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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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DAKOTA MEDICAL CHARITIES 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 58104	D Employer identification number 45-0368679
	F Name and address of principal officer J PATRICK TRAYNOR 4152 30TH AVE S NO 102 FARGO, ND 58104	E Telephone number (701) 271-0263
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	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 ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.DAKMED.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1982	M State of legal domicile ND

Part I	Summary
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Activities & Governance	1	Briefly describe the organization's mission or most significant activities CARRY OUT THE CHARITABLE HEALTH RELATED PURPOSES OF DAKOTA MEDICAL FOUNDATION		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net 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 individuals employed in calendar year 2010 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	27
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	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)	1,634	336,721
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,111	17,221
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,943,995	2,283,984
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,964,740	2,637,926
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,024,621	1,062,628
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	727,138	764,521
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶82,948	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	399,293	449,646
	19	Revenue less expenses Subtract line 18 from line 12	2,151,052	2,276,795
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	-186,312	361,131
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances Subtract line 21 from line 20	63,992,772	63,057,577
			151,025	227,012
			63,841,747	62,830,565

Part II	Signature Block
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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.

Sign Here	***** Signature of officer	2012-08-15 Date			
	J PATRICK TRAYNOR PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LISA CHAFFEE CPA	Preparer's signature LISA CHAFFEE CPA	Date 2012-08-15	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ EIDE BAILLY LLP				Firm's EIN ▶
	Firm's address ▶ 4310 17TH AVE S PO BOX 2545 FARGO, ND 581082545				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

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

DAKOTA MEDICAL CHARITIES OPERATES EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE CHARITABLE HEALTH-RELATED PURPOSES OF DAKOTA MEDICAL FOUNDATION

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 501(c)(4) organizations and section 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 \$ 1,112,958 including grants of \$ 808,095) (Revenue \$ 17,221)

DAKOTA MEDICAL CHARITIES (DMC) AND ITS PARENT ORGANIZATION, DAKOTA MEDICAL FOUNDATION (DMF), (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 ITS TRADITIONAL SERVICE AREA THE FOUNDATIONS FOCUSED THEIR SUPPORT IN 2011 ON GRANT PROGRAMS AND INITIATIVE PROGRAM SUPPORT ON ACCESS TO HEALTHCARE, CHRONIC DISEASE PREVENTION, AND NONPROFIT ORGANIZATIONAL EFFECTIVENESS ACCESS TO HEALTHCARE -SEE SCHEDULE O FOR CONTINUATION

4b

(Code) (Expenses \$ 531,131 including grants of \$ 254,533) (Revenue \$)

CHRONIC DISEASE PREVENTION -SEE SCHEDULE O FOR CONTINUATION

4c

(Code) (Expenses \$ 175,819 including grants of \$) (Revenue \$)

ORGANIZATIONAL EFFECTIVENESS -SEE SCHEDULE O FOR CONTINUATION

4d

Other program services (Describe in Schedule O)
















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

4e

Total program service expenses \$ 1,819,908

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? <i>If "Yes," complete Schedule F, Parts I and IV.</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 U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	2
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	2a	6
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
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	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who 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?	Yes	
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 governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant 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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
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?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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		No
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 SOUTH SUITE 102 FARGO, ND 58104 (701) 271-0263

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOEL HAUGEN MD CHAIR	1.00	X		X				0	0	0
(2) RICHARD VETTER MD VICE CHAIR	1.00	X		X				0	0	0
(3) JON WANZEK SECRETARY	1.00	X		X				0	0	0
(4) CURT NOYES TREASURER	1.00	X		X				0	0	0
(5) DAVID CLUTTER MD DIRECTOR	1.00	X		X				0	0	0
(6) JAY EISENBEIS DIRECTOR	1.00	X						0	0	0
(7) CHRIS KENNELLY DIRECTOR	1.00	X						0	0	0
(8) LARRY LEITNER DIRECTOR	1.00	X						0	0	0
(9) DEB MAGNUSON BSN RN DIRECTOR	1.00	X						0	0	0
(10) FADEL NAMMOUR MD DIRECTOR	1.00	X						0	0	0
(11) JANE SKALSKY RN DIRECTOR	1.00	X						0	0	0
(12) MIKE WARNER DIRECTOR	1.00	X						0	0	0
(13) SUSAN MATHISON MD DIRECTOR	1.00	X						0	0	0
(14) SINDY KELLER DIRECTOR	1.00	X						0	0	0
(15) J PATRICK TRAYNOR PRESIDENT	20.00			X				0	212,275	58,970
(16) DAVID GIBB DIRECTOR OF FINANCE	20.00			X				106,062	0	39,105

Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization
	1

Section B. Independent Contractors

Form **990** (2010)

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f		336,721			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▶		336,721			
	Program Service Revenue			Business Code		
2a STREETS ALIVE REGISTRA		900099	17,221	17,221		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f ▶			17,221			
Other Revenue		3 Investment income (including dividends, interest and other similar amounts) ▶			1,823,858	
	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		71,869,886			
	b Less cost or other basis and sales expenses		71,409,760			
	c Gain or (loss)		460,126			
	d Net gain or (loss) ▶			460,126		460,126
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b						
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. See Instructions ▶			2,637,926	17,221	0	2,283,984

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	1,062,628	1,062,628		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
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	293,031	102,229	161,721	29,081
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	343,654	217,794	105,924	19,936
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	51,517	30,456	14,282	6,779
9	Other employee benefits	38,637	22,558	10,710	5,369
10	Payroll taxes	37,682	22,999	10,821	3,862
a	Fees for services (non-employees)				
	Management				
b	Legal	113	113		
c	Accounting	8,800		8,800	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	217,838	204,768	13,070	
g	Other	7,335	5,943	1,352	40
12	Advertising and promotion	68,890	67,477	1,413	
13	Office expenses	40,052	27,258	11,068	1,726
14	Information technology	18,062	13,684	4,139	239
15	Royalties				
16	Occupancy	36,882	14,476	7,917	14,489
17	Travel	8,952	6,282	2,583	87
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,689	9,876	2,813	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,750	9,459	2,951	1,340
23	Insurance	11,564		11,564	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a					
b					
c					
d					
e					
f	All other expenses	4,719	1,908	2,811	
25	Total functional expenses. Add lines 1 through 24f	2,276,795	1,819,908	373,939	82,948
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			324,205	2	416,866
	3	Pledges and grants receivable, net				3	675
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			10c	
	b	Less: accumulated depreciation	10b				
	11	Investments—publicly traded securities			55,971,893	11	62,489,676
	12	Investments—other securities. See Part IV, line 11			7,696,674	12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0	15	150,360
16	Total assets. Add lines 1 through 15 (must equal line 34)			63,992,772	16	63,057,577	
Liabilities	17	Accounts payable and accrued expenses			119,009	17	137,239
	18	Grants payable				18	89,773
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			32,016	25	0
	26	Total liabilities. Add lines 17 through 25			151,025	26	227,012
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			63,782,648	27	62,547,780
	28	Temporarily restricted net assets				28	223,686
	29	Permanently restricted net assets			59,099	29	59,099
	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			63,841,747	33	62,830,565
34	Total liabilities and net assets/fund balances			63,992,772	34	63,057,577	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,637,926
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,276,795
3	Revenue less expenses Subtract line 2 from line 1	3	361,131
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,841,747
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,372,313
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	62,830,565

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization DAKOTA MEDICAL CHARITIES	Employer identification number 45-0368679
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

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

☐

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

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

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

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

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

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☒

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

a

☒

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☒

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

☐

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

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

(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	
(A) DAKOTA MEDICAL FOUNDATION	456012318	7	Yes						1,062,628
Total									1,062,628

Part II

Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
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 ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. 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 ▶						
b 33 1/3% support test—2009. 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 ▶						
17a 10%-facts-and-circumstances test—2010. 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 ▶						
b 10%-facts-and-circumstances test—2009. 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 ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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% support tests—2009. 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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DAKOTA MEDICAL CHARITIES

Employer identification number

45-0368679

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		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
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 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 for any other purpose conferring impermissible private benefit	<input 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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ 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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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)? ☐ Yes ☐ 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 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 the arrangement 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	59,099	59,099		
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance	59,099	59,099		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				0

Schedule D (Form 990) 2010

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

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 IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	INCOME IS USED TO SUPPORT THE ORGANIZATION'S MISSION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	DAKOTA MEDICAL CHARITIES BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING THE ANNUAL 990 FILING REQUIREMENTS, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. DAKOTA MEDICAL CHARITIES WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
DAKOTA MEDICAL CHARITIES

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
45-0368679

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" to 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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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
See Additional Data Table							

2

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

42

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DAKOTA MEDICAL CHARITIES 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 AND RETURN OF UNUSED GRANT FUNDS

Software ID:
Software Version:
EIN: 45-0368679
Name: DAKOTA MEDICAL CHARITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
AMERICAN HEART ASSOCIATION1005 12 AVENUE SE JAMESTOWN,ND 58401	13-5613797	501(C)(3)	120,000				EKG EQUIPMENT AND OPERATIONS SUPPORT
CCRI INC725 CENTER AVENUE MOORHEAD,MN 56560	41-1294489	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS

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
CHARISM622 23 STREET S FARGO,ND 58103	45-0435273	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS
CHILD CARE RESOURCE AND REFERRAL715 11 STREET N MOORHEAD,MN 56560	41-0905871	501(C)(3)	10,000				SUPPORT GO-FAR CHILDCARE PROGRAM

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
CHILDRENS DENTAL SERVICES636 BROADWAY STREET N MINNEAPOLIS,MN 55413	41-0857929	501(C)(3)	5,000				SUPPORT FM SCHOOL DENTIST PROGRAM
CHURCHES UNITED FOR HOMELESS1901 1 AVENUE N MOORHEAD,MN 56560	41-1594892	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS

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
COMMUNITY OF CARE335 1 STREET ARTHUR,ND 58006	26-1488596	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS
COMMUNITY VIOLENCE INTERVENTION211 S 4 STREET GRAND FORKS,ND 58201	45-0359167	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS

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
FARGO CASS PUBLIC HEALTH401 3 AVENUE N FARGO,ND 58102	45-6002069	CITY OF FARGO ND	47,392				AED EQUIPMENT AND TRAINING AND SUPPORT SCHOOL WELLNESS PROGRAMS
FARGO PUBLIC SCHOOLS 415 N 4 STREET FARGO,ND 58102	45-6000294	CITY OF FARGO ND	8,769				SUPPORT HEALTHY PEOPLE WELLNESS PROGRAM

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
FARGO UNION MISSION 1902 3 AVENUE N FARGO,ND 58102	45-0228056	501(C)(3)	5,500				SUPPORT PROGRAMS AND OPERATIONS
FUTURE BUILDERS TROLLWOOD1420 N 8 STREET FARGO,ND 58102	45-0448759	501(C)(3)	10,000				SUPPORT FOR STUDENTS AT RISK PROGRAM

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
GRAND FORKS PARK DISTRICT1210 7 AVENUE S GRAND FORKS,ND 58201	26-0625504	CITY GRAND FORKS ND	25,000				SUPPORT HEALTHY KIDS PROGRAMS
HANDI-WHEELS TRANSPORTATION2525 BROADWAY FARGO,ND 58102	45-0343910	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS

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
HEART303 RAILWAY ENDERLIN,ND 58027	83-0345836	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS
HERO2204 5 AVENUE N MOORHEAD,MN 56560	45-0457109	501(C)(3)	12,000				SUPPORT PROGRAMS AND OPERATIONS

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
HOPE INC803 22 AVENUE S MOORHEAD,MN 56560	45-0425106	501(C)(3)	7,500				SUPPORT FOR OPERATIONS AND PROGRAMS
IMPACT FOUNDATION 4152 30 AVE S FARGO,ND 58104	20-0520386	501(C)(3)	153,000				SUPPORT IMPACT INSTITUTE AND HIGH IMPACT PHILANTHROPY

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
LAKE REGION STATE COLLEGE1801 COLLEGE DRIVE N DEVILS LAKE,ND 58301	45-0281889	STATE OF MN	26,500				NURSING FACULTY IN GRADUATE SCHOOL PROGRAM
LAKES & PRAIRIES COMMUNITY ACTION715 11 STREET N MOORHEAD,MN 56560	41-0905871	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS

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
MAGIC WAND FOUNDATION60 KING STREET ROSWELL,GA 30075	65-1047135	501(C)(3)	9,039				SUPPORT ULTIMATE LIFE AND LIVE TO GIVE PROGRAMS
MOORHEAD PUBLIC SCHOOLS2410 14 STREET S MOORHEAD,MN 56560	41-6008721	STATE OF MN	5,000				SUPPORT STUDENT HEALTH AND WELLNESS 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
MN STATE COMMUNITY & TECH COLLEGE1900 28 AVE S MOORHEAD,MN 56560	36-3366589	STATE OF MN	6,000				STUDENT SCHOLARSHIPS FOR MEDICAL RELATED PROGRAMS
ND CARING FOUNDATION 4510 13 AVENUE S FARGO,ND 58121	36-3606394	501(C)(3)	230,024				SUPPORT FOR ND WORKSITE WELLNESS INTITIATIVE

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
ND ELKS ASSOCIATIONPO BOX F DAWSON,ND 58428	45-6012705	501(C)(3)	10,075				SUPPORT FOR CAMP GRASSICK PROGRAMS FOR CHILDREN
ND SCOTTISH RITE LANGUAGE CENTER1405 N 3 STREET FARGO,ND 58102	45-0413594	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS

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
NORTHLAND CHRISTIAN COUNSELING CENTER 2315 LIBRARY CIRCLE GRAND FORKS,ND 58201	45-0430824	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS
NORTHLANDS RESCUE MISSION420 DIVISION AVENUE GRAND FORKS,ND 58201	45-0251562	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS

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
RAPE AND ABUSE CRISIS CENTERPO BOX 2984 FARGO,ND 58108	41-1310289	501(C)(3)	10,000				SUPPORT PROGRAMS AND OPERATIONS
RED RIVER CHILDRENS ADVOCACY100 S 4 STREET FARGO,ND 58103	45-6014870	501(C)(3)	16,500				SUPPORT SERVICES FOR CHILD VICTIMS OF ABUSE

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
RED RIVER DENTAL ACCESS PROGRAMPO BOX 1748 FARGO,ND 58107	91-2094334	501(C)(3)	15,000				SUPPORT URGENT CARE-WALKIN CLINIC PROGRAM
RIVER VIEW HEALTH SYSTEM323 S MINNESOTA ST CROOKSTON,MN 56716	41-1699589	501(C)(3)	20,000				SUPPORT PROGRAMS AND OPERATIONS

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
RONALD MCDONALD HOUSE1330 18 AVENUE S FARGO, ND 58103	45-0365598	501(C)(3)	10,175				SUPPORT PROGRAMS AND OPERATIONS
ST GERARDS COMMUNITY NURSING HOME613 1 AVENUE SW HANKINSON, ND 58041	45-0234473	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS

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
SALVATION ARMY304 ROBERTS FARGO,ND 58102	41-0698597	501(C)(3)	6,198				SUPPORT PROGRAMS AND OPERATIONS
SOUTH CENTRAL ADULT SERVICESPO BOX 298 VALLEY CITY,ND 58072	45-0373281	501(C)(3)	95,000				PRESCRIPTION ASSISTANCE PROGRAM

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
SOUTHEAST ND COMMUNITY ACTION3233 S UNIVERSITY FARGO,ND 58104	45-6014870	501(C)(3)	87,592				SUPPORT FOR CHILDRENS MENTAL HEALTH INITIATIVE
THIRD STREET CLINIC311 S 4 STREET GRAND FORKS,ND 58201	45-0433253	501(C)(3)	5,000				SUPPORT PROGRAMS AND OPERATIONS

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
UND RESEARCH DEVELOPMENT264 CENTENNIAL DRIVE GRAND FORKS,ND 58202	45-6002491	STATE OF ND	10,000				NURSING SCHOLARSHIPS AND NURSE EDUCATORS ACADEMY
UNITED WAY CASS CLAY 219 7 STREET S FARGO,ND 58103	41-0810008	501(C)(3)	5,000				WELL ANNUAL FUNDRAISING SUCCESS BY 6 PROGRAM

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
YMCA CASS CLAY400 1 AVENUE S FARGO,ND 58103	45-0232096	501(C)(3)	15,000				SUPPORT PROGRAMS AND OPERATIONS
YWCA CASS CLAY3100 12 AVENUE N FARGO,ND 58103	45-0226435	501(C)(3)	11,000				EMERGENCY SHELTER FOR WOMEN AND CHILDREN

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization DAKOTA MEDICAL CHARITIES	Employer identification number 45-0368679
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Part I

Questions Regarding Compensation

	Yes	No
<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>1b</div> <div>If any of the boxes in line 1a are 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>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>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><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment from the organization or a related organization?</div>		No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>		No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>		No
<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></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</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>a</div> <div>The organization?</div>		No
<div>b</div> <div>Any related organization?</div>		No
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</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>a</div> <div>The organization?</div>		No
<div>b</div> <div>Any related organization?</div>		No
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</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>		No
<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>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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) Retirement and other 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 reportable compensation				
(1) J PATRICK TRAYNOR	(i) (ii)	0 198,649	0 13,356	0 270	0 41,106	0 21,751	0 275,132	0 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	THE ORGANIZATION RELIED ON A RELATED ORGANIZATION, DAKOTA MEDICAL FOUNDATION, TO ESTABLISH THE COMPENSATION FOR J PATRICK TRAYNOR. THE FOLLOWING METHODS WERE USED BY THE RELATED ORGANIZATION: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OF DIRECTORS. THE COMPENSATION REPORTED FOR J PATRICK TRAYNOR REPRESENTS TWENTY HOURS FOR HIS SERVICES FOR DAKOTA MEDICAL FOUNDATION AND TWENTY HOURS FOR DAKOTA MEDICAL CHARITIES.

<div> <div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> </div> <div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> </div>	<div>Supplemental Information to Form 990 or 990-EZ</div> <div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>▶ Attach to Form 990 or 990-EZ.</div> </div>	OMB No 1545-0047
		2010
		Open to Public Inspection

<div>Name of the organization</div> <div>DAKOTA MEDICAL CHARITIES</div>	<div>Employer identification number</div> <div>45-0368679</div>
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		<p>THE EXECUTIVE COMMITTEE WILL BE COMPRISED OF THE CHAIR, VICE CHAIR, SECRETARY, TREASURER, AND THE CHAIRS OF THE GOVERNANCE COMMITTEE, FINANCIAL INVESTMENT COMMITTEE, GRANTS COMMITTEE, AND ONE BOARD MEMBER AT-LARGE. THE IMMEDIATE PAST CHAIRMAN SHALL ALSO SERVE ON THE EXECUTIVE COMMITTEE FOR A ONE-YEAR, NONVOTING TERM. THE BOARD MEMBER AT-LARGE SHALL BE ELECTED BY THE BOARD AT ITS ORGANIZATIONAL MEETING. FOUR (4) MEMBERS OF THE TOTAL COMMITTEE MEMBERSHIP SHALL BE MEMBERS OF THE MEDICAL STAFF OF HOSPITALS OR CLINICS. THE EXECUTIVE COMMITTEE:</p> <p>A. SHALL BE RESPONSIBLE FOR THE DAY-TO-DAY ACTIVITIES OF THE FOUNDATION.</p> <p>B. SHALL REVIEW STRATEGIC AND OPERATIONAL PLANS FOR RECOMMENDATION TO THE BOARD.</p> <p>C. MAY REVIEW ACTIONS OF THE THREE (3) OTHER STANDING COMMITTEES: GOVERNANCE, FINANCIAL INVESTMENT, AND GRANTS COMMITTEES, AND GIVE RECOMMENDATIONS TO THE BOARD.</p> <p>D. SHALL ANNUALLY EVALUATE THE PERFORMANCE OF THE PRESIDENT.</p> <p>E. SHALL, UPON APPROVAL BY THE BOARD, SET THE PRESIDENT'S COMPENSATION AND TERMS OF EMPLOYMENT.</p> <p>F. SHALL REVIEW AND RECOMMEND TO THE BOARD THE NUMBER AND SALARY RANGES OF ALL STAFF OF DAKOTA MEDICAL FOUNDATION.</p> <p>G. SHALL REVIEW AND MAY MAKE EXPENDITURES UP TO AND INCLUDING FIFTY THOUSAND DOLLARS (\$50,000) WITHOUT BOARD APPROVAL UNLESS OTHERWISE SPECIFICALLY PROHIBITED.</p> <p>H. SHALL EVALUATE THE PROPOSALS CONCERNING UNMET HEALTH NEEDS IN THE COMMUNITIES DAKOTA MEDICAL FOUNDATION SERVES, PRIORITIZE SUCH NEEDS, RECOMMEND APPROPRIATE GRANT BUDGET, TIME FRAME, AND DESIRED KEY PERFORMANCE CATEGORIES FOR EACH SUCH NEED, AND SEEK BOARD APPROVAL FOR INITIATIVES DESIGNED TO MEET SUCH NEEDS.</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		J. PATRICK TRAYNOR, DAVID GIBB, JOEL HAUGEN, M.D., RICHARD VETTER, M.D., JON WANZEK, CURT NOYES, DAVID CLUTTER, M.D., JAY EISENBEIS, CHRIS KENNELLY, LARRY LEITNER, DEB MAGNUSON, RN, FADEL NAMMOUR, M.D., JANE SKALSKY, RN, MIKE WARNER, SUSAN MATHISON, M.D., AND SINDY KELLER HAVE BUSINESS RELATIONSHIPS AS COMMON OFFICERS AND BOARD MEMBERS FOR DAKOTA MEDICAL FOUNDATION AND DAKOTA MEDICAL CHARITIES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE SOLE MEMBER OF THE ORGANIZATION IS DAKOTA MEDICAL FOUNDATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		DAKOTA MEDICAL FOUNDATION ELECTS THE DAKOTA MEDICAL CHARITIES' BOARD OF DIRECTORS ANNUALLY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE SOLE MEMBER, DAKOTA MEDICAL FOUNDATION, HAS THE POWER AND RIGHT, PRIOR TO THE BOARD OF DIRECTORS TAKING FINAL ACTION, TO APPROVE OR REJECT OR CONSENT WITH ON THE FOLLOWING MATTERS -THE ADOPTION AND IMPLEMENTATION OF ANNUAL OPERATING AND CAPITAL BUDGETS -CAPITAL EXPENDITURES IN EXCESS OF ANY SPECIFIC LIMIT THAT MAY FROM TIME TO TIME BE ESTABLISHED -THE SALE OR TRANSFER OF ASSETS OTHER THAN IN THE ORDINARY COURSE OF BUSINESS -ANY AMENDMENT OF THE ARTICLES OF INCORPORATION OR THE BY LAWS -MERGER, REORGANIZATION, DISSOLUTION, OR TRANSFER OF ANY SUBSTANTIAL PORTION OF THE ASSETS -THE INCURRENCE OF DEBT -THE COMPENSATION OF OFFICERS -THE ADOPTION AND MODIFICATION OF EMPLOYEE BENEFIT PLANS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING THE FILED COPY IS REVIEWED BY THE EXECUTIVE COMMITTEE

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 ACTION 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 15B	THE PRESIDENT'S PERFORMANCE AND COMPENSATION ARE REVIEWED ANNUALLY BY A COMPENSATION COMMITTEE OF THE EXECUTIVE COMMITTEE OF A RELATED ORGANIZATION, DAKOTA MEDICAL FOUNDATION (DMF) THE PRESIDENT'S COMPENSATION CHANGES ARE APPROVED BY THE BOARD OF DMF THE PRESIDENT'S COMPENSATION WAS REVIEWED BY MERCER CONSULTING IN AUGUST OF 2007 TO ESTABLISH A BASE COMPENSATION RANGE CHANGES TO COMPENSATION IN SUBSEQUENT YEARS ARE BASED ON THE ESTABLISHED RANGE, PERFORMANCE AND CPI CHANGES, AND COMPARED WITH THE COUNCIL ON FOUNDATIONS' ANNUAL SALARY SURVEYS THE COMPENSATION FOR THE DIRECTOR OF FINANCE IS REVIEWED BY DAKOTA MEDICAL CHARITIES' EXECUTIVE COMMITTEE AND COMPARED PERIODICALLY WITH THE COUNCIL ON FOUNDATIONS' SALARY SURVEY THE PROCESS AND DECISIONS ARE RECORDED IN THE MINUTES OF THE MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VII	J PATRICK TRAYNOR AND DAVID GIBB EACH DEDICATE AN AVERAGE OF 20 HOURS PER WEEK TO DAKOTA MEDICAL CHARITIES AND AN AVERAGE OF 20 HOURS PER WEEK TO DAKOTA MEDICAL FOUNDATION, A RELATED ORGANIZATION THE COMPENSATION REPORTED IN PART VII IS BASED ON THE COMBINED AVERAGE OF 40 HOURS PER WEEK THAT J PATRICK TRAYNOR AND DAVID GIBB EACH DEDICATE TO BOTH DAKOTA MEDICAL FOUNDATION AND DAKOTA MEDICAL CHARITIES IN ADDITION TO THE HOURS SERVED AT DAKOTA MEDICAL CHARITIES, THE FOLLOWING INDIVIDUALS SERVE THE NOTED TIME AT DAKOTA MEDICAL FOUNDATION JOEL HAUGEN, M D 4 HOURS CURT NOYES 3 HOURS RICHARD VETTER, M D 2 HOURS JON WANZEK 2 HOURS DAVID CLUTTER, M D 2 HOURS LARRY LEITNER 2 HOURS JAY EISENBEIS 2 HOURS CHRIS KENNELLY 2 HOURS DEBRA MAGNUSON, R N 2 HOURS JANE SKALSKY, R N 2 HOURS SUSAN MATHISON, M D 2 HOURS MIKE WARNER 2 HOURS FADEL NAMMOUR, M D 2 HOURS SINDY KELLER 2 HOURS

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -915,035 INTERCOMPANY TRANSFER -457,278 TOTAL TO FORM 990, PART XI, LINE 5 -1,372,313

Identifier	Return Reference	Explanation
	FORM 990, PART III, PROGRAM A	<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 COMMUNITIES SERVED 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 HAS BEEN 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 TO PROVIDE LESS THAN 10 MINUTES ACCESS TO AED EQUIPMENT. SINCE INCEPTION, 548 AEDS HAVE BEEN PLACED WITH OVER 1,500 PERSONS TRAINED ON THE PROPER AED OPERATIONS. TWENTY-THREE (23) LIVES HAVE BEEN SAVED IN COMMUNITIES WHERE AEDS WERE PLACED. DMC HAS INVESTED OVER \$1.3 MILLION TO SUPPORT THIS INITIATIVE SINCE PROGRAM INCEPTION.</p> <p>CHILDREN'S MENTAL HEALTH INITIATIVE. THE FOUNDATIONS PARTNERED WITH THE SOUTHEASTERN NORTH DAKOTA COMMUNITY ACTION AGENCY IN 2007 TO DEVELOP, IMPLEMENT AND MANAGE STRATEGIES TO PROVIDE ACCESS TO EARLY MENTAL HEALTH SCREENING, ASSESSMENT AND THERAPEUTIC CONSULTATION SERVICES FOR CHILDREN, IMPROVE EDUCATION AND AWARENESS OF EARLY CHILDHOOD MENTAL HEALTH, AND FACILITATE COLLABORATION AMONG PROVIDERS. IN 2009, THE INITIATIVE PARTNERED WITH THE ESSENTIAL HEALTH PEDIATRICS DEPARTMENT TO PILOT A STATE-OF-THE-ART HANDHELD 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. WORKING WITH LOCAL HEALTHCARE PROVIDERS IN CASS COUNTY, ND AND CLAY COUNTY, MN, THE INITIATIVE HAS WORKED TO PROVIDE ACCESS TO SCREENING, ASSESSMENTS AND CONSULTATION SERVICES TO OVER 113 CHILDREN, INCLUDING FOLLOW-UP SURVEYS TO ALL PARTICIPANTS. COMMUNITY EDUCATION IS AN IMPORTANT COMPONENT OF THE INITIATIVE. DURING 2011 PROGRAM CONSULTANTS HAVE BECOME CERTIFIED NURTURED HEART APPROACH ADVANCED TRAINERS WHO ARM PARENTS, CAREGIVERS AND TEACHERS WITH THE TOOLS TO CREATE POSITIVE RELATIONSHIPS WITH CHILDREN. APPROXIMATELY 180 CHILDCARE PROVIDERS HAVE BEEN TRAINED. FUTURE SCREENINGS AND TRAINING SESSIONS ARE PLANNED FOR THE YWCA SHELTER PARENTS AND CONSULTATION SERVICES FOR CHURCHES UNITED HOMELESS SHELTER FAMILIES. TWO ONLINE TRAINING COURSES WERE CREATED WITH OVER 200 CHILDCARE PROVIDERS PARTICIPATING. THE INITIATIVE SUPPORTED THE DEVELOPMENT OF A RESOURCE GUIDE AT WWW.DAKMED.ORG/CHILDREN/ THAT IDENTIFIES INFORMATION ABOUT CHILDREN'S MENTAL HEALTH SERVICES AND PROVIDERS IN CASS AND CLAY COUNTIES. THE INITIATIVE HAS BEEN SUPPORTED THROUGH A FOUR-YEAR \$395,000 ROBERT WOOD JOHNSON FOUNDATION GRANT MATCHED BY A \$395,000 GRANT FROM THE FOUNDATIONS. HEALTHY STEPS OUTREACH 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 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 FOUNDATIONS CONTINUED OUTREACH TO MAXIMIZE THE USE OF EXISTING HEALTH COVERAGE PROGRAMS FOR LOW INCOME UNINSURED CHILDREN AND FAMILIES IN THE STATE. IN 2009, THE NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES PROVIDED THE FOUNDATIONS WITH A 2-YEAR \$650,000 GRANT (NDDHS GRANT) TO SUPPORT AND STAFF THE STATEWIDE HEALTHY STEPS PROGRAM OUTREACH ACTIVITIES. IN 2011, THE FOUNDATIONS RECEIVED ANOTHER 2-YEAR \$650,000 CONTRACT FROM NDDHS TO CONDUCT STATEWIDE OUTREACH FOR HEALTHY STEPS. CURRENTLY, OVER 43,742 CHILDREN ARE ENROLLED IN MEDICAID, HEALTHY STEPS AND CARING FOR CHILDREN, AS COMPARED TO 36,576 IN 2009. SINCE THE FOUNDATIONS BEGAN SUPPORTING THE STATEWIDE HEALTHY STEPS OUTREACH, ENROLLMENT HAS INCREASED BY 19.5% FOR ALL THREE PROGRAMS. THE FOUNDATIONS' OUTREACH EFFORTS FOCUS ON SCHOOLS, HEAD START PROGRAMS, PUBLIC HEALTH UNITS, WIC PROGRAMS, COUNTY EXTENSION OFFICES, ND DEPT OF HEALTH, ORAL HEALTH, WOMEN'S WAY PROGRAMS, HOSPITALS/CLINICS, AMERICAN INDIAN RESERVATIONS, AND FAITH COMMUNITIES. THE NDDHS GRANT PROVIDED OVER \$412,600 IN 2011 TO COVER THE STAFF AND DIRECT COSTS IN SUPPORT OF THE NORTH DAKOTA HEALTHY STEPS OUTREACH PROGRAMS. DAKOTA MEDICAL CHARITIES PROVIDED AN ADDITIONAL \$9,200 IN FINANCIAL SUPPORT FOR THE INITIATIVE IN 2011.</p> <p>HEALTHCARE WORKFORCE SHORTAGE INITIATIVE. IN 2001, THE FOUNDATIONS RECOGNIZED THE SIGNIFICANT PROBLEMS FACING NORTH DAKOTA WITH THE PROJECTED SHORTAGE OF FAMILY PRACTICE PHYSICIANS AND NURSES. THE INITIATIVE'S EFFORTS HAVE FOCUSED ON STRATEGIES TO MEASURABLY PRODUCE A SUFFICIENT NUMBER OF HIGHLY QUALIFIED HEALTH PROVIDERS BY EXPANDING AND SUPPORTING FAMILY P</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III, PROGRAM A	<p>PHYSICIAN RESIDENCY PROGRAMS, INCREASING NURSING EDUCATION SLOTS IN LOCAL COLLEGES, PROVIDING ACCESS TO DISTANCE EDUCATION AND SIMULATION EQUIPMENT, EXPANDING THE CERTIFIED NURSING ASSISTANT TRAINING PROGRAMS, AND SUPPORTING HEALTH CAREER SCHOLARSHIP PROGRAMS. THE FOUNDATIONS SUPPORTED A HEALTHCARE WORKFORCE SURVEY IN 2010 TO IDENTIFY THE HEALTHCARE WORKFORCE NEEDS, POTENTIAL SOLUTIONS, AND VACANCIES. THE SURVEY IDENTIFIED FOUNDATION SERVICE AREA VACANCIES FOR 131 RNS, 45 FAMILY MEDICINE PHYSICIANS, 38 CNAs AND 33 LPNS (WWW.DAKMED.ORG/HEALTHCARE-WORKFORCE). NURSING SUPPORT. NURSE TRAINING EDUCATION. THE FOUNDATION PROVIDED FINANCIAL SUPPORT FOR STATEWIDE NURSING EDUCATION RESULTING IN 18 NURSE FACULTY COMPLETING THEIR MASTER'S DEGREE PROGRAM, PROVIDING 80 NEW NURSING EDUCATION SLOTS IN COLLEGE PROGRAMS, 50 CNAs TRAINED, AND 9 ADDITIONAL RURAL EMS PROVIDERS TRAINED. NURSING SCHOLARSHIP GRANTS. THE FOUNDATIONS HAVE SUPPORTED NURSING EDUCATION SINCE 2002 BY PROVIDING GRANT FUNDS TO THE AREA COLLEGES AND UNIVERSITIES WITH NURSING PROGRAMS TOTALING OVER \$602,600. DURING 2011, THE FOUNDATIONS PROVIDED OVER \$30,000 IN MATCHING FUNDS TO NURSING PROGRAMS FOR SCHOLARSHIPS BASED ON THE DOCUMENTED FUNDRAISING EFFORTS OF THE FOLLOWING SCHOOLS: UNIVERSITY OF NORTH DAKOTA, FARGO, ND, NORTH DAKOTA STATE UNIVERSITY, FARGO ND, MOORHEAD STATE UNIVERSITY, MOORHEAD, MN, AND CONCORDIA COLLEGE, MOORHEAD, MN. THE FOUNDATIONS RECEIVED A \$250,000 GRANT IN 2007 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 ESTABLISHED STRATEGIC PARTNERSHIPS WITH EDUCATIONAL INSTITUTIONS, HEALTH CARE PROVIDERS, WORKFORCE AND OTHER GROUPS. THE FOUNDATIONS PARTNERED WITH THE UNIVERSITY OF NORTH DAKOTA'S 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. THE FOUNDATIONS HAVE PROVIDED OVER \$375,000 TO SUPPORT THE PARTNERS IN NURSING PROJECT AREA HEALTH EDUCATION CENTER (AHEC). THE FOUNDATIONS HAVE PROVIDED GRANTS TOTALING \$20,000 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 RURAL COMMUNITIES. THE PROGRAM WAS INITIALLY DESIGNED TO PROVIDE EDUCATIONAL AND CLINICAL OPPORTUNITIES FOR STUDENTS IN MEDICINE AND NURSING AT THE COLLEGE AND GRADUATE LEVEL TO ENSURE AN ADEQUATE HEALTHCARE WORKFORCE IN THE RURAL AREAS.</p>

Identifier	Return Reference	Explanation
		<p> DURING 2010, THE EASTERN AHEC LOCATION IN MAYVILLE, ND COORDINATED THE DEVELOPMENT OF A REPORT IDENTIFYING 30 HEALTHCARE OCCUPATIONS TO ASSIST IN WORKFORCE PLANNING. HIPAA TRAINING WAS PROVIDED TO 145 HIGH SCHOOL STUDENTS IN PREPARATION FOR A HEALTHCARE SHADOWING PROGRAM WITH PROFESSIONALS. INTER-PROFESSIONAL ROTATIONS IN HEALTH RELATED FIELDS WERE PROVIDED TO 25 STUDENTS IN MEDICAL FACILITIES. FAMILY MEDICINE PHYSICIAN INITIATIVE: THE FOUNDATIONS HAVE SUPPORTED THE REGION'S FAMILY MEDICINE PHYSICIAN RESIDENCY PROGRAMS SINCE 2002 IN ORDER TO AID IN THE PROGRAM EXPANSION AND PLACEMENT OF PHYSICIANS IN NORTH DAKOTA. 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 PROGRAM SINCE 2007. A MISSION PHYSICIAN FUND WAS ESTABLISHED BY THE FOUNDATION TO ASSIST IN FUNDRAISING EFFORTS TO SUPPORT THE PROGRAMS OF THE MISSION PHYSICIAN PROGRAM. SINCE INCEPTION, THE FUND HAS RECEIVED OVER \$41,200 IN CONTRIBUTIONS AND DMF MATCHING FUNDS AND HAS PROVIDED GRANTS TO ALTRU'S MISSION PHYSICIAN PROGRAM TOTALING APPROXIMATELY \$38,000. PRESCRIPTION ASSISTANCE INITIATIVE: SINCE 2000, DMC HAS SUPPORTED PROGRAMS IN ITS SERVICE AREA THAT PROVIDE APPLICATION ASSISTANCE FOR LOW-INCOME AND UNINSURED PERSONS ELIGIBLE FOR FREE OR REDUCED-COST PRESCRIPTION MEDICATIONS FROM MAJOR PHARMACEUTICAL COMPANY PROGRAMS. OVER 4,830 INDIVIDUALS HAVE COMPLETED APPROXIMATELY 24,600 APPLICATIONS FOR MEDICATION ASSISTANCE RESULTING IN OVER \$14,300,000 IN PRESCRIPTIONS ACCESSED. DURING 2011, APPROXIMATELY \$4,300,000 IN PRESCRIPTIONS WERE ACCESSED THROUGH THE PROGRAMS BY 616 CLIENTS, A GROWTH OF 35% OVER 2010. LEND A HAND INITIATIVE: IN 2007, THE FOUNDATIONS ESTABLISHED THE LEND A HAND INITIATIVE TO PROVIDE ASSISTANCE 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 29-MEMBER COMMUNITY ADVISORY COMMITTEE PROVIDES THE PROGRAM WITH GUIDANCE AND OVERSIGHT. A 13-MEMBER EXECUTIVE COMMITTEE PROVIDES MONTHLY REVIEWS AND ELIGIBILITY DETERMINATIONS REGARDING REQUESTS FOR UP TO \$5,000 IN FOUNDATION MATCHING FUNDS AVAILABLE TO THE DEFINED CHARITABLE CLASS OF FAMILY BENEFIT FUNDS. DONORS MAY CONTRIBUTE TO: 1) THE DMF LEND A HAND GIVING FUND WHERE CONTRIBUTIONS OF \$50 OR MORE ARE MATCHED, OR 2) DIRECTLY TO THE COMMUNITY ESTABLISHED FAMILY BENEFIT FUNDS THAT MEET THE PROGRAM'S ELIGIBILITY REQUIREMENTS. THE LEND A HAND PROGRAM PROVIDES A STEP-BY-STEP FUNDRAISING GUIDE AND TOOLKIT FOR VOLUNTEERS THAT INCLUDE PLANNING AND MARKETING TEMPLATES (WWW.DAKMED.ORG/LENDHAND/). DONATIONS TO THE LEND A HAND PROGRAM MAY BE MADE ONLINE THROUGH THE IMPACT FOUNDATION WEBSITE LOCATED AT WWW.IMPACTGIVEBACK.ORG. SINCE INCEPTION, THE FOUNDATIONS' LEND A HAND PROGRAM HAS ASSISTED IN RAISING OVER \$3.9 MILLION IN COMMUNITY FUNDS FOR 150 QUALIFIED FAMILY BENEFITS. DMF HAS PROVIDED MATCHING FUNDS TO THE FAMILY BENEFIT FUNDS TOTALING OVER \$775,000. </p>

Identifier	Return Reference	Explanation
	FORM 990, PART III, PROGRAM B	<p>CHRONIC DISEASE PREVENTION CASS CLAY HEALTHY PEOPLE INITIATIVE. THE FOUNDATIONS JOINED WITH OTHER LIKE-MINDED ORGANIZATIONS IN 2009 TO PROMOTE AND FACILITATE A COMPREHENSIVE APPROACH FOR RESIDENTS LIVING IN CASS COUNTY, ND AND CLAY COUNTY, MN TO EAT HEALTHIER AND LEAD MORE ACTIVE LIFESTYLES, RESULTING IN DECREASED INCIDENCE OF OBESITY AND CHRONIC DISEASES. 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 GOVERNMENT, EDUCATION, FOOD INDUSTRY, WORKSITE WELLNESS, COMMUNITY-BASED ORGANIZATIONS, AND INSURERS TO MAKE CASS AND CLAY COUNTIES OF NORTH DAKOTA THE HEALTHIEST PLACE IN AMERICA TO LIVE, WORK, AND PLAY. THE GOAL IS TO REDUCE CHILDHOOD OBESITY RATES IN THOSE COUNTIES BY 20% BY 2020. THE INITIATIVE WORKS THROUGH AN ADVISORY COMMITTEE AND A STEERING COMMITTEE COMPRISED OF MEMBERS FROM THE VARIOUS SECTORS TO DEVELOP AND DIRECT THE INITIATIVE'S GOALS. DURING 2011 THE INITIATIVE FOCUSED ON HEALTHY CHILDCARE, HEALTHY SCHOOLS AND HEALTHY COMMUNITIES. THE FOUNDATIONS COLLABORATED WITH THE MOORHEAD, MN CHILD CARE RESOURCE AND REFERRAL TO INCREASE PHYSICAL ACTIVITY AND ENSURE HEALTHIER EATING IN CHILD CARE SETTINGS THROUGH THE GOFAR CHILDCARE PROGRAMS, NOW KNOWN AS CHILDCAREALIVE. CHILDCAREALIVE IS A COLLABORATIVE OF CHILD CARE RESOURCE AND REFERRAL, FARGO CASS PUBLIC HEALTH AND THE FOUNDATIONS' HEALTHY PEOPLE INITIATIVE. EARLY CHILDHOOD PROFESSIONALS TAKE PART IN ONLINE AND FACE-TO-FACE TRAINING AROUND IMPROVING CHILDREN'S HEALTH. CHILDCAREALIVE HAS PROVIDED TRAINING TO OVER 866 CHILDCARE PROVIDERS AND PARENTS IN FUNCTIONS ADDRESSING CHILDHOOD OBESITY, INCREASED OUTDOOR ACTIVITY, AND NUTRITIONAL EDUCATION THROUGH 2011 AND PLANS ON OVER AN ADDITIONAL 50 IN 2012. THE INITIATIVE'S SCHOOLSALIVE PROGRAM WORKS WITH LOCAL SCHOOL SYSTEMS TO IMPLEMENT STRONGER WELLNESS POLICIES THAT IMPACT OVER 27,000 K-12 STUDENTS. OVER 215 AREA HIGH SCHOOL STUDENTS ATTENDED A DAY-LONG YOUTH SUMMIT ON ACTIVE LIVING, HEALTHY EATING AND SCHOOL WELLNESS POLICIES DURING 2011. OVER 75 SCHOOL ADMINISTRATORS FROM ND AND MN ATTENDED A LOCAL CONFERENCE ON SCHOOL WELLNESS POLICY IMPLEMENTATION. A HEALTHY SNACK GUIDE WAS PREPARED BY STAFF OF THE INITIATIVE AND OVER 8,000 COPIES WERE DISTRIBUTED TO LOCAL SCHOOL FAMILIES. THE SCHOOLSALIVE PROGRAM PROVIDES A MEANS TO ASSESS THE STRENGTH OF THEIR POLICIES, PROVIDE MODEL POLICIES AND GUIDE THEM IN WAYS TO TURN POLICY INTO PRACTICE TOWARD IMPROVING FOOD AND FITNESS. SIX FARGO-MOORHEAD SCHOOL SYSTEMS HAVE REVISED AND ADOPTED STRONGER WELLNESS POLICIES THAT ADDRESS RECESS TIME, HEALTHY LUNCH OPTIONS AND THE TYPES OF FOODS STOCKED IN SCHOOL VENDING MACHINES. THE HEALTHY COMMUNITIES FOCUS IN 2011 INCLUDED A FARGO-MOORHEAD STREETS ALIVE! PROGRAM TO ENCOURAGE HEALTHIER LIFESTYLES IN THE COMMUNITY TO ENCOURAGE MOVEMENT THROUGH WALKING, RUNNING, BIKING, SKATING, DANCING AND ANY OTHER MEANS OF HUMAN MOVEMENT. PARTICIPANTS USED HUMAN-POWERED TRANSPORTATION TO NAVIGATE THE 5-MILE COURSE THROUGH FARGO/MOORHEAD AREA IN AUGUST AND SEPTEMBER 2011. OVER 30 COMMUNITY PARTNERS PARTICIPATED AND SUPPORTED THE STREETS ALIVE! EFFORTS BY ESTABLISHING HEALTHY FOOD BOOTHS, PROVIDING HEALTH EDUCATION AND MIN-ACTIVITY CLASSES THROUGHOUT THE DAYS. THE 2011 STREETSALIVE EVENT DREW OVER 5,500 PARTICIPANTS.</p> <p>STATEWIDE WORKSITE WELLNESS INITIATIVE. IN 2006, THE FOUNDATIONS PARTNERED WITH ND BLUE CROSS BLUE SHIELD, HEALTHY NORTH DAKOTA, AND THE ND DEPARTMENT OF HEALTH TO CREATE A MODEL THAT WOULD MEASURABLY IMPROVE THE HEALTH OF NORTH DAKOTA EMPLOYEES BY IMPLEMENTING EFFECTIVE, COST EFFICIENT WORKSITE WELLNESS PROGRAMS ACROSS THE STATE. THE NORTH DAKOTA CARING FOUNDATION HOUSES AND MANAGES THE INITIATIVE. IN 2010, A SURVEY GATHERED INFORMATION FROM THE ND PUBLIC EMPLOYEES RETIREMENT SYSTEM GROUPS, CHAMBERS OF COMMERCE BUSINESSES, AND WORKFORCE SAFETY INSURANCE BUSINESSES. THE SURVEY CONCLUDED THAT FEW BUSINESSES OFFERED A WORKSITE WELLNESS PROGRAM, EMPLOYEE HEALTH RISK ASSESSMENTS ARE NOT DONE, AND THAT THERE IS A NEED FOR MORE ACTIVE WORKSITE WELLNESS ENGAGEMENT ACROSS THE STATE. DURING 2010, TRAINING WAS HELD FOR 18 NORTH DAKOTA ORGANIZATIONS PLANNING TO OFFER COMPREHENSIVE, COST EFFECTIVE WORKSITE WELLNESS PROGRAM.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III, PROGRAM C	<p>ORGANIZATIONAL EFFECTIVENESS THE FOUNDATIONS BELIEVE IT IS IMPERATIVE FOR NONPROFIT ORGANIZATIONS TO BUILD THEIR CAPACITY TO BECOME EFFICIENT HIGH-IMPACT, SUSTAINABLE NONPROFITS TO PROVIDE MORE EFFECTIVE HEALTH OUTCOMES FOR THE CLIENTS THEY SERVE OVER THE LONG TERM THE FOUNDATIONS RECOGNIZE THE CHALLENGES THAT MANY NONPROFIT HEALTH RELATED ORGANIZATIONS ENCOUNTER IN DELIVERING NEEDED PROGRAMS THAT IMPROVE HEALTH AND ACCESS TO HEALTHCARE THE FOUNDATIONS PROVIDE FINANCIAL SUPPORT TO THE IMPACT INSTITUTE TRAINING AND EDUCATION PROGRAMMING MADE AVAILABLE TO NONPROFIT ORGANIZATIONS SINCE INCEPTION IN 2005, THE IMPACT INSTITUTE HAS PROVIDED TRAINING TO OVER 350 PARTNER NONPROFIT ORGANIZATIONS BOARD AND MANAGEMENT TRAINING TRAINING BOARDS AND KEY MANAGEMENT PERSONNEL TO OPERATE THEIR ORGANIZATIONS IN A HIGHLY EFFECTIVE AND EFFICIENT MANNER IS A KEY EDUCATION FOCUS FOR THE FOUNDATIONS THE FOUNDATIONS HAVE ENCOURAGED MANY AREA NONPROFIT ORGANIZATIONS TO ATTEND THE IMPACT INSTITUTE'S VARIOUS EDUCATION AND TRAINING PROGRAMS STRATEGIC PLANNING TRAINING AND SERVICES THE INSTITUTE PROVIDES NONPROFIT ORGANIZATIONS WITH EDUCATION AND TRAINING ON STRATEGIC PLANNING, ORGANIZATIONAL ASSESSMENTS WITH FOLLOW-UP TECHNICAL SUPPORT ON PLAN IMPLEMENTATIONS OVER 60 NONPROFIT ORGANIZATIONS HAVE PARTICIPATED IN THE TRAINING AND SERVICES PROVIDED TO DEVELOP AND IMPLEMENT ORGANIZATIONAL STRATEGIC PLANS IN 2011, THE FOUNDATIONS DEVELOPED A NEW "STRATEGY MADE SIMPLE" STRATEGIC PLANNING TOOLKIT AND WEBINAR SERIES A NUMBER OF NONPROFIT EXECUTIVES AND BOARD MEMBERS PARTICIPATED IN THE PILOT PROGRAM THE "STRATEGY MADE SIMPLE" PROGRAM IS AVAILABLE AT WWW.IMPACTGIVEBACK.ORG AND INCLUDES THREE 90-MINUTE WEBINAR SESSION AND AN ACCOMPANYING TOOLKIT HIGH IMPACT FUNDRAISING TRAINING EDUCATING AND TRAINING ORGANIZATIONS TO BECOME EFFECTIVE FUNDRAISERS IS A KEY PROGRAM AT THE IMPACT INSTITUTE PROFESSIONAL TRAINERS USING HIGHLY STRUCTURED AND EFFECTIVE TRAINING METHODS AND FOLLOW-UP ACTIVITIES HAVE PROVIDED INTENSIVE TRAINING TO OVER 180 ORGANIZATIONS AN ASSESSMENT OF 92 NONPROFIT ORGANIZATIONS THAT PARTICIPATED IN FUNDRAISING TRAINING INDICATED A 24% INCREASE IN FUNDS RAISED BETWEEN 2007 AND 2009 RESULTING IN APPROXIMATELY \$20 MILLION MORE FOR "DOING GOOD" DMF PROVIDED DIRECT GRANTS TO HEALTH-RELATED NONPROFIT ORGANIZATIONS THAT ENABLE THEM TO ATTEND THE IMPACT INSTITUTE'S FUNDRAISING EDUCATION AND TRAINING SESSIONS AND RECEIVE TECHNICAL SUPPORT FOLLOW-UP DMF HAS PROVIDED OVER \$588,850 IN GRANTS TO ITS PARTNER NONPROFIT ORGANIZATIONS TO ALLOW THEM TO RECEIVE THIS INTENSIVE FUNDRAISING TRAINING AND TECHNICAL ASSISTANCE SINCE INCEPTION IN 2007 GRANT WRITING SERVICES IN 2005, THE DMC PROVIDED A MULTI-YEAR GRANT TO IMPACT FOUNDATION TO FUND EFFECTIVE GRANT WRITING ASSISTANCE TO HEALTH-RELATED NONPROFIT ORGANIZATIONS TO GENERATE SUCCESSFUL GRANT APPLICATIONS TO OBTAIN ADDITIONAL FINANCIAL RESOURCES FOR THEIR PROGRAMS SINCE THE FORMAL ADDITION OF GRANT WRITING ASSISTANCE, THE FOUNDATIONS, IMPACT FOUNDATION AND OTHER REGIONAL NONPROFIT ORGANIZATIONS HAVE GENERATED OVER \$12.1 MILLION IN GRANT FUNDING SHARED SERVICES INITIATIVE THE FOUNDATIONS, IN COLLABORATION WITH THE IMPACT FOUNDATION, DEVELOPED A PILOT MANAGEMENT SERVICES ORGANIZATION (MSO) CONCEPT TO PROVIDE SHARED ADMINISTRATIVE SERVICES IN ORDER TO REDUCE THE COSTS ASSOCIATED WITH MANAGING THEIR PROGRAMS THE INSTITUTE HELD SEMINARS IN 2010 WITH OVER 180 NONPROFIT BOARD AND STAFF MEMBERS IN ATTENDANCE COVERING TOPICS AND ISSUES INCLUDING SHARED SERVICES, COLLABORATIONS AND MERGERS THE INSTITUTE CONDUCTED A NONPROFIT REDESIGN SEMINAR IN 2011 TO EDUCATE BOARD MEMBERS AND STAFF ABOUT OPTIONS FOR SHARING RESOURCES AND CONSIDERING MERGERS TO REDUCE ADMINISTRATIVE OVERHEAD OVER 80 NONPROFIT REPRESENTATIVES ATTENDED HIGH IMPACT SEAL OF DISTINCTION PROGRAM THE FOUNDATIONS, IN COLLABORATION WITH THE IMPACT INSTITUTE, DEVELOPED THIS PROGRAM AS THE "CAPSTONE" FOR ITS SERIES OF EDUCATION AND TRAINING PROGRAMS THIS PROGRAM INCLUDES AN ORGANIZATIONAL ASSESSMENT AND DEVELOPMENT PLAN, ADDITIONAL EXECUTIVE LEADERSHIP TRAINING, PLAN IMPLEMENTATION SUPPORT AND ANNUAL RENEWALS COMPLETION OF THE PROGRAM WAS DESIGNED TO BUILD THE CAPACITY OF EXECUTIVES TO TAKE THEIR ORGANIZATIONS FROM FUNCTIONING WELL TO SUPERIOR PERFORMING, HIGH IMPACT ORGANIZATIONS THE 2010 INAUGURAL PROGRAM INCLUDED THE PARTICIPATION OF THE FOUNDATIONS, IMPACT FOUNDATION AND 12 OTHER NONPROFIT ORGANIZATIONS' EXECUTIVE STAFF THE HIGH IMPACT SEAL OF DISTINCTION WAS AWARDED TO 14 NONPROFIT ORGANIZATIONS IN MAY 2011 HIGH IMPACT PHILANTHROPY (HIP) THE FOUNDATIONS, IN COLLABORATION WITH IMPACT FOUNDATION, INITIATED THIS PROGRAM IN 2009 TO UNITE OUTSTANDING COMMUNITY FUNDING ORGANIZATIONS AND INDIVIDUALS TO RESEARCH AND DISCUSS VARIOUS SOCIETAL PROBLEMS AND ISSUES IN THE REGION WITH THE GOAL OF A COMMON FOCUS AND STRATEGIES TO ACHIEVE A GREATER IMPACT IN THE COMMUNITY THE INITIAL 2010 GROUP OF 15 ORGANIZATIONS AND COMMUNITY LEAD</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III, PROGRAM C	<p>ERS CAME TO A CONSENSUS TO FOCUS THE HIP GROUP'S INITIAL EFFORTS ON IMPROVING THE INTERNAL AND EXTERNAL ASSETS OF YOUTH IN THE FARGO-MOORHEAD (FM) AREA. THE INITIAL GOALS ESTABLISHED FOR THE HIP INITIATIVE WERE: 1) ENGAGING YOUTH, YOUTH DEVELOPMENT ORGANIZATIONS AND OTHERS TO DEVELOP A COORDINATED STRATEGY TO MAKE THE FM AREA A PLACE WHERE ALL YOUTH CAN MAXIMIZE THEIR POTENTIAL, 2) HOLD A YOUTH DEVELOPMENT SUMMIT, 3) RELEASE AN ENVIRONMENTAL SCAN OF ORGANIZATIONS SERVING YOUTH IN THE FM AREA THAT INCLUDES ORGANIZATION SIZE, AREAS OF FOCUS, AND COLLABORATION ACTIVITIES, 4) DEVELOP A BUDGET AND IDENTIFY AN INDIVIDUAL TO COORDINATE, PLAN AND IMPLEMENT THE NEXT PHASES FOR THE HIP GROUP. THE HIP INITIATIVE IS SUPPORTED WITH GRANTS FROM DAKOTA MEDICAL FOUNDATION, THE OTTO BREMER FOUNDATION, BUSH FOUNDATION, GROTTO FOUNDATION AND OTHER FINANCIAL SUPPORT FROM THE UNITED WAY OF CASS CLAY, AND ALEX STERN FAMILY FOUNDATION. THE GOAL OF HIP IS TO INSPIRE FUNDERS TO ADOPT A NEW APPROACH TO MORE STRATEGICALLY AND COLLABORATIVELY SOLVE SOCIETAL ISSUES IN THE REGION. THE HIP STEERING COMMITTEE IS COMPRISED OF FOUNDATION, CORPORATE AND INDIVIDUAL DONORS THAT INVEST OVER \$75 MILLION ANNUALLY TO SUPPORT VARIOUS CHARITABLE ENDEAVORS IN THE REGION. THE STEERING COMMITTEE'S INITIAL FOCUS IS TO BUILD THE ASSETS OF YOUTH LIVING IN CASS AND CLAY COUNTIES. DR RATHGE OF THE NORTH DAKOTA DATA CENTER HAS CONDUCTED AN INVENTORY OF ALL ORGANIZATIONS IN CASS AND CLAY COUNTIES THAT ARE WORKING ON YOUTH ASSET BUILDING, INCLUDING ORGANIZATIONAL BUDGET SIZE, YOUTH ASSET BUILDING AREAS, MEASURES OF PERFORMANCE, AND INTERACTION WITH OTHER ORGANIZATIONS IN THE AREA. A HIP COORDINATOR WAS HIRED IN APRIL 2011 TO OVERSEE THE INITIATIVE. A SERIES OF SIX COMMUNITY CONVERSATIONS WERE HELD IN 2011 WITH CROSS-SECTION COMMUNITY MEMBERS FROM SCHOOLS, CITY, BUSINESS, NONPROFITS, FAITH COMMUNITY, PARENTS, AND YOUTH. A COMMUNITY TASK FORCE WAS ASSEMBLED TO ASSIST THE HIP COORDINATOR WITH SELECTING A BLUEPRINT FRAMEWORK, COLLECTING ADDITIONAL DATA INFORMATION, IDENTIFYING BEST PRACTICES FOR YOUTH DEVELOPMENT, AND MAKING RECOMMENDATIONS FOR THE NEXT PHASE OF THE HIP INITIATIVE. A YOUTH DEVELOPMENT CONFERENCE WAS HELD IN DECEMBER 2011 WITH OVER 100 PARTICIPANTS FROM 54 DIFFERENT ORGANIZATIONS IN THE F-M AREA. SUBGROUPS WERE CREATED TO FOLLOW-UP ON RECOMMENDATIONS FROM THE SUMMIT AND MEETINGS WITH YOUTH AND YOUTH DEVELOPMENT ORGANIZATIONS TO DEVELOP A COORDINATED COLLABORATIVE STRATEGY FOR OUR COMMUNITY OVER THE NEXT SEVERAL MONTHS. PLANNING TEAMS WERE FORMED FOLLOWING THE CONFERENCE WITH OVER 60 CROSS-SECTOR PARTICIPANTS. THE TEAMS WERE RESPONSIBLE FOR HELPING TO IDENTIFY AND WRITE THE OUTCOMES, INDICATORS, STRATEGIES AND PARTNERSHIPS FOR EACH OF THE FIVE DEVELOPMENTAL AREAS OF THE BLUEPRINT VOLUNTEER INITIATIVE. THE FOUNDATIONS PARTNERED WITH IMPACT FOUNDATION IN 2007 TO IMPLEMENT A VOLUNTEER INITIATIVE DESIGNED TO HELP NONPROFIT ORGANIZATIONS MORE EFFECTIVELY RECRUIT, TRAIN, MANAGE AND RETAIN VOLUNTEERS. VOLUNTEER MANAGEMENT TRAINING WAS 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 FOCUSED MONTHLY TRAINING SESSIONS.</p>

Identifier	Return Reference	Explanation
		<p>THE FOUNDATIONS PARTNERED WITH FIRSTLINK TO SPONSOR A REGIONAL CONFERENCE ON VOLUNTEER MANAGEMENT AND LEADERSHIP SEMINAR IN 2009 RESULTING IN OVER 100 PARTICIPANTS FROM NORTH DAKOTA AND MINNESOTA ATTENDING THE GIVEBACK WEBSITE WWW IMPACTGIVEBACK ORG INCLUDES A VOLUNTEER PAGE THAT PROVIDES THE CAPABILITY FOR NONPROFIT ORGANIZATIONS 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 OVER 2,478 VOLUNTEER HOURS CORRELATING TO AN ECONOMIC IMPACT OF APPROXIMATELY \$337,668 IN WAGES THE FOUNDATIONS AND THE IMPACT INSTITUTE PARTNERED WITH NORTH DAKOTA STATE UNIVERSITY IN 2010 TO ENCOURAGE STUDENT VOLUNTEERISM IN THE COMMUNITY GIVEBACK INITIATIVE THE FOUNDATIONS PARTNERED WITH IMPACT FOUNDATION TO DEVELOP A GIVEBACK INITIATIVE THAT FOCUSES 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 INITIATIVE CREATED NEW WAYS OF THINKING AND NEW APPROACHES SURROUNDING WEALTH TRANSFER AND VOLUNTEERISM IN NORTH DAKOTA AND WESTERN MINNESOTA A GIVEBACK WEBSITE (WWW IMPACTGIVEBACK ORG) PROVIDES THE CAPABILITY FOR NONPROFIT ORGANIZATIONS TO ACCEPT ONLINE CONTRIBUTIONS FROM DONORS, SHARE THEIR STORIES, ENGAGE VOLUNTEERS AND RECORD VOLUNTEER ACTIVITIES, COORDINATE EVENT REGISTRATIONS, AND TO HOLD ONLINE AUCTIONS SIGNIFICANT EFFORTS AND COMMITMENTS HAVE BEEN MADE BY IMPACT FOUNDATION TO ENHANCE THE WEBSITE IN ORDER TO BETTER CONNECT DONORS WITH NONPROFIT ORGANIZATIONS THAT FIT THE DONOR'S CHARITABLE GOALS THE FOUNDATIONS HAVE PROVIDED OVER \$661,200 TO IMPACT FOUNDATION SINCE 2006 TO SUPPORT THE PROGRAMS, OPERATIONS, AND WEBSITE DEVELOPMENT OF THE GIVEBACK INITIATIVE THE ONLINE GIVING WEBSITE HAS PROCESSED OVER 21,857 CONTRIBUTIONS TOTALING APPROXIMATELY \$3 75 MILLION SINCE ITS 2007 IMPLEMENTATION GIVING HEARTS DAY INITIATIVE THE FOUNDATIONS PARTNERED WITH IMPACT FOUNDATION TO ESTABLISH THIS INITIATIVE TO PROMOTE CHARITABLE GIVING IN THE REGION THE ONLINE GIVING ENVIRONMENT IMPROVES THE CAPACITY OF AREA NONPROFIT ORGANIZATIONS TO EFFICIENTLY RAISE FUNDS FOR THEIR PROGRAMS THE ONLINE GIVING WEBSITE AT WWW IMPACTGIVEBACK ORG IS USED TO PROMOTE THE ANNUAL GIVING HEARTS DAY EACH FEBRUARY AND PROVIDES DONORS WITH AN EASY-TO-USE WEBSITE TO MAKE ONLINE CONTRIBUTIONS TO THEIR FAVORITE CHARITABLE ORGANIZATIONS THE GIVING HEARTS DAY INITIATIVE HAS GENERATED OVER 17,200 DONOR CONTRIBUTIONS TOTALING OVER \$3 0 MILLION SINCE ITS 2008 IMPLEMENTATION THE INITIATIVE HAS RESULTED IN OVER \$4 16 MILLION IN CONTRIBUTIONS TO COMMUNITY NONPROFIT ORGANIZATIONS THE FOUNDATIONS HAVE PROVIDED OVER \$960,800 IN MATCHING FUND GRANTS TO PARTICIPATING ORGANIZATIONS AND FUNDS SINCE INCEPTION OF THIS INITIATIVE</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DAKOTA MEDICAL CHARITIES

Employer identification number
45-0368679

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) DAKOTA MEDICAL FOUNDATION 4152 30TH AVE S SUITE 102 FARGO, ND 58104 45-6012318	CONTRIBUTIONS & ASSISTANCE TO OTHER NON-PROFIT ORGANIZATIONS	ND	501(C)(3)	LINE 7	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

Yes

Yes

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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