		5e		}	
f	f Total other E&P adjustments. Combine lines 5a throu	ugh 5e			5f	
5	Disallowance of loss on exchange of debt pools				6	
7	Acquisition expenses of life insurance companies for	r qualified foreign contracts			7	
В	Depletion				8	
9	Basis adjustments in determining gain or loss from s	sale or exchange of pre-1994 prope	erty		9	
0	Adjusted current earnings Combine lines 1, 2c, 3f,	4f, and 5f through 9. Enter the resi	ult here and on lii	ne 4a of		
_	Form 4626				10	241,801.

1

#### Footnotes

Statement

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

The organization is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f).

Form 990-T	Other Deductions	Statement	2
Description		Amount	
Professional Fees		50	00.
Total to Form 990-T, Page 1,	line 28	50	00.

Form 990-T	Contributions Summary		Statement	3
Qualified Contribu	tions Subject to 100% Limit			
Carryover of Prior For Tax Year 201 For Tax Year 201				
For Tax Year 201 For Tax Year 201 For Tax Year 201	585,725 5 265,254			
Total Carryover Total Current Year	10% Contributions	995,731		
Total Contribution Taxable Income Lim	as Available nitation as Adjusted	995,731 13,726		
Excess 10% Contrib Excess 100% Contri Total Excess Contr	butions	982,005 0 982,005		
Allowable Contribu	tions Deduction	-	13,	726
Total Contribution	Deduction	_	13,	726

Form	990-T Line 35c Tax Computation	on		Statement	4
1.	Taxable Income		123,532		
2.	Lesser of Line 1 or First Bracket Amount		50,000		
3.	Line 1 Less Line 2		73,532		
4.	Lesser of Line 3 or Second Bracket Amount		25,000		
5.	Line 3 Less Line 4		48,532	,	
6.	Income Subject to 34% Tax Rate		48,532		
7.	Income Subject to 35% Tax Rate		0		
8.	15 Percent of Line 2		7,500		
9.	25 Percent of Line 4		6,250		
10.	34 Percent of Line 6		16,501		
11.	35 Percent of Line 7		0		
12 <sup>.</sup> .	Additional 5% Surtax		1,177		
<b>1</b> 3.	Additional 3% Surtax		0		
14.	Total Income Tax		_	31,	428
			-		
15.	Tax at 21% Rate effective after 12/31/2015	7 =	25,942		
	Da	ays			
16. 17.		18 <b>4</b> 181	15,843 12,864		
18.		365 ====		28,	707

Form 990-T	Schedule E - Other	Deductions		Statement 5
Description		Activity Number	Amount	Total
Depreciation Interest Expense Accounting and Legal Repairs Management Salaries Insurance	Fees - SubTotal -	. 1	180,056. 139,279. 4,295. 400. 7,883. 1,650.	333,563.
Total of Form 990-T,	Schedule E, Column	3(b)		333,563.
	Average Acquisition locable to Debt-Fin		rty	Statement 6
Description		Activity Number	Amount	Total
Average Debt	- SubTotal -	1	4,567,985.	4,567,985.
Total of Form 990-T,	Schedule E, Column	4		4,567,985.

Form 990-T	orm 990-T Average Adjusted Basis of or Allocable to Debt-Financed Property			Statement	7
Description		Activity Number	Amount	Total	•
Average Basis	- SubTotal -	1	6,433,222.	6,433,2	22.
Total of Form 990	-T, Schedule E, Column	5		6,433,2	22.

Form 4626	AMT Contributions		Statement	8
Carryover of Prior Ye For Tax Year 2012	ars Unused Contributions			
For Tax Year 2013				
For Tax Year 2014		585,725		
For Tax Year 2015 For Tax Year 2016		265,254 144,752		
Total Carryover Current Year Contribu	tions		995,	731
Total Contributions 10% of Taxable Income	as Adjusted		995, 23,	
Excess Contributions			972,	416
Allowable Contributio	ns		23,	315
AMT charitable deduct Regular contribution			23, 13,	
AMT contribution adju			-9,	

Form 4626	Other AMT Adjustments	Statement	9
Description		Amount	
Charitable Contributions		-9,589.	
Total to Form 4626, Line 20		-9,589.	

•	Tentative Minimum Tax (TMT)	Proration	Statement	10
Tentative mimimum tax	for the entire year	36,959.		
TMT in effect before	01/01/2018	36,959.		
TMT in effect after 1	2/31/2017	0.		
	Days			
	er of days in 2017 184 er of days in 2018 181	18,631. 0.		
TMT prorated			18,6	31.