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



Form 990  Department of the Treasury Internal Revenue Service	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)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2008</div> <div>Open to Public Inspection</div> </div>

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009		C Name of organization DAKOTA MEDICAL FOUNDATION		D Employer identification number 45-6012318	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 4152 30TH AVE S No 102 City or town, state or country, and ZIP + 4 FARGO, ND 58108		E Telephone number (701) 271-0263	
		F Name and address of Principal Officer J Patrick Traynor 4152 30TH AVE S No 102 FARGO, ND 58108		G Gross receipts \$ 14,193,017	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Web site: www.dakmed.org				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions)	
				H(c) Group Exemption Number	
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other				L Year of Formation 1960 M State of legal domicile ND	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities To receive and administer gifts, donations, make contributions to, and provide assistance to other nonprofit organizations		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of employees (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	88
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,619,394	1,399,557
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,608	46,558
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,646,640	-6,044,117
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0
			5,303,642	-4,598,002
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,605,643	2,543,770
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	166,124	179,719
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 <u>74,336</u>)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	233,547	254,354
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	2,005,314	2,977,843
	19	Revenue less expenses Subtract line 18 from line 12	3,298,328	-7,575,845
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	25,448,199	22,450,013
	21	Total liabilities (Part X, line 26)	409,054	348,517
	22	Net assets or fund balances Subtract line 21 from line 20	25,039,145	22,101,496

Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	*****		2010-08-13		
	Signature of officer		Date		
	J Patnck Traynor President Type or print name and title				
Paid Preparer's Use Only	Preparer's signature  LISA CHAFFEE CPA		Date 2010-08-13	Check if self-employed 	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 		EIDE BAILLY LLP 4310 17TH AVE S PO BOX 2545 FARGO, ND 581082545		EIN 
					Phone no  (701) 239-8500

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization’s mission

See Additional Data Table

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

☒No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 987,044 including grants of \$ 903,515) (Revenue \$)

Dakota Medical Foundation (DMF) and its supporting organization, Dakota Medical Charities (DMC), (the "Foundations") are recognized leaders dedicated to measurably improving health and access to healthcare services with a special emphasis on children The Foundations place particular emphasis on projects that address the special needs of the community within the Foundations' traditional service area During 2009, the Foundations focused their grants, match grant programs and initiative support on Access to Healthcare, Chronic Disease Prevention, and Organizational Effectiveness See Schedule O for continuation

4b

(Code) (Expenses \$ 140,734 including grants of \$ 75,834) (Revenue \$)

Chronic Disease Prevention Cass Clay Healthy People Initiative The Foundations began funding this multi-year initiative in 2009 to promote and facilitate a comprehensive approach to active living and healthy eating in Cass County, ND and Clay County, MN The initiative's overall strategy is to coordinate community collaboration to improve the health of citizens and to integrate best practices through the engagement of community sectors of governments, education, food industry, worksite wellness, community-based organizations, and insurers 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 See Schedule O for continuation

4c

(Code) (Expenses \$ 1,691,391 including grants of \$ 1,564,421) (Revenue \$)

Organizational Effectiveness Impact Institute The Foundations recognize the challenges that many nonprofit health related organizations encounter in delivering needed programs that improve access to healthcare and the health of people in the region Nonprofit organizations often lack expertise and financial resources to invest in critical organizational assessments, strategic planning and highly effective fundraising efforts to ensure their organization's effectiveness and sustainability over the long-term The Foundations have supported and promoted education and training sessions for partner organizations through the Impact Foundation's Impact Institute See Schedule O for continuation

4d

Other program services (Describe in Schedule O)













(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 2,819,169 Must equal Part IX, Line 25, column (B).

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	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	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
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	Yes
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	No
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 V 	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 as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
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? If "Yes," complete Schedule F, Part II	15	No
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	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
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	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
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	Yes
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	No

Part IV

Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	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 IV		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36	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		No
37	Did the organization conduct more than 5 percent 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		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a8		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
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)?	4a		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	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 section 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?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	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	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	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?		
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	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?		No
14	Does the organization have a written document retention and destruction policy?		No
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		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
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?		No
16b	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?		

Section 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. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> 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 organization. David Gibb 4152 30th Ave So Suite 102 Fargo, ND 581048403 (701) 271-0263

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues		9,000				
			1b					
	c	Fundraising events						
			1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	94,496				
	f	All other contributions, gifts, grants, and similar amounts not included above		1,296,061				
			1f					
g	Noncash contributions included in lines 1a-1f \$ 18,225							
h	Total (Add lines 1a-1f)			1,399,557				
Program Service Revenue			Business Code					
	2a	Management fees	900,099	42,090	42,090			
	b	Miscellaneous income	900,099	4,468	4,468			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
		➤ \$ 46,558						
Other Revenue	3	Investment income (including dividends, interest other similar amounts)						
				280,275			280,275	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
		(i) Real	(ii) Personal					
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
		(i) Securities	(ii) Other					
	7a	Gross amount from sales of assets other than inventory	12,425,756	40,871				
	b	Less cost or other basis and sales expenses	18,749,190	41,829				
	c	Gain or (loss)	-6,323,434	-958				
	d	Net gain or (loss)		-6,324,392			-6,324,392	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000						
	b	Less direct expenses						
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000						
	b	Less direct expenses						
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances						
	b	Less cost of goods sold						
	c	Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d \$							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			-4,598,002	46,558	0	-6,044,117	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,267,221	2,267,221		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	276,549	276,549		
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	127,750	63,876	25,548	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	36,711	24,234		2,351
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,012	1,662	886	464
9	Other employee benefits	5,149	3,175	1,258	716
10	Payroll taxes	7,097	4,234	2,037	826
11	Fees for services (non-employees)				
a	Management				
b	Legal	459	263	196	
c	Accounting	9,465		9,465	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	16,702	15,700	1,002	
g	Other	44,598	43,923	608	67
12	Advertising and promotion	51,864	51,685	179	
13	Office expenses	13,240	8,327	3,519	1,394
14	Information technology	7,887	5,700	924	1,263
15	Royalties				
16	Occupancy	67,786	25,267	14,548	27,971
17	Travel	4,989	3,809	1,143	37
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	19,477	16,046	3,431	
20	Interest	994	994		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,456	6,504	2,031	921
23	Insurance	4,563		4,563	
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)				
a	Miscellaneous	2,874		2,874	
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,977,843	2,819,169	84,338	74,336
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	944,007	2	2,032,131
	3 Pledges and grants receivable, net	190,000	3	31,162
	4 Accounts receivable, net	16,035	4	14,853
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	30,690	9	32,016
	10a Land, buildings, and equipment—cost basis			
		10a 320,487		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 263,602	63,504	10c 56,885
	11 Investments—publicly traded securities	21,161,419	11	17,168,007
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	3,033,289	12	2,819,046
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	9,255	15	295,913	
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,448,199	16	22,450,013	
Liabilities	17 Accounts payable and accrued expenses	73,291	17	143,017
	18 Grants payable	158,125	18	205,500
	19 Deferred revenue	158,750	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	18,888	25	0
	26 Total liabilities. Add lines 17 through 25	409,054	26	348,517
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	24,783,674	27	21,776,011
	28 Temporarily restricted net assets	124,192	28	69,450
	29 Permanently restricted net assets	131,279	29	256,035
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	25,039,145	33	22,101,496
	34 Total liabilities and net assets/fund balances	25,448,199	34	22,450,013

Part XI **Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A

(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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization DAKOTA MEDICAL FOUNDATION	Employer identification number 45-6012318
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,397,120	1,335,635	1,033,097	1,625,288	1,399,557	6,790,697
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3	1,397,120	1,335,635	1,033,097	1,625,288	1,399,557	6,790,697
5 The portion of total contribution by each 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						6,790,697

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,397,120	553,036	1,033,097	1,625,288	1,399,557	6,790,697
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	407,731	553,036	579,002	666,920	280,275	2,486,964
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						9,277,661
12 Gross receipts from related activities, etc (See instructions)					12	143,030
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	73.190 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	71.240 %
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>	

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 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						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	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		
b	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		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. 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 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.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization DAKOTA MEDICAL FOUNDATION	Employer identification number 45-6012318
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Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	18	5
2 Aggregate Contributions to (during year)	289,774	65,658
3 Aggregate Grants from (during year)	214,950	101,500
4 Aggregate value at end of year	340,166	288,762
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure <input type="checkbox"/> Preservation of open space
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►
4	Number of states where property subject to conservation easement is located ►
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(i)	Revenues included in Form 990, Part VIII, line 1 ► \$
(ii)	Assets included in Form 990, Part X ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ► \$
b	Assets included in Form 990, Part X ► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
- d** ☐ Loan or exchange programs
- b** ☐ Scholarly research
- e** ☐ Other
- c** ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	




2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	255,470				
b Contributions	455,420				
c Investment earnings or losses					
d Grants or scholarships	385,406				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	325,484				

2 Provide the estimated percentage of the year end balance held as


- a** Board designated or quasi-endowment 
- b** Permanent endowment  78 660 %
- c** Term endowment  21 340 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		320,487	263,602	56,885
e Other				
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> 				56,885

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Life Insurance Cash Value	4,162	C
Other Hedge Fund Investments	2,814,884	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	2,819,046	

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 		

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ▶	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	

Schedule D (Form 990) 2008

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-4,598,002
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,977,843
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-7,575,845
4	Net unrealized gains (losses) on investments	4	4,638,196
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	4,638,196
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,937,649

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	243,769
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,638,196
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-165,128
e	Add lines 2a through 2d	2e	4,473,068
3	Subtract line 2e from line 1	3	-4,229,299
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,703
b	Other (Describe in Part XIV)	4b	-385,406
c	Add lines 4a and 4b	4c	-368,703
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	-4,598,002

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,961,140
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,961,140
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	16,703
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	16,703
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,977,843

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, 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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Funds are used for the Foundation's mission purposes in accordance with donor agreements
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.
Part XII, Line 2d - Other Adjustments		Transfer to temporarily and permanently restricted Net assets -165128
Part XII, Line 4b - Other Adjustments		Net Assets Released from Restrictions -385406

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
DAKOTA MEDICAL FOUNDATION

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

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
45-6012318

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

59

3

Enter total number of other organizations

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
Direct cash assistance to charitable class as result of medical crisis	43	273,557			

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	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: 45-6012318
Name: DAKOTA MEDICAL FOUNDATION

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Achievements Unlimited Foundation4152 30 Ave S Fargo,ND 58104	20-2052288	501(c)(3)	182,101				Support Impact Institute NPO training/education
Altru Health Foundation725 Hamline Street Grand Forks,ND 58203	45-0368330	501(c)(3)	30,500				Support for family medicine residency program
Altru Health Foundation725 Hamline Street Grand Forks,ND 58203	45-0368330	501(c)(3)	23,750				Mission Physician program recruit rural students to health careers
American Red Cross2602 12 Street N Fargo,ND 58102	53-0196605	501(c)(3)	207,230				Red River Valley flood support
Barnesville Area Helpers124 2 Avenue SE Barnesville,MN 56514	41-1979323	501(c)(3)	5,500				Fundraising training support
Caring Program for Children 4510 13 Avenue S Fargo,ND 58121	36-3606394	501(c)(3)	9,676				Low income health coverage for children
CCRI725 Center Ave Moorhead,MN 56560	41-1294489	501(c)(3)	19,611				Support programs for persons with disabilities
CHARISM622 23 Street S Fargo,ND 58103	45-0435273	501(c)(3)	5,500				Fundraising training support
CHARISM622 23 Street S Fargo,ND 58103	45-0435273	501(c)(3)	5,800				Risk behavior intervention program adolescent girls
Churches United for Homeless1901 1 Avenue N Moorhead,MN 56560	41-1594892	501(c)(3)	29,290				Nursing services for residents and general support

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Concordia College Nursing901 S 8 St Moorhead, MN 56562	41-1594892	501(c)(3)	17,800				Nursing student scholarship program
Cooperstown Medical Center1200 Roberts Ave Cooperstown, ND 58425	45-0227753	501(c)(3)	22,921				Support infection control reduction program
Cullen Childrens FoundationPO Box 0594 West Fargo, ND 580780594	77-0636521	501(c)(3)	9,500				Support for children's health activities
Dakota Boys Ranch6301 19 Avenue NW Minot, ND 587025007	23-7139546	501(c)(3)	5,500				Fundraising training support
Dorothy Day House714 8 Street S Moorhead, MN 56560	41-1452555	501(c)(3)	12,919				Program support for sheltering homeless
Faith in Action301 Mountain St E Cavalier, ND 582200380	76-0847572	501(c)(3)	6,058				Elderly home visitation program support
Family Healthcare Center 306 4 Street N Fargo, ND 58104	45-0430628	501(c)(3)	40,000				Development staff position support
Family Healthcare Center 306 4 Street N Fargo, ND 58104	45-0430628	501(c)(3)	19,000				Facilities expansion project
Family Healthcare Center 306 4 Street N Fargo, ND 58104	45-0430628	501(c)(3)	13,301				Support health services for underserved populations
Fargo Catholic Schools 5600 25 Street S Fargo, ND 58104	45-0403317	501(c)(3)	23,862				Support wellness and school nurse programs

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First Care Health Center 115 Vivian Street Park River, ND 58270	45-0232743	501(c)(3)	64,121				Patient data management system and program support
First Choice Clinic1351 Page Drive Fargo, ND 58103	45-0384081	501(c)(3)	137,603				Support for pregnancy assistance services
FirstLink4357 13 Avenue S Fargo, ND 58103	45-0419491	501(c)(3)	33,302				Red River Valley flood support
Fraser Ltd2902 S University Fargo, ND 58103	45-0226418	501(c)(3)	71,735				Support for programs
Grand Forks Park District 1210 7 Avenue S Grand Forks, ND 58201	26-0625504	Government entity	10,000				Fundraising training support
Grand Forks Park District 1210 7 Avenue S Grand Forks, ND 58201	26-0625504	Government entity	12,901				Wellness center support
Handi-Wheels Transportation2525 N Broadway Fargo, ND 58102	45-0343910	501(c)(3)	5,000				Fundraising training support
Handi-Wheels Transportation2525 N Broadway Fargo, ND 58102	45-0343910	501(c)(3)	6,890				Transportation program for persons with physical disabilities
HEART221 3 Avenue Enderlin, ND 58027	83-0345836	501(c)(3)	5,492				Elderly home visitation program support
HOPE Inc803 22 Avenue S Moorhead, MN 56560	45-0425106	501(c)(3)	7,866				Children with disabilities support programs

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

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Hospice of Red River Valley1701 38 Street S w Fargo,ND 58103	45-0349152	501(c)(3)	8,000				Fundraising training and plan development
Hospice of Red River Valley1701 38 Street S w Fargo,ND 58103	45-0349152	501(c)(3)	12,187				Program support
Impact Foundation4152 30 Ave S Fargo,ND 58104	20-0520386	501(c)(3)	165,000				GiveBack Initiative support
Impact Foundation4152 30 Ave S Fargo,ND 58104	20-0520386	501(c)(3)	25,000				Fill the Dome food pantry for the underserved
Impact Foundation4152 30 Ave S Fargo,ND 58104	20-0520386	501(c)(3)	15,000				Fill the Dome food pantry for the underserved
Impact Foundation4152 30 Ave S Fargo,ND 58104	20-0520386	501(c)(3)	14,320				Valley City ND flood support
Jamestown Hospital Foundation419 5 Street ND Jamestown,ND 58405	36-3348763	501(c)(3)	22,073				Defibrillator for child care unit and general support
Lakeland Hospice & Home Care120 S Union Avenue Fergus Falls, MN 56537	36-3255877	501(c)(3)	7,179				Support hospice care for elderly
Lakes and Prairies Community715 11 Street N Moorhead, MN 56560	41-0905871	501(c)(3)	5,500				Fundraising training support
Lakes Crisis & Resource CenterPO Box 394 Detroit Lakes,MN 56502	41-1456433	501(c)(3)	12,256				Services for child victims of abuse

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

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Lutheran Social Services ND1325 11 Street S Fargo, ND 58103	45-0226421	501(c)(3)	34,909				Support for programs
Metro Sports Foundation 5225 31 Avenue S Fargo, ND 58104	20-8723123	501(c)(3)	8,000				Acquatics program for youth
Metro Youth Partnership 810 4 Street S Moorhead, MN 56560	41-1806566	501(c)(3)	9,348				Mentoring program for at-risk youth
MN State Community & Tech College 1900 28 Ave S Moorhead, MN 56560	36-3366589	Government entity	11,053				Digital dental xray equipment and programs
MSUM Alumni Foundation 1104 S 7 Avenue Moorhead, MN 56560	23-7101061	501(c)(3)	10,000				Nursing student scholarship program
ND Elks Foundation PO Box F Dawson, ND 58428	45-6012705	Government entity	8,957				Support Camp Grassick programs
NDSU Department of Nursing Box 5055 Fargo, ND 58104	45-6002439	Government entity	10,000				Nursing student scholarship program
NDSU Department of Nursing Box 5055 Fargo, ND 58104	45-6002439	Government entity	7,750				Fundraising training and general support
NDSU Development Foundation PO Box 5144 Fargo, ND 58105	23-7120898	Government entity	12,000				Support for programs
NDSU Development Foundation PO Box 5144 Fargo, ND 58105	23-7120898	Government entity	9,000				Fundraising training and student volunteerism program

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

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Northwood Food Pantry PO Box 64 Northwood, ND 58267	45-0242276	501(c)(3)	7,019				Disaster relief Northwood tornado
Oak Grove Lutheran School 124 N Terrace Fargo, ND 58102	45-0226473	501(c)(3)	10,250				Wellness center staff support
Oak Grove Lutheran School 124 N Terrace Fargo, ND 58102	45-0226473	501(c)(3)	59,427				Support health and wellness staff
Prairie Harvest Human Services 930 N 3 Street Grand Forks, ND 58203	45-0423213	501(c)(3)	10,000				Fundraising training support
Prairie Harvest Human Services 930 N 3 Street Grand Forks, ND 58203	45-0423213	501(c)(3)	6,078				Support 4th street eatery program
Prairie Learning Center 7785 St Gertrude Ave Raleigh, ND 58564	45-0417138	501(c)(3)	40,000				Addiction recovery library and general support
Project HERO 2204 5 Avenue N Moorhead, MN 56560	45-0457109	501(c)(3)	11,021				Support for development staff
Rape and Abuse Crisis Center PO Box 2984 Fargo, ND 58108	41-1310289	501(c)(3)	12,079				Counseling program for sexually abused children
Red River Childrens Advocacy 100 S 4 Street Fargo, ND 58103	45-6014870	501(c)(3)	14,847				Support services for child victims of abuse
Red River Dental Access PO Box 1748 Fargo, ND 58107	91-2094334	501(c)(3)	20,000				Urgent care walk-in clinic support

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

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Red River Dental Access PO Box 1748 Fargo, ND 58107	91-2094334	501(c)(3)	8,638				Support for free/low cost dental care for uninsured
River View Health System 323 S Minnesota St Crookston, MN 56716	41-1699589	501(c)(3)	52,886				Inpatient room renovations and general support
Ronald McDonald House 1330 18 Ave S Fargo, ND 58103	45-0365598	501(c)(3)	5,923				Fundraising training and general support
Ronald McDonald House 1330 18 Ave S Fargo, ND 58103	45-0365598	501(c)(3)	11,000				Development and community relations staff support
Salvation Army 306 Roberts Street Fargo, ND 58102	41-0698597	501(c)(3)	47,480				Red River Valley flood support
Scottish Rite Language Center 1405 3 Avenue N Fargo, ND 58102	45-0413594	501(c)(3)	23,127				Speech therapy support for children
SENDCAA 3233 S University Fargo, ND 58104	45-6014870	501(c)(3)	70,000				Children's mental health staffing support
SENDCAA 3233 S University Fargo, ND 58104	45-6014870	501(c)(3)	75,833				Children's mental health staffing support
St Gerards Community Nursing Home PO Box 448 Hankinson, ND 58041	45-0234473	501(c)(3)	58,505				General operations support
St Marys Regional Health Center Aux 1027 Washington Av Detroit Lakes, MN 56501	51-0175442	501(c)(3)	51,400				Pediatric therapy expansion support

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TNT Fitness2800 Main Avenue Fargo,ND 58103	20-3459549	501(c)(3)	24,168				Fitness programs support
TNT Fitness2800 Main Avenue Fargo,ND 58103	20-3459549	501(c)(3)	5,500				Fundraising training support
Trollwood Performing Arts School1420 8 Street N Fargo,ND 58104	45-0448759	501(c)(3)	17,995				Students at risk program support
Trollwood Performing Arts School1420 8 Street N Fargo,ND 58104	45-0448759	501(c)(3)	5,000				Grantwriter support for STAR program
UND College of Nursing430 Oxford St Grand Forks,ND 58202	45-6002491	Government entity	15,342				Nursing student scholarship program
UND School of Medicine501 N Columbia Road Grand Forks,ND 58202	45-6002491	Government entity	44,880				Surgical skills training program support
YMCA Cass and Clay Counties3100 12 Ave N Fargo,ND 58102	45-0232096	501(c)(3)	35,474				Youth fitness scholarship program
YWCA of Fargo-Moorhead3100 12 Ave N Fargo,ND 58102	45-0226435	501(c)(3)	29,272				Emergency shelter services for homeless

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DAKOTA MEDICAL FOUNDATION

Employer identification number
45-6012318

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>	<div>1b</div>	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	<div>2</div>	
<div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div></div>		
<div><div>a</div><div>Receive a severance payment or change of control payment?</div></div>	<div>4a</div>	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	<div>4b</div>	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	<div>4c</div>	No
<div><div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</div></div>		
<div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	<div>5a</div>	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	<div>5b</div>	No
<div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	<div>6a</div>	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	<div>6b</div>	No
<div><div>7</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	<div>7</div>	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	<div>8</div>	No

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) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
J Patrick Traynor	(i)	188,608	12,600	240	31,664	21,141	254,253	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(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

2008

Open to Public Inspection

Name of the organization
DAKOTA MEDICAL FOUNDATION

Employer identification number
45-6012318

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Dakota Medical Foundation is a member organization comprised of up to 220 community members

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Members elect the board members annually

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The Board of Directors may not sell, assign, commit or otherwise dispose of a significant portion of the assets of the Foundation without membership approval. Also, any amendment to the articles of incorporation must be approved by a majority of the directors of the corporation and at any duly held meeting of the members of the corporation by a vote of not less than two-thirds of those present or represented by proxy.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Form 990 is provided to all board members for review and comment prior to filing. The final filed copy is presented as an agenda item at the next scheduled board meeting.

Identifier	Return 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.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The president's performance and compensation are reviewed annually by a compensation committee of the Executive Committee. The president's compensation changes are approved by the board. The president's compensation was reviewed by Mercer Consulting in August of 2007 establishing a base compensation range. Subsequent years compensation changes are based on the established range, performance and CPI changes, and compared with the Council on Foundations' annual salary surveys. Other staff positions' compensation amounts were reviewed with the Council on Foundations' salary survey in October of 2008.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

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

Identifier	Return Reference	Explanation
Form 990, Part III, line 4a	Continuation of Program One Statement of Program Service Accomplishments	<p>Access to Healthcare Automated External Defibrillator Initiative. The Foundations partnered with Fargo Cass Public Health, Fargo, ND in 2001 to strategically place automated external defibrillator (AED) equipment throughout the region to provide immediate access to emergency medical treatment for persons in cardiac arrest. Education and training on the proper care and use of the equipment was provided with equipment placement. Overall strategies for the initiative are AED placement in rural communities where the over-age- 50 populations are 250 or greater and to place the equipment with rural first responders in select community locations. Since inception, 507 AEDs have been placed with over 1,500 persons trained on the proper AED operations. Twenty-two (22) lives have been saved in communities where AEDs were placed.</p> <p>Children's Mental Health Initiative. The Foundations partnered with the Southeastern North Dakota Community Action Agency (SENDCAA) in 2007 to develop and implement strategies related to children's mental health services, especially for children through age 8. Working with local healthcare providers in Cass County, ND and Clay County, MN the initiative has worked to provide access to early assessment, diagnosis and treatment of mental health issues and develop community education programs and resource tools. DMF leveraged a four-year \$395,000 Robert Wood Johnson Foundation grant with a \$395,000 matching grant to provide early assessment, diagnosis and treatment of social-emotional and mental health issues for children. In 2009, the initiative partnered with the Innovis Health Pediatrics Department to pilot a state-of-the-art hand held electronic screening tool that aids physicians in identifying social-emotional and mental health issues in children, and partnered with FirstLink to provide telephone and email consultation service. The initiative supports an annual children's mental health fair and community education events for parents, teachers, child care providers, and developed and made available a Resource Guide identifying information about children's mental health services and providers in Cass and Clay Counties.</p> <p>Covering Kids and Families Initiative. The Foundations have been instrumental in connecting low-income families and children with health care coverage. In 2003 DMC partnered with the Robert Wood Johnson Foundation (RWJ) to participate in the RWJ 4-year multi-state Covering Kids and Families program designed to reduce the number of uninsured children in North Dakota by finding and connecting low-income families in the region with health coverage. While the formal grant commitment ended in 2007, the State of North Dakota and the Foundation continued outreach activities that connect low income uninsured children and families in the state with health care coverage. In 2009, the North Dakota Department of Human Services provided DMF with a 2-year \$650,000 grant to support and staff the statewide Healthy Steps Outreach Program activities. During 2009, DMF provided \$23,897 in staffing and direct costs to support the North Dakota Healthy Steps outreach programs.</p> <p>Healthcare Workforce Shortage Initiative. In 2001, the Foundations recognized the significant problem facing North Dakota with the projected future shortage of physicians and nurses. The Initiative's focus included strategies to expand and support family physician residency programs, increase nursing education slots in local colleges, provide access to distance education and simulation equipment, expand the certified nursing assistant training programs, and support health career scholarship programs.</p> <p>Nursing Scholarship Grants. DMF has supported nursing education since 2004 by providing grant funds to the area colleges and universities with nursing programs totaling over \$334,600. During 2009, DMF provided \$52,880 in matching funds to the nursing programs for scholarships based on the documented contributions raised by the schools.</p> <p>ND Nursing Career Lattice Consortium Partners in Nursing Project. In 2007, DMF received a \$250,000 grant from the Northwest Health Foundation and the Robert Wood Johnson Foundation to establish a nursing career lattice consortium. This project expanded the production and placement of highly qualified nurses and nursing faculty in rural regions through an integrated and long-term consortium and establishes strategic partnerships with educational institutions, health care providers, workforce and other groups. DMF partnered with the University of North Dakota School of Nursing to develop and administer this multi-year initiative. The efforts of the consortium have resulted in the development of long-term partnerships with North Dakota nursing education programs in area colleges and universities, access to the Elsevier electronic nursing reference library for 950 nursing students, standardized nursing education programs for North Dakota educational institutions, clinical training resources for nursing students, and the first annual Midwest Nurse Educator's Academy to enhance nursing skill levels with 240 nurse educators attending. Since inception, DMF has provided \$375,000 to support the Partners in Nursing Project.</p> <p>Family Medicine Physician Initiative. The Foundations have supported the region's Family Medicine Physician Residency programs since 2002 to help expand the placement of physicians in North Dakota and western Minnesota. The physicians at the Altru Family Medicine Residency Program established a Mission Physician Program in 2007 with the goal of recruiting rural high school students into careers in medicine. A key strategy of the program includes providing students with ongoing career planning through college and medical school. Over 138 high school students have participated in the programs since 2007. The Foundation provided \$23,750 in grants to support the Mission Physician Program initiative. The Foundation established a charitable fund to receive charitable contributions to support the Mission Physician Program. Since inception, the Fund has accumulated over \$8,100 in donations and matching funds.</p> <p>Area Health Education Center (AHEC). In 2009, DMF provided a \$10,000 grant to the University of North Dakota Center for Rural Health that helped leverage approximately \$2,000,000 in Federal funding to establish AHEC pilot sites in three North Dakota regions. The three locations will provide a variety of workforce enhancement opportunities in rural health clinics, community health centers, and Indian Health Service. Each of the three regions is home to at least one university and/or college. Strategies will be developed for their direct and formal involvement with the AHEC. Activities are being developed for kindergarten through health professional students, educational programs, and recruitment and retention of health care providers. The program is initially designed to provide educational and clinical opportunities for students in medicine and nursing at the college and graduate level.</p> <p>Lend A Hand Initiative. In 2007, the Foundations established a pilot Lend A Hand initiative to make available a source of grants to a defined charitable class of families and individuals in Cass County, ND and Clay County, MN that experience financial hardships due to catastrophic medical issues. A 28-member community advisory committee provides the program with guidance and oversight and an 11-member executive committee provides monthly review and eligibility determinations regarding requests for up to \$5,000 in DMF matching funds available to the formal charitable class of family benefit funds. Donors may contribute to 1) the DMF Lend A Hand General Fund where contributions of \$50 or more are matched, or 2) directly to the community volunteer established family benefit fund meeting the eligibility requirements. The Lend A Hand program provides a step-by-step fundraising guide and toolkit for volunteers that include planning and marketing templates as well as an online donor giving website at www.impactgiveback.org. Since its 2007 inception, the DMF Lend A Hand program has assisted in raising a total of \$1,326,980 in community funds for 55 family benefit funds and DMF has provided matching funds of over \$349,700.</p> <p>Prescription Assistance Initiative. Since 2000, the Foundations have 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.</p>

Identifier	Return Reference	Explanation
Form 990, Part III, line 4b	Continuation of Program Two Statement of Program Service Accomplishments	<p>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 healthier 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 Streets Alive! - a community event encouraging healthier lifestyles</p> <p>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 statewide The initiative is an expansion of the American Heart Association's Go Red for Women program which provides women with the knowledge 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 intervention tool, and over 88% of North Dakota women are aware that heart disease is their #1 killer as compared to 67% nationally</p> <p>Statewide Worksite Wellness Initiative The Foundations partnered with ND Blue Cross Blue Shield, Healthy North Dakota, and the ND Department of Health to establish this initiative in 2006 to create a model that would measurably improve the health of the region's workforce The original pilot sites established at Grand Forks Public Schools in Grand Forks, ND and Jamestown College and West Country Products in Jamestown, ND have become part of the initiative In 2009, the Foundations partnered with Blue Cross Blue Shield of North Dakota and the Healthy North Dakota program to establish strategies to improve the health of North Dakota employees by developing effective, cost-efficient worksite wellness programs that included statewide partnerships, environmental scans of existing programs, compiling national best practices and coordinating a Statewide Worksite Wellness Summit</p>

Identifier	Return Reference	Explanation
Form 990, Part III, line 4c	Continuation of Program Three Statement of Program Service Accomplishments	<p>The Impact Institute has 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 DMF has 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 During 2009, DMF granted \$68,000 to 12 organizations to attend fundraising training Since inception, DMF has 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 assistance received The Foundations support the grant writing efforts of their partner nonprofit organizations that generate additional financial resources for their programs A multi-year grant to Impact Foundation in 2005 provided 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 resulting in over \$1,630,379 in grants awarded</p> <p>Strategic Planning Training Training 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 planning and organizational assessment training through the Impact Institute The Institute has tracked and reported that strategic plans have been developed and implemented by 54 nonprofit organizations as a result of training received In 2009, DMF granted \$135,000 to the Achievements Unlimited Foundation to support organizational assessments, strategic planning training and development Since the Impact Institute's 2005 inception, DMF has provided \$563,500 in financial support for education and training programs including, organizational assessments, strategic planning education and training and technical support</p> <p>Volunteer Initiative In September 2007, the Foundations partnered with the Impact Foundation's GiveBack Initiative to begin a Volunteer Initiative to help nonprofit organizations make improvements to their volunteer programs Since inception, two Volunteer Management Training Programs consisting of twelve monthly sessions have been held with 25 nonprofit organizations represented by 30 individuals participating in the training The success of the training programs led to the establishment of Volunteer Management Advanced Leadership training programs resulting in 11 nonprofit organizations participating in monthly training In 2009, the Foundation partnered with FirstLink to sponsor a Regional Conference on Volunteer Management and Leadership with over 100 participants from North Dakota and Minnesota The GiveBack With Impact website www.impactgiveback.org has a Volunteer page that provides the capability for NPOs to list their volunteer opportunities and to track the volunteer's time spent An Impact Institute study conducted with 6 partner nonprofit organizations over a 7-month period identified a monthly average of 615 volunteers in different positions generating 2,478 volunteer hours correlating to an economic impact of approximately \$337,668 in wages Since inception, DMF has provided direct support for this initiative totaling \$19,465</p> <p>GiveBack With Impact Initiative The Foundations partnered with and support the Impact Foundation's development of a GiveBack With Impact Initiative focusing on developing strategies and programs to inspire and substantially increase the giving of time, talent and treasure by donors in North Dakota and western Minnesota The GiveBack Initiative has created new ways of thinking and new approaches surrounding wealth transfer and volunteerism The Foundations support and participate in the Impact Foundation's High Impact Philanthropy Initiative designed to increase grantmaker and private donor effectiveness and outcomes through adopting a new approach to philanthropy by taking ownership of an issue, developing an effective collaborative strategy to address it, and utilizing all available resources to ensure a more measurable impact Significant efforts and commitments have been made by Impact Foundation to enhance the Impact GiveBack website in order to better connect donors with nonprofit organizations that fit the donor's charitable goals The GiveBack website (www.impactgiveback.org) provides the capability for donors to make online contributions to over 330 regional nonprofit organizations listed on the website including the Foundations</p> <p>Giving Hearts Day Initiative The Foundations established a Giving Hearts Day Initiative in February 2008 to promote charitable giving in the region and build the capacity of its nonprofit partners to fundraise in an online environment The online giving website www.impactgiveback.org is used to promote Giving Hearts Day each February and provides an easy to use website for donors to make online contributions to their favorite charitable organizations Since its inception in 2008, the Giving Hearts Day efforts have generated over 5,300 donor contributions totaling over \$1,026,000 With DMF's \$418,000 in matching funds grants to 79 organizations and additions to the Foundation's funds, the amount generated totals over \$1,444,000 DMF has provided \$445,000 to Impact Foundation since 2006 to support the programs, website development and operations of the GiveBack Initiative</p>

Identifier	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

Identifier	Return Reference	Explanation
Form 990, Part VII		Both 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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DAKOTA MEDICAL FOUNDATION

Employer identification number
45-6012318

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Dakota Medical Charities 4152 30th Ave S Fargo, ND581038403 45-0368679	Supporting Organization	ND	501(c)(3)	11a	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

No

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) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) Dakota Medical Charities	P	136,065
(2) Dakota Medical Charities	M	63,047
(3) Dakota Medical Charities	N	242,174
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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.

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 45-6012318
Name: DAKOTA MEDICAL FOUNDATION

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joel Haugen MD , Board Chair	4 00	X		X				0	0	0
Richard Vetter MD , Vice Chair	2 00	X		X				0	0	0
Jon Wanzek , Secretary	2 00	X		X				0	0	0
Curt Noyes , Treasurer	2 00	X		X				0	0	0
Tony Grindberg , Director	2 00	X						0	0	0
David Clutter MD , Director	2 00	X						0	0	0
Bruce Domm MD , Director	2 00	X						0	0	0
Jay Eisenbeis , Director	2 00	X						0	0	0
Chris Kennelly , DIRECTOR	2 00	X						0	0	0
Debra Magnuson RN , DIRECTOR	2 00	X						0	0	0
Ann Malmberg RN , Director	2 00	X						0	0	0
Susan Mathison MD , Director	2 00	X						0	0	0
Donald Matthees MD , Director	2 00	X						0	0	0
Kevin Melicher OD , Director	2 00	X						0	0	0
Fadel Nammour MD , Director	2 00	X						0	0	0
Larry Leitner , Director	2 00	X						0	0	0
Jane Skalsky RN , Director	2 00	X						0	0	0
Mike Warner , Director	2 00	X						0	0	0
J Patrick Traynor , President	20 00			X				201,448	0	50,187
David Gibb , Director of Finance	20 00			X				0	104,697	35,864

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Dakota Medical Foundation operates exclusively for charitable, scientific and educational purposes. To meet its primary purpose, the Foundation receives and administers gifts, donations, makes contributions to, and provides assistance to other nonprofit organizations. The Foundation has the power to establish, own, operate, control, conduct and maintain various organizations and programs to meet its primary purpose, including, but not limited to supporting: programs that instruct and support students of medicine and surgery; training programs for health care personnel; educational activities related to promotion of health; and sponsoring activities to promote the general health of the region; administrative and other healthcare services to others.