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Form **990** 

Department of the Treasury

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

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public
Inspection

пеша	Revenue .	Service		,	•		•	Inspection
A Fo	rthe 2	2008 ca	lendar yea	ar, or tax year beginning 10-01-200	08 and ending 09-30-2009		D Employer iden	tification number
_		plicable	Please	C Name of organization DAKOTA MEDICAL CHARITIES				
Add	Iress cha	ange	use IRS label or	Doing Business As	45-0368679 E Telephone nur			
- Nar	ne char	nge	print or type. See	boiling Business vis			•	
Inıt	ıal retur	'n	Specific Instruc-	Number and street (or P O box if ma	nl is not delivered to street address	s) Room/suite	(701) 271-0	
– Ter	mınatıoı	n	tions.	4152 30TH AVE S No 102			<b>G</b> Gross receipts \$	34,624,624
- Am	ended r	eturn		City or town, state or country, and ZI	P + 4			
– App	olication	pending		FARGO, ND 581038403				
		ľ	F Nar		r	H(a) To thu		
				ck Traynor		affiliat	s a group return f es?	TYes ▼No
				30TH AVE S No 102				
			FARGO	D,ND 581038403			affiliates included	
Tax	x-exem	pt status	▼ 501(c	c) ( 3 ) ◀ (insert no )	r <b>Г</b> 527		," attach a list( o exemption num	see instructions)
						H(c) Group	exemption num	Del 🗜
W	ebsite	:: <b>=</b> - WW	W DAKME	D ORG				
(Тур	e of org			tion Trust Association Other 🕨		L Year of for	mation 1982 <b>M</b>	State of legal domicile ND
Pa	rt I	Sumn						
				ne organization's mission or most :				
Ų		Carry of	it the char	ritable health related purposes of	Dakota Medical Foundation			
▋								
Ĭ								
ankellidilee	2	Check tl	hıs box ►	 if the organization discontinued	its operations or disposed o	of more than :	25% of its asset	s
	3	Number	of voting i	members of the governing body (P	art VI, line 1a)		3	1
<b>6</b>				ndent voting members of the gove				1
Ű				mployees (Part V, line 2a)				
				olunteers (estimate if necessary)				8
Ì				ated business revenue from Part V				
		_		iness taxable income from Form 9		•	7a 7b	
	, b	Net unite	nateu bus	The 33 taxable income from 1 orin 5		Deia	r Year	Current Year
		C + h		d		Pilo		
<u>≗</u>	8			d grants (Part VIII, line 1h)		715	130,000	
en	9	_		revenue (Part VIII, line 2g) .		2 764 702	0	
Raveni	10			me (Part VIII, column (A), lines 3		-2,761,783	-6,138,550	
_	11			Part VIII, column (A), lines 5, 6d,			0	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)					-2,761,068	-6,008,550
	13			ar amounts paid (Part IX, column			3,144,934	1,343,637
	14			or for members (Part IX, column (A			, ,	0
	15			ompensation, employee benefits (		_		
\$		10)	-,	(			601,696	698,352
Expenses	16a	Profess	sional fund	draısıng fees (Part IX, column (A),	, lıne 11e)			0
ŝ	ь	Total fur	ndraising exp	penses (Part IX, column (D), line 25) 🛌	),604			
ш	17			(Part IX, column (A), lines 11a-1			577,916	512,705
	18			Add lines 13-17 (must equal Par			4,324,546	2,554,694
	19		•	penses Subtract line 18 from line			-7,085,614	-8,563,244
5 %						Beginni	ng of Year	End of Year
200	20	Totala	ssets (Da	rt X, line 16)			67,433,032	60,727,404
7 TE							, ,	
net Assets or Fund Balances	21		•	Part X, line 26)			1,450,907	811,510
	22			nd balances Subtract line 21 from	1 line 20		65,982,125	59,915,894
Par	t II		ature Bl			1 1 2 2		
				erjury, I declare that I have examined thi correct, and complete Declaration of pre				
		****		, , ,	,	2010-		,
Sign		I B	ture of office	<del>_</del> er		Date	00 13	
lere	-	1 Patr	nck Traynor	President				
			or print nam					
		D			Date CI	heck if	Preparer's identify	ung number
)_! -!		Preparer's		CHAFFEE CPA	2010-08-13 se	elf	(see instructions)	ing number
Paid		,	<u> </u>		er	npolyed 🕨 🦵		
•	arer's	Firm's na if self-em	me (or your	rs EIDE BAILLY LLP			EIN Þ	
Jse (	ן אוויכ		and ZIP + 4	4310 17TH AVE S PO BOX 2545				
				FARGO, ND 581082545			Phone no 🕨 (70	1) 239-8500
	<u> </u>	·	- 4h uctio		2 /			Evan Ena

#### Part III Statement of Program Service Accomplishments (see instructions.)

1	Briefly	describe	the	organization'	s	mıssı	on

1	Briefly describe the	organization's mission							
		operates exclusively for out the charitable health	•		nal purposes exclusively for al Foundation	the benefit of, to perform the			
2	Did the organization the prior Form 990 c		nt program se	rvices during the yea	r which were not listed on	┌ Yes ┌ No			
	If "Yes," describe th	ese new services on Sc	hedule O						
3		cease conducting, or m			onducts, any program	┌ Yes ┌ No			
	If "Yes," describe these changes on Schedule O								
4	Section 501(c)(3) a		ons and sectio	n 4947(a)(1) trusts	e largest program services b are required to report the am service reported				
4a	(Code	) (Expenses \$	1,433,281	ıncludıng grants of \$	1,083,637 ) (Revenue \$	)			
	improving health and a special needs of the coi	ccess to healthcare services w mmunity within the Foundation	vith a special emp ons' traditional se	phasis on children. The Fo rvice area. During 2009, t	Foundations") are recognized lead- undations place particular emphasi he Foundations focused their grant tiveness Continued on schedule O	s on projects that address the			
	(6-1-	) /F	F12.670		260,000 \ / Parrama +	,			
4b					260,000 ) (Revenue \$ I this multi-year initiative in 2009 to				
	collaboration to improve		ıntegrate best p	ractices through the engag	nty, MN The initiative's overall stra gement of community sectors of go tile O				
	(Code	) (Expenses \$	185,349	including grants of \$	) (Revenue \$	)			
40	Organizational Effective needed programs that i invest in critical organiz	nessImpact Institute The Fo mprove access to healthcare ational assessments, strategi e Foundations have supporte	undations recogni and the health of planning and hig	ize the challenges that ma f people in the region No ghly effective fundraising	any nonprofit health related organiz nprofit organizations often lack exp efforts to ensure their organization' sions for partner organizations thro	ertise and financial resources to s effectiveness and sustainability			
	0.41	(Dana 1	4.1. 0.1						
4d		ices (Describe in Sche	•	· <b>^</b>	) (Davianus #	,			
	(Expenses \$		ıdıng grants of	<u> </u>	) (Revenue \$	J			
4e	Total program serv	ice expenses►\$	2,132,30	0 (Must equal Part I	X, Line 25, column (B).)				

Part IV	Checklist of	Required	Schedules
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			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 $A^{\bullet \bullet}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{2}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο

#### Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No

-orm	990 (2008)			Page				
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>				
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes					
	Statements filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country							
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo				
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c						
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo				
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).							
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		No				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h						
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_						
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	8		No				
э a	Did the organization make any taxable distributions under section 4966?	9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter	•						
а	Initiation fees and capital contributions included on Part VIII, line 12   10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources 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						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							

(701) 271-0263

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 14			
b	Enter the number of voting members that are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο
Se	ction B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νο
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			
	The organization's CEO, Executive Director, or top management official?	15a	Yes	
Ь	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	nızatıor	n 🕨
	David Gibb 4152 30th Avenue South Suite 102 Fargo, ND 58104			

## Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
  - List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee or key employee										
	(B) Average hours per week	(C) Position (check all that apply)	Position (check all						(E)	(F)
<b>(A)</b> Name and Title		x <u>I</u> ndividual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Joel Haugen MD Chairman	4 00	Х		х				0	0	0
Jon Wanzek Secretary	2 00	Х		х				0	0	0
Richard Vetter MD Vice Chair	2 00	Х		х				0	0	0
Curt Noyes Treasurer	2 00	Х		х				0	0	0
Tony Grindberg Director	2 00	Х						0	0	0
David Clutter MD Director	2 00	Х						0	0	0
Bruce Domm MD Director	2 00	X						0	0	0
Jay Eisenbeis Director	2 00	Х						0	0	0
Chris Kennelly Director	2 00	Х						0	0	0
Deb Magnuson RN Director	2 00	Х						0	0	0
Ann Malmberg RN Director	2 00	Х						0	0	0
Susan Mathison MD Director	2 00	Х						0	0	0
Donald Matthees MD Director	2 00	Х						0	0	0
Kevin Melicher OD Director	2 00	Х						0	0	0
Fadel Nammour MD Director	2 00	Х						0	0	0
Larry Leitner Director	2 00	Х						0	0	0
Jane Skalsky RN Director	2 00	Х						0	0	0

from the organization ►1

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		(C) Position (check all that apply)					(D)	(E)	(F Estim	- 1	
<b>(A)</b> Name and Tıtle	(B) A verage hours per week	(A) ne and Title A verage hours per		Reportable compensation from related organizations (W- 2/1099-	amou oth comper from organi and re organiz	nsation the zation lated					
Mike Warner Director	2 00	Х						0	0		0
David Gibb Finance Director	20 00			х				104,697	0		35,864
J Patrick Traynor President	20 00		$\perp$	х				0	201,448		50,187
			$\pm$								
			_								
			+								
			+	-	-						
				<u></u>		<u></u>		104,697	201,448		86,051
2 Total number of compensation		s (including those in 1a) who rece anization <b>⊩</b> 1	ıved m	ore	thar		0,00	0 ın reportable			
3 Did the organiz	zatıon lıst ar	y <b>former</b> officer, director or trust	ee, key	/ em	ploy	ee, o	- hıgl	hest compensate	d employee	Yes	No
on line 1a? <i>If</i> '	"Yes," comple	ete Schedule J for such individual		•	•		•		з		No
	nd related or	I line 1a, is the sum of reportable ganizations greater than \$150,00							om the	Yes	
		ne 1a receive or accrue compens n? <i>If "Yes," complete Schedule J fo</i>					ated •	organization for s	ervices 5		No
Section B. Ind	ependent	Contractors									
		ır five highest compensated indep n from the organization	enden	t co	ntra	ctors	that	received more th	an		
	·	(A) Name and business address						Descriptio	(B) on of services	(C Compe	
SEI Investment Managen 1 Freedom Valley Drive Oaks, PA 19456	nent							Investment Mana	agement		140,940
		t contractors (including those in									

			(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
<b>\$</b> \$	1a	Federated campaigns 1a				
즐걸	ь	Membership dues 1b				
عَ ق	c	Fundraising events 1c	_			
ma ra	d	Related organizations 1d	-			
ᅙᆖ			_			
er Erio	е		_			
er:	f	All other contributions, gifts, grants, and 1f 130,00 similar amounts not included above	0			
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$				
2 E	h	Total. Add lines 1a-1f	130,000			
en:	2a	Business Code	4			
¥er						
윤	Ь					
- Ce	C					
<u>2</u>	d					
5	e					
Program Serwoe Revenue	f	All other program service revenue				
4	g	<b>Total.</b> Add lines 2a-2f				
	3	Investment income (including dividends, interest				
		and other similar amounts)	2,264,658			2,264,658
	4	Income from investment of tax-exempt bond proceeds $\dots$				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross Rents				
	ь	Less rental				
	_	expenses Rental income	-			
	°	or (loss)				
	d	Net rental income or (loss)				
		(i) Securities (ii) O ther				
	7a	Gross amount 32,229,966 from sales of				
		assets other than inventory				
	Ь	Less cost or 40,633,174				
		other basis and sales expenses				
	c	Gain or (loss) -8,403,208				
	d	Net gain or (loss)	-8,403,208			-8,403,208
	8a	Gross income from fundraising				
Φ		events (not including				
둤		\$				
Ž		of contributions reported on line 1c) See Part IV, line 18				
Č		a				
Ē	ь	Less direct expenses b				
Other Revenue	c	Net income or (loss) from fundraising events	7			
_	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
		a				
	Ь	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	ь					
	c					
	d	All other revenue				
	<u> </u>	Total. Add lines 11a-11d				
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	-6,008,550	0	0	-6,138,550
		9c. 10c. and 11e	, , , , , , , , , , , , , , , , , , , ,	]		, -,

## Part IX Statement of Functional Expenses

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
			(D)							
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4 242 627	4 242 627							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,343,637	1,343,637							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	268,437	92,012	138,099	38,326					
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	317,817	207,789	89,291	20,737					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	43,241	26,717	10,840	5,684					
9	Other employee benefits	34,576	23,494	7,123	3,959					
10	Payroll taxes	34,281	20,876	9,538	3,867					
11	Fees for services (non-employees)	31,201	20,070	3,330	3,007					
a	Management									
b	Legal	459	263	196						
-	-	10,965	203	10,965						
٠.	Accounting	10,965		10,965						
d	Lobbying									
e	Professional fundraising See Part IV, line 17	150 277	140.730	0.557						
f	Investment management fees	159,277	149,720	9,557						
g	Other	52,350	50,514	1,654	182					
12	Advertising and promotion	112,295	111,461	834						
13	Office expenses	43,880	34,157	8,513	1,210					
14	Information technology	41,661	30,346	10,728	587					
15	Royalties									
16	Occupancy	35,117	13,636	7,536	13,945					
17	Travel	9,051	5,537	3,404	110					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	11,482	8,051	3,431						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	20,481	14,090	4,394	1,997					
23	Insurance	13,690		13,690						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	Miscellaneous	1,997		1,997						
ь		·								
c										
d										
e										
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	2,554,694	2 122 200	331,790	90,604					
26	Joint Costs. Check here ►  if following SOP 98-2	2,334,694	2,132,300	331,790	50,004					
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Pa	rt X	Balance Sheet				<u> </u>	~g~
				(A) Beginning of year		(B End of	-
	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		1,302,974	2		643,758
	3	Pledges and grants receivable, net	•	700	3		64,000
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, directors, trustees, keep other related parties $Complete\ Part\ II\ of\ Schedule\ L$			5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of Sc.			6		
	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
SS	9	Prepaid expenses and deferred charges			9		
A	10a	Land, buildings, and equipment cost basis	10a				
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10Ь	1	10c		
	11	Investments—publicly traded securities		57,873,165	11	52	2,364,087
	12	Investments—other securities See Part IV, line 11		8,237,305	12		7,655,559
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11	18,888	15		0	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		67,433,032	16	60	0,727,404
	17	Accounts payable and accrued expenses .	<u>-</u>	230,659	17		187,968
	18	Grants payable		664,374	18		337,317
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
တ္တ	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
"ja		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D		555,874	25		286,225
	26	Total liabilities. Add lines 17 through 25		1,450,907	26		811,510
es		Organizations that follow SFAS 117, check here ▶	e lines 27				
Balance	27	Unrestricted net assets		65,923,026	27	59	9,856,795
3a	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets		59,099	29		59,099
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and of lines 30 through 34.	complete				
s or	30	Capital stock or trust principal, or current funds			30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
Ass	32	Retained earnings, endowment, accumulated income, or other fund			32		
Net ,	33	Total net assets or fund balances		65,982,125	33	59	9,915,894
Ž					34		0,727,404
Pa	rt XI	Financial Statements and Reporting		67,433,032	<u> </u>		0,121,101
						Yes	No
1	Acco	unting method used to prepare the Form 990	ccrual $\Gamma$ Other				
2a	Were	the organization's financial statements compiled or reviewed by an	ındependent accoun	tant?	2a		No
b	Were	the organization's financial statements audited by an independent	accountant?		2b		No
c		es" to 2a or 2b, does the organization have a committee that assum , review, or compilation of its financial statements and selection of			2c		
3a		result of a federal award, was the organization required to undergo a e Audit Act and OMB Circular A-133?			3a		No
b		es," did the organization undergo the required audit or audits?			3b		

## SCHEDULE A Public

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

	me of the organization KOTA MEDICAL CHARITIES			Employer identification number				
DAKOTA	A MED	ICAL CHARITIES	45-0368679					
Par	+ T	Reason for Public Charity Status (to be completed by all organiza		ر د <i>ا</i>				
		zation is not a private foundation because it is (Please check only <b>one</b> organization		3)				
1		A church, convention of churches, or association of churches described in <b>Section</b>						
2	<u></u>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E)	, _(_)(_)(.)					
3	<u></u>	A hospital or a cooperative hospital service organization described in <b>Section 17</b>	0(h)(1)(A)(iii).(Attach S	chedule H	١			
4	<u>'</u>	A medical research organization operated in conjunction with a hospital describe						
•	'	hospital's name, city, and state		,(,. ב				
5	$\overline{}$	An organization operated for the benefit of a college or university owned or opera	ted by a governmental uni	t describe	d in			
•	'	Section 170(b)(1)(A)(iv). (Complete Part II )	ica by a governmentar and	t describe	. u . i i i			
6	$\overline{}$	A federal, state, or local government or governmental unit described in <b>Section 1</b>	70(h)(1)(A)(v)					
7	<u>'</u>	An organization that normally receives a substantial part of its support from a go		a ganaral	nublic			
•	'	described in Section 170(b)(1)(A)(vi) (Complete Part II)	verimental ante of nom tr	ic general	public			
8	$\overline{}$	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)						
9	<u>'</u>	An organization that normally receives (1) more than 331/3% of its support from	contributions mambarsh	un faas ai	nd aro	c c		
•	•	receipts from activities related to its exempt functions—subject to certain excep	, , , , , , , , , , , , , , , , , , ,		-	33		
		its support from gross investment income and unrelated business taxable income	, , ,					
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Comp	•	OIII DUSIIII	-3363			
10	_	An organization organized and operated exclusively to test for public safety. See	,	netruetion	۱۵ ۱			
11	<u>'</u>	An organization organized and operated exclusively to test for public safety. See			-			
11	<b> </b> •	one or more publicly supported organizations described in section 509(a)(1) or s the box that describes the type of supporting organization and complete lines 11	ection 509(a)(2) See <b>Se</b>					
		a Frype I b Type II c Type III - Functionally In		– Type III	Otł	ner		
e	<b>▽</b>	By checking this box, I certify that the organization is not controlled directly or in other than foundation managers and other than one or more publicly supported or section 509(a)(2)		•				
f		If the organization received a written determination from the IRS that it is a Type check this box	I, Type II or Type III su	pporting o	rganız	ation,		
g		Since August 17, 2006, has the organization accepted any gift or contribution fro following persons?	om any of the			,		
		(i) a person who directly or indirectly controls, either alone or together with person	ons described in (ii)		Yes	No		
		and (III) below, the governing body of the the supported organization?		11g(i)		Νo		
		(ii) a family member of a person described in (i) above?		11g(ii)		Νo		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		Νo		
h		Provide the following information about the organizations the organization supports						

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organization in		organization in col (i) listed in your governing		organization in col (i) listed in your governing		the orga	ou notify anization i) of your port?	organiz	Is the ration in organized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No					
Dakota Medical Foundation & The Class of Charitable Health-Related Orgs	456012318	7	Yes			No		No	1343637				
Total									1,343,637				

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
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 30 June, 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 IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

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OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	me of the organization KOTA MEDICAL CHARITIES	Employer identification number					
			45-0368679				
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99		unds or Accounts. Complete if the				
		(a) Donor advised funds	(b) Funds and other accounts				
L	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
1	Aggregate value at end of year						
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		oradvised <b>Yes No</b>				
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber		may be				
_	impermissible private benefit?	.f.the average to a second "Weel' to	<u> </u>				
<u> </u>	rt II Conservation Easements. Complete		Form 990, Part IV, line 7.				
L	Purpose(s) of conservation easements held by the o  Preservation of land for public use (e.g., recreat	<u> </u>	historically importantly land area				
	Protection of natural habitat	<u> </u>	rtified historic structure				
	Preservation of open space	,					
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form	of a conservation easement				
	on the last day of the tax year		Held at the End of the Year				
а	Total number of conservation easements		2a				
ь	Total acreage restricted by conservation easement	te	2b				
c	•		2c				
d	Number of conservation easements on a certified h	. ,	2d				
	wamber of conscivation casements included in (c)	•					
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization during				
	the taxable year 🕨						
1	Number of states where property subject to conserv	ation easement is located 🟲					
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		rtions, and Yes No				
5	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ▶				
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear 🕨 \$				
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	tion Yes No				
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	·				
a i	rt IIII Organizations Maintaining Collection Complete of the organization answered		or Other Similar Assets.				
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	l for public exhibition, education or researc	ch in furtherance of public service,				
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	5 116, to report in its revenue statement a public exhibition, education, or research in	nd balance sheet works of art,				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$				
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$				
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		'				
а	Revenues included in Form 990, Part VIII, line 1	- -	<b>▶</b> \$				
Ь	Assats included in Form 990 Part V		<b>b.</b> #				

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cai ir</u>	easur	es, or u	tner	Simila	ar Asse	ets (c	ontinued)
	Using the organization's accession and other items (check all that apply)	records, check any	of th	ie foll	owing	hat are	a sıgnıfıca	nt us	e of its	collectio	n	
а	Public exhibition		d	Γ	Loan	orexcha	nge progr	ams				
Ь	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co Part XIV	llections and expla	ın hov	v the	y furthe	r the org	ganızatıor	's exe	empt pur	pose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	Г	Yes	┌ No
Part	Trust, Escrow and Custodial A Part IV, line 9, or reported an am						ızatıon a	nswe	ered "Ye	es" to F	orm 9	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribu	tions or	other ass	ets n	ot	Γ	Yes	┌ No
Ь	If "Yes," explain why in Part XIV and comple	te the following tab	le				Г			A moi	ınt	
с	Beginning balance						<u> </u>	1c		Amo	4114	
_	Additions during the year						 	1d				
	Distributions during the year						 	1e				
_							-	1f				
	Ending balance						L	11			Ver	┌ No
	Did the organization include an amount on Fo		217							J	Yes	j No
	If "Yes," explain the arrangement in Part XIV			140 =	Nd "Wa	c" to F-	rm 000	D ~	· T\ / · · · ·	0.10		
Par	Endowment Funds. Complete	(a)Current Year		were Prior			orm 990, Years Back		hree Year		e)Four Y	ears Back
1a	Beginning of year balance	59,099	(5	,		(-).,,,	Buck	(-/-			.y. 541 1	
	Contributions							$\vdash$				
	Investment earnings or losses											
	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	59,099										
2	Provide the estimated percentage of the yea	r end balance held a	ıs							-		
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 🕨 100 000 %											
	Term endowment 🕨											
	Term endowment	ssion of the organiza	ation	that a	are held	d and adı	mınıstere	d for t	he			
	organization by	-					-				Yes	No
	(i) unrelated organizations							•		. 3a(i)		No
	(ii) related organizations									3a(ii)	1	No
	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•						•	• •	. 3b	1	<u> </u>
4 Part						00 Dar	t V Juno	10				
rait	Investments—Land, Buildings	, and Equipme	iit. S				l '		1		T	
	Description of investment				a) Cost onsiders (inve	estment)	( <b>b)</b> Cost or basis (ot		(c) De	preciation	(d) i	Book value
<b>1a</b> L	and		•									
<b>b</b> B	uildings											
<b>c</b> L	easehold improvements		•									
d E	quipment		•									
	ther											
Takal	Add lines 1a-1e (Column (d) should equal Fo	000 B-4 V L	/									

(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)	(2)20011 14140	Cost or end-of-	year market value
Financial derivatives and other financial products			
Closely-held equity interests Other			
Hedge Funds	7,655,559		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	7,655,559		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	( <b>b)</b> Book value		d of valuation ·year market value
		000001 0114 01	, , , , , , , , , , , , , , , , , , , ,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	1 <i>E</i> \	<u> </u>	
Part X Other Liabilities. See Form 990, Part X		<u> </u>	
(a) Description of Liability	( <b>b</b> ) A mount		
Federal Income Taxes	, ,		
Related Party Payable	286,225		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	286,225		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-6,008,550
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,554,694
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-8,563,244
4	Net unrealized gains (losses) on investments	4	2,497,013
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,497,013
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,066,231
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ro	eturn
1	Total revenue, gains, and other support per audited financial statements	1	-3,670,814
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	2,497,013
3	Subtract line <b>2e</b> from line <b>1</b>	3	-6,167,827
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 159,277		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	159,277
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	-6,008,550
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	2,395,417
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,395,417
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 159,277		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	159,277
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	2,554,694
Dar	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Income is used to support the organization's mission
Part X	Description of Uncertain Tax Positions Under FIN 48	Dakota Medical Foundation and Dakota Medical Charities adopted the provisions of Accounting Standards Codification (ASC) 740-10 related to accounting for uncertainty in income taxes for the year ended September 30, 2009 No amounts were recorded as a result of the implementation of ASC 740-10 Dakota Medical Foundation and Dakota Medical Charities undergo an annual analysis of its various tax positions, assessing the likelihood of these positions being upheld upon examination with relevant tax authorities, as defined by the accounting principles generally accepted in the United States of America (GAAP) Dakota Medical Foundation and Dakota Medical Charities believe that they are compliant with all IRS tax regulations and as of September 30, 2009 and 2008 have not recorded liabilities for income taxes

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Schedule I
(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493228006460

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

DAKOTA MEDICAL CHARITI	ES						
						45-0368679	
Does the organization mathe selection criteria use	aintain records to s ed to award the grai	nts or assistance?	of the grants or assista				√ Yes
2 Describe in Part IV the o							
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the office of the conference of the confer	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of seconganizations					•		24
3 Enter total number of oth	er organizations .		<u>.</u>		<u></u>		0
For Paperwork Reduction Act Not	tice, see the Instruct	tions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

Dart TTT	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990,	Part IV line 22
	Grants and other Assistance to Individuals in the office States. Complete if the organization answered Tes of Form 350,	raitiv, inte 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The Foundation monitors the grantee's use of grant funds through a formal application and written agreement process. The application process includes disclosing the type of legal entity and tax exempt status of organizations, describing their mission and purpose, governance structure, identifying any conflicts of interests, purpose and outcomes expected for the project, and a project budget. The grant agreement details the conditions of the grant including a certification of tax exempt status, start and end dates, interim and final reporting requirements and dates, use of grant proceeds, return of unused grant funds, and conditions for grant extensions.

Software ID:

**Software Version:** 

**EIN:** 45-0368679

Name: DAKOTA MEDICAL CHARITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS Association333 N Washington Ave Minneapolis, MN 55401	13-3271855	501(c)(3)	10,000				DME loan pool program
Circle of Nations Indian School832 8 Street N Wahpeton, ND 58075	45-0431501	501(c)(3)	12,500				Psychiatric services mental health program
Clay County Public Health715 11 Street N Moorhead, MN 56560	41-6005775	Government Entity	8,000				K-12 H1N1 project
DilworthGlyndonFelton Public Schools513 Parke Avenue Glyndon, MN 56547	06-1400159	Government Entity	5,000				Student wellness initiative
Fargo Cass Public Health401 3 Avenue N Fargo,ND 58102	45-6002069	Government Entity	500				Drug free workplace program
Fargo Cass Public Health401 3 Avenue N Fargo,ND 58102	45-6002069	Government Entity	47,600				AED equipment and training
Fargo Cass Public Health401 3 Avenue N Fargo,ND 58102	45-6002069	Government Entity	22,000				H1N1 prevention and education project
Fargo Cass Public Health401 3 Avenue N Fargo,ND 58102	45-6002069	Government Entity	4,000				Nurse/family partnership program
Innovis Health3000 32 Avenue S Fargo,ND 58103	26-1175213	501(c)(3)	3,810				Manikins for community outreach program
Innovis Health3000 32 Avenue S Fargo,ND 58103	26-1175213	501(c)(3)	4,000				Critical Debriefing seminar

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant non-cash assistance organization section grant cash valuation (book, or assistance ıf applıcable FMV, appraisal, or government assistance other) 45-0281889 Lake Region State Government Entity 16,500 Nursing faculty in College 1801 College graduate school Drive N program Devils Lake, ND 58301 100,000 Lakeland Hospice & 36-3255877 501(c)(3) Hospice house Home Care 120 S Union program Avenue Fergus Falls, MN 56537 March of Dimes 1330 501(c)(3) 13-1846366 10,000 NICU family Page Drive support program Fargo, ND 58103 MN State Community & 36-3366589 Government Entity 10,000 Digital radiographic Tech College1900 28 equipment for Ave S Detroit Lakes MN Moorhead, MN 56560 36-3366589 Government Entity 7,500 Medical scholarship MN State Community & Tech College1900 28 prarams Ave S Moorhead, MN 56560 Digital dental x-ray MN State Community & 36-3366589 Government Entity 10,000 Tech College1900 28 equipment Ave S Moorhead, MN 56560 36-3606394 501(c)(3) 260,000 North Dakota ND Caring Foundation 4510 13 Avenue S worksite wellness Fargo, ND 58121 initiative ND Roughrider Health 45-0435270 501(c)(3) 5,000 Health promotion Promotion Assoc2809 conference Lexington Dr Bismarck, ND 58501 ND State College of 45-6002451 Government Entity 6,000 Nurse faculty Science800 6 Street N master degree Wahpeton, ND 58075 program 501(c)(3) Health and wellness Oak Grove Lutheran 45-0226473 44,390 School124 N Terrace coordinator support Fargo, ND 58102

Form 990,Schedule I,	Part II, Gra	nts and Other As	sistance to Gov	ernments and O	rganizations in	the United States	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project HERO 2204 5 A venue N Moorhead, MN 56560	45-0457109	501(c)(3)	3,000				Program support
Project HERO 2204 5 A venue N Moorhead, MN 56560	45-0457109	501(c)(3)	10,000				Development director staffing support
Rape and Abuse Crisis CenterPO Box 2984 Fargo,ND 58108	41-1310289	501(c)(3)	5,000				Kıds challenge breakfast support
Red River Childrens Advocacy100 S 4 Street Fargo,ND 58103	45-6014870	501(c)(3)	2,000				Red River Childrens Advocacy support
Sheyenne Care Center 979 Central Avenue N Valley City, ND 58072	75-2999939	501(c)(3)	30,000				Nursing education program
South Central Adult ServicesPO Box 298 Valley City, ND 58072	45-0373281	501(c)(3)	75,000				Prescription assistance program
Southeast ND Community Action3233 S University Fargo,ND 58104	45-6014870	501(c)(3)	50,000				Childrens mental health initiative
TNT Fitness2800 Main Avenue Fargo,ND 58103	20-3459549	501(c)(3)	5,000				Fitness programs for children
Trollwood Performing Arts School1420 8 Street N Fargo,ND 58104	45-0448759	501(c)(3)	5,000				Students at risk program support
University of North DakotaPO Box 9037 Grand Forks,ND 58202	45-6002491	Government Entity	10,000				Rural mental health training partnership

Form 990,Schedule I,	, Part II, Gra	nts and Other As:	sistance to Gov	ernments and O	rganizations in f	the United States	,
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of North DakotaPO Box 9037 Grand Forks,ND 58202	45-6002491	Government Entity	10,000				Area health education center support
University of North DakotaPO Box 9037 Grand Forks,ND 58202	45-6002491	Government Entity	2,000				Womens Health CORE conference
United Way Cass Clay 219 7 Street S Fargo,ND 58103	41-0810008	501(c)(3)	10,000				Disaster relief- 2009 flood

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DLN: 93493228006460

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization DAKOTA MEDICAL CHARITIES

**Employer identification number** 

45-0368679

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N	•		1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationg anization's CEO/Executive Director Check all the second control of the control of		У			
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	-	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			R		N o

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name (B) Breakdo		W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
J Patrick Traynor (i)		12,600	240	31,664	21,141	254,253	
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	•	

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Return

Return

Reference

ldentifier

**Identifier** 

#### DLN: 93493228006460

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990** ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Inspection

Name of the organization DAKOTA MEDICAL CHARITIES

Employer identification number

45-0368679

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The sole member of the organization is Dakota Medical Foundation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Dakota Medical Foundation elects the Dakota Medical Charities board members annually

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Iine 7b		The sole member, Dakota Medical Foundation, has the power and right, prior to the Board of Directors taking final action, to approve or reject or consent with on the following matters. The adoption and implementation of annual operating and capital budgets. Capital expenditures in excess of any specific limit that may from time to time be established. The sale or transfer of assets other than in the ordinary course of business. Any amendment of the articles of incorp or the bylaws. Merger, reorganization, dissolution, or transfer of any substantial portion of the assets. The incurrence of debt. The compensation of officers. The adoption and modification of employee benefit plans.

	ldentifier	Ret Refer	Explanation
	Form 990, Part VI, Section A, line 10		The Form 990 is provided to all board members prior to filing. The final filed copy is reviewed by the executive committee.
Г		Return	

ldentifier	Reference	Explanation
Form 990, Part VI, Section B, line 12c		Board members and staff are annually required to review and declare conflicts. Annual results are provided to the President for actions. Board members abstain from voting on any issues that create a conflict of interest

Explanation

Explanation

Form 990, Part VI, Section B, line 15		Executive Common compensation was Subsequent year and compared was a subsequent was a subsequent with the compared was a subsequent was a subs	performance and compensation are reviewed annually by a compensation committee of the littee. The president's compensation changes are approved by the board. The president's as reviewed by Mercer Consulting in August of 2007 establishing a base compensation range is compensation changes are based on the established range, performance and CPI changes, with the Council on Foundations' annual salary surveys. Other staff positions' compensation eviewed with the Council on Foundations' salary survey in October of 2008.
Identifier		Return	Evolunation

Reference		Дріанаціон
Form 990, Part VI, Section C, line 19		The organization's governing documents, conflict of interest policy, and financial statements are available to the public upon request
	Return	

Identifier	Reference	Explanation
Form 990, Part XI, Line 2		The organization's financial statements were audited as part of a consolidated financial statement

2			statement
	D. t		
Identifier	Return Referenc	е	Explanation
Form 990, Part III Line 4a	Continuation of Program One Statement of Program Serv Accomplishm	Access to Health, throughout the arrest Educate placement Over populations and locations Since operations. Two invested over partnered with implement strate with local head access to earneducation progress ocial-emotion. Pediatrics Depidentifying social-emotion. Pediatrics Poundation. Pediatrics While continued outroare coverage with a 2-year. During 2009, Esteps outreact significant prolintiative's focial nursing educates significant prolintiative's focial nursing educates. Project In 200 Johnson Foundations placement of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and development of the consortium and workforce and to develop and the consortium and workforce and to develop and the consortium and workforce and to develop and the consortium and the consort	atthicare Automated External Defibrillator Intestive. The Foundations partnered with Fargo Cass Fargo, ND n 2001 to strategically place automated external defibrillator (AED) equipment region to provide immediate access to emergency medical retainment for persons in cardiac ion and training on the proper care and use of the equipment was provided with equipment region to provide medical retainment of the provided provided and the provided provided and the provided and the provided and the provided provided and the provided provided and the provided provided provided and the provided provide

ldentifier	Return Reference	Explanation
		Prescription Assistance Initiative Since 2000, DMC has supported programs in its service area that provide application assistance for low-income and uninsured persons eligible for free or reduced-cost prescription medications from major pharmaceutical company programs. Over 4,300 individuals have completed over 22,000 applications for medication assistance resulting in over \$7,000,000 in prescriptions accessed. During 2009, the South Central Adult Services Council received a \$75,000 grant to support services in the Valley City and Fargo, ND areas. DMC has invested over \$755,000 in support of this initiative since 2000.

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4b	Continuation of Program Tw o Statement of Program Service Accomplishments	The initiative works through an advisory committee and a steering committee comprised of members from the various community sectors to develop and direct the initiative's goals. The 2009 initiative focus was on promoting healthy lifestyles in the region with strategies that included. (1) partnering with the Moorhead, MN Child Care Resource and Referral to launch the GoFar Childcare program to increase physical activity and ensure healthler eating in child care settings, as well as educating families and providers, 63 child care providers and 450 children are participating, (2) promoting healthy schools to improve school wellness policies by incorporating healthy ala carte lunches and classroom snacks, (3) sponsoring a 2009 fall summit with the involvement of 100 stakeholders, (4) establishing over 35,000 square feet of community gardens and (5) launching Steets Alive' - a community event encouraging healther lifestyles. During 2009, DMC provided \$67,567 in staffing and direct costs in support of this initiative. ND Goes Red-Women's Heart Health Initiative. In February 2006, the Foundations and the American Heart Association launched a multi-year initiative to improve the cardiovascular health of women statewise. The initiative is an expansion of the American Heart Association's Go Red for Women program which provides women with the know ledge and tools they need to take positive action to reduce their risk of heart disease and stroke and protect their overall health. Through this initiative women are educated on heart disease risk factors, healthcare providers are educated on the unique characteristics of heart disease in women, intervention studies are conducted, and free or reduced-cost health screenings are offered to women across the state. Outcomes from the ND Go Red Program include over 12,000 North Dakota women have joined the Go Red Program, North Dakota ranks number one nationally for percentage of women registering online, over 10,900 North Dakota women have completed the online heart check-up interve

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4c	Continuation of Program Three Statement of Program Service Accomplishments	The Impact institute provided training to approximately 289 partner nonprofit organizations since its 2005 inception. Fundraising Training Training organizations to become effective fundraisers is a key education program at the impact institute. The Foundations have provided direct grants to health related nonprofit organizations to enable them to attend the institute's education and training sessions on organizational fundraising and to provide them with technical support follow-up. Since inception, the Foundations have provided over \$550,350 in grants to its partner nonprofit organizations, supporting 70 organizations to participate in fundraising training. The Institute has tracked and reported that new fundraising strategies have been developed and implemented by 188 nonprofit organizations as a result of the training and technical support received. The Foundations support the grant writing efforts of their partner nonprofit organizations that generate additional financial resources for their programs in 2005. DMC made an \$1352.288 multi-year grant to impact foundation to provide funding for grant writing assistance to health related nonprofit organizations to assist them in generating additional financial resources for their organizations and the region. The impact institute continues to leverage those funds by assisting other nonprofit organizations with their fundraising efforts through writing effective grant applications. Grant writing assistance has been provided to 16 organizations to have highly effective competent boards and management is a key education focus at the impact institute. The Foundations have encouraged many area nonprofit organizations to attend strategic plans have been developed and implemented by 54 nonprofit organizations are result of training received. Since the impact institute's 2005 inception, the Foundations have provided \$56,500 in financial support for education and training programs including, organizational assessments, strategic planning education and training have been

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 13 and 14		At year end there was not a Whistleblower Policy or Document Retention and Destruction Policy in place, but both policies were adopted by board action in January of 2010

ldentifier	Return Reference	Explanation
Form 990, Part VII		J Patrick Traynor and David Gibb average 20 hours per week to the organization and an additional 20 hours per week to a related organization

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493228006460

## SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service 

DAKOTA MEDICAL CHARITIES				Employer ident	tirication number
				45-0368679	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	( <b>B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	tions				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Exempt Code section	(E) Public charity sta (if section 501(c)	atus Direct controlling entity
Dakota Medical Foundation 4152 30th Ave S Suite 102 Fargo, ND58108 45-6012318	Contributions to and providing assistance to other non-profit organizations	ND	501(c)(3)	7	N/A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	•	Cat No 50135	 5Y	•	Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization		<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

(5)

(6)

Part V	Transactions	with Related	Organizations
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- 6	Transactions with Related Organizations							
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No				
<b>1</b> D	ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No				
b	Gift, grant, or capital contribution to other organization(s)	1b		No				
c	Gift, grant, or capital contribution from other organization(s)	1c		No				
d	Loans or loan guarantees to or for other organization(s)	1d		No				
e	Loans or loan guarantees by other organization(s)	1e		No				
f	Sale of assets to other organization(s)	1f	_	No				
	Purchase of assets from other organization(s)	1g		No				
	Exchange of assets	1h		No				
	Lease of facilities, equipment, or other assets to other organization(s)	1i	<u> </u>	No				
-								
i	Lease of facilities, equipment, or other assets from other organization(s)	1j	+	No				
_	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No				
	Performance of services or membership or fundraising solicitations by other organization(s)	11		No				
	m Sharing of facilities, equipment, mailing lists, or other assets							
n Sharing of paid employees								
-	Chaining of paria employ occ		+					
0	Reimbursement paid to other organization for expenses	10	Yes					
	Reimbursement paid by other organization for expenses	1p	+	No				
-	Remisuration of gamzation for expenses	Ë	+					
а	O ther transfer of cash or property to other organization(s)	1q	$\vdash$	No				
_	Other transfer of cash or property from other organization(s)	1r		No				
	other transfer of east of property from other organization(3)	_		1				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds							
	(A) (B) (C) Transaction							
	Name of other organization(s)  Amount Involved type(a-r)							
(1)								
(2)								
(3)								
(4)								

#### Part VI Unrelated Organizations Taxable as a Partnership

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

									_					
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	. D / Farms	9907 2008				