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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 **and ending** JUN 30, 2013

B Check if applicable: Address change; X Name change; Initial return; Terminated; Amended return; Application pending

C Name of organization
Sanford Health Foundation West

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) — Room/suite
300 North 7th Street

City, town, or post office, state, and ZIP code
Bismarck, ND 58501

F Name and address of principal officer: Kelby Krabbenhoft
same as C above

D Employer identification number
45-0397196

E Telephone number
701-323-6000

G Gross receipts $ 2,336,070.

H(a) Is this a group return for affiliates? Yes X No

H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.sanfordhealth.org/about/foundation

K Form of organization: X Corporation Trust Association Other ▶

L Year of formation: 1986 **M** State of legal domicile: ND

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Dedicated to raising funds in support of Sanford Health's mission to improve the human condition	
	2	Check this box ▶ 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)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	7
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	75
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	670,904.	1,870,763.
	9	Program service revenue (Part VIII, line 2g)	29,289.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,634.	441,780.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-25,680.	-17,025.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	700,147.	2,295,518.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	206,059.	696,238.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	205,644.	400,205.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 351,274.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	86,880.	212,173.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	498,583.	1,308,616.
	19	Revenue less expenses. Subtract line 18 from line 12	201,564.	986,902.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,994,280.	14,165,621.
	21	Total liabilities (Part X, line 26)	227,560.	192,483.
	22	Net assets or fund balances Subtract line 21 from line 20	6,766,720.	13,973,138.

Part II Signature Block

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

▶ JoAnn Kunkel — Signature of officer — Date 5-06-2014

▶ JoAnn Kunkel, Chief Financial Officer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Kristina Rasmussen	Kristina Rasmussen	4/29/14		P00143920

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065722

Firm's address ▶ 50 South Sixth Street, Suite 2800, Minneapolis, MN 55402 — Phone no. 612 397 4000

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

See Schedule O for Organization Mission Statement Continuation

616 9

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
Sanford Health Foundation West exists to encourage philanthropy in support of Sanford Health and other exempt entities associated with Sanford Health in providing health care, medical and educational services as well as supporting research activities and initiatives.

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 [X] 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 [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses $ 241,172. including grants of $ 241,172.) (Revenue $)
The Foundation continues its proud tradition of supporting the local healthcare-related programs, services, and operations of Sanford Health while also seeking regional, national and international support for research and initiatives. Specifically, grants helped provide patient care and family support ($241,172).

4b (Code) (Expenses $ 89,203. including grants of $ 89,203.) (Revenue $)
Additional grants helped support healthcare education and research programs. Sanford Health is dedicated to providing continuing training and education for its employees, ensuring that patients have the benefit of the most current protocols in care delivery.

4c (Code) (Expenses $ 145,778. including grants of $ 145,778.) (Revenue $)
Grants help support the Sanford Initiatives and collaborations with healthcare organizations such as the Children's Oncology Group and nursing and medical schools affiliated with Sanford Health.

4d Other program services (Describe in Schedule O.)
(Expenses $ 220,085. including grants of $ 220,085.) (Revenue $)

4e **Total program service expenses** ▶ 696,238.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
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? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
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? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	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		X
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		X
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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 as charitable contributions?		6a		X
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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
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		X
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 line 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 [X]

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JoAnn Kunkel, CFO - 605-333-1000

1305 W 18th Street, Sioux Falls, SD 57117-5039

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 . [X]

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

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

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

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

[ ] 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Barb Everist	0.10									
Trustee	5.30	X						0.	0.	0.
Barbara Stork	0.10									
Trustee	5.30	X						0.	0.	0.
Barry Martin (thru Nov 12)	0.10									
Trustee	5.30	X						0.	0.	0.
Brent Teiken	0.10									
Trustee	5.30	X						0.	0.	0.
Christopher Meeker, MD	0.10									
Trustee	59.90	X						0.	213,821.	31,035.
David Beito	0.10									
Trustee	5.30	X						0.	0.	0.
Don Morton	0.10									
Trustee	5.30	X						0.	0.	0.
Jerome Feder	0.10									
Trustee	5.30	X						0.	0.	0.
Jim Entenman	0.10									
Trustee	5.30	X						0.	0.	0.
Lauris Molbert	0.10									
Trustee	5.30	X						0.	0.	0.
Mark Paulson, MD	0.10									
Trustee	59.90	X						0.	248,496.	32,936.
Mikal Claar (thru Nov 12)	0.10									
Trustee	5.30	X						0.	0.	0.
Patrick Durick	0.10									
Trustee	5.30	X						0.	0.	0.
Richard Hardie, MD	0.10									
Trustee	59.90	X						0.	747,423.	33,818.
Ronald Moquist	0.10									
Trustee	5.30	X						0.	0.	0.
Thomas Hruby	0.10									
Trustee	5.30	X						0.	0.	0.
Kelby K Krabbenhoft	0.10									
Sanford Health President & CEO	59.90	X		X				0.	1,539,421.	22,054.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
Kelby K Krabbenhoft Deferred Comp.	0.10									
Sanford Health President & CEO	59.90	X		X				0.	0.	589,623.
JoAnn L Kunkel	0.10									
Chief Financial Officer Corp	59.90			X				0.	438,048.	33,700.
Lisa Carlson (thru Oct 12)	0.10									
Chief Financial Officer Corp	59.90			X				0.	644,186.	31,847.
Craig Lambrecht	5.00									
President - Sanford Bismarck	55.00				X			0.	841,203.	32,444.
1b Sub-total								0.	4,672,598.	807,457.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	4,672,598.	807,457.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address NONE	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(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	438,719.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,432,044.				
	g Noncash contributions included in lines 1a-1f $ 20,247.						
	h **Total.** Add lines 1a-1f ▶			1,870,763.			
Program Service Revenue		Business Code					
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			441,780.			441,780.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8 a Gross income from fundraising events (not including $ 438,719. of contributions reported on line 1c) See Part IV, line 18	a	23,527.				
	b Less. direct expenses	b	40,552.				
	c Net income or (loss) from fundraising events ▶			-17,025.			-17,025.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities ▶						
	10 a 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				
	11 a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶						
	12 **Total revenue.** See instructions. ▶			2,295,518.	0.	0.	424,755.

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).

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

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 United States. See Part IV, line 21	355,238.	355,238.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	341,000.	341,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	336,081.		123,358.	212,723.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,937.		4,810.	8,127.
9 Other employee benefits	26,997.		9,924.	17,073.
10 Payroll taxes	24,190.		8,433.	15,757.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	7,768.		7,768.	
12 Advertising and promotion				
13 Office expenses	36,498.		7,716.	28,782.
14 Information technology	5,490.		3,490.	2,000.
15 Royalties				
16 Occupancy	33,495.		33,495.	
17 Travel	5,533.		5,230.	303.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,753.		16,664.	5,089.
20 Interest	8,860.		2,966.	5,894.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,844.		12,844.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Miscellaneous	49,571.		24,406.	25,165.
b Purchased Services	17,189.			17,189.
c Fundraising Materials	13,172.			13,172.
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	1,308,616.	696,238.	261,104.	351,274.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	57,073.	1	300.
	2	Savings and temporary cash investments	1,911,439.	2	12,827,354.
	3	Pledges and grants receivable, net	369,744.	3	1,188,783.
	4	Accounts receivable, net	188,032.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch 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: 116,937.			
	b	Less: accumulated depreciation — 10b: 39,415.	90,366.	10c	77,522.
	11	Investments - publicly traded securities	4,076,703.	11	0.
	12	Investments - other securities See Part IV, line 11	65,444.	12	0.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	235,479.	15	71,662.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	6,994,280.	16	14,165,621.
Liabilities	17	Accounts payable and accrued expenses	63,195.	17	38,030.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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	0.	23	9,828.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	1,484.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	164,365.	25	143,141.
	26	**Total liabilities.** Add lines 17 through 25	227,560.	26	192,483.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,965,339.	27	8,897,060.
	28	Temporarily restricted net assets	2,613,129.	28	2,813,144.
	29	Permanently restricted net assets	1,188,252.	29	2,262,934.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	6,766,720.	33	13,973,138.
	34	Total liabilities and net assets/fund balances	6,994,280.	34	14,165,621.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,295,518.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,308,616.
3	Revenue less expenses. Subtract line 2 from line 1	3	986,902.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,766,720.
5	Net unrealized gains (losses) on investments	5	154,410.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,065,106.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,973,138.

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 [ ] Cash [X] Accrual [ ] 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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	3b		

Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

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

2012

Open to Public Inspection

Name of the organization	Employer identification number
Sanford Health Foundation West	45-0397196

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 - Non-functionally integrated

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 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?

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

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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,086,240.	1,056,756.	1,611,822.	670,904.	1,870,763.	6,296,485.
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	1,086,240.	1,056,756.	1,611,822.	670,904.	1,870,763.	6,296,485.
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)						207,372.
6 **Public support.** Subtract line 5 from line 4						6,089,113.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,086,240.	1,056,756.	1,611,822.	670,904.	1,870,763.	6,296,485.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56,185.	56,831.	55,405.	26,519.	441,780.	636,720.
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						6,933,205.
12 Gross receipts from related activities, etc. (see instructions)					12	456,591.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	87.83 %
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	91.27 %

16a **33 1/3% support test - 2012.** 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 - 2011.** If the organization did not check a 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 - 2012.** 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 - 2011.** 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 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** 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 ▶ ☐

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
Sanford Health Foundation West	45-0397196

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ Yes ☐ 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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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 XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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 XIII. Check here if the explanation has been provided in Part XIII ☐

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	1,188,251.	1,177,772.	1,090,675.	972,647.	939,079.
b Contributions	879,703.	10,479.	87,097.	118,028.	33,568.
c Net investment earnings, gains, and losses	194,980.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,262,934.	1,188,251.	1,177,772.	1,090,675.	972,647.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

Description of property	(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		86,700.	18,624.	68,076.
d Equipment		30,237.	20,791.	9,446.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				77,522.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		

Part X Other Liabilities. See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Annuities payable	143,141.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		143,141.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI 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 XIII.)	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 XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII 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 XIII)	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 XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	

Part XIII 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, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

Part X, Line 2: Certain controlled organizations are subject to income taxes. Deferred income tax assets and liabilities are recognized for the differences between the financial and income tax reporting basis of assets and liabilities based on enacted tax rates and laws. A tax benefit from an uncertain tax position may be recognized when it is more likely than not that the position will be sustained upon examination. The deferred income tax provision or benefit generally reflects the net change in deferred income tax assets and liabilities during the year. The current income tax

Part XIII Supplemental Information *(continued)*

provision reflects the tax consequences of revenues and expenses currently taxable or deductible on various income tax returns for the year reported. Sanford Health Foundation West did not have an income tax liability at June 30, 2013; however, some related organizations have established reserves.

Part V, Line 4: Permanently restricted net assets are restricted to investments to be held in perpetuity, the income from which is expendable for nursing scholarships and charity care.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization
Sanford Health Foundation West

Employer identification number
45-0397196

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000.

		(a) Event #1 Great American Bike Race (event type)	(b) Event #2 SHFGC (event type)	(c) Other events None 0 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	419,797.	42,449.		462,246.
	2 Less: Contributions	414,303.	24,416.		438,719.
	3 Gross income (line 1 minus line 2)	5,494.	18,033.		23,527.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	15,498.	2,238.		17,736.
	6 Rent/facility costs	1,050.	9,110.		10,160.
	7 Food and beverages	3,132.	5,156.		8,288.
	8 Entertainment				
	9 Other direct expenses	3,437.	931.		4,368.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(40,552)
	11 Net income summary Combine line 3, column (d), and line 10			▶	-17,025.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary. Combine line 1, column d, and line 7			▶	

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain. _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization
Sanford Health Foundation West

Employer identification number
45-0397196

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? [X] 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sanford Bismarck 300 North 7th Street Bismarck, ND 58501	45-0226700	501(c)(3)	355,238.	0.			Grant money given to fulfill other charitable purposes

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2012)

232101
12-18-12

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. Part III can be duplicated 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
Home renovations, medical services, vans, medical equipment and technology, travel reimbursements	234	293,054.	0.		
Assistance provided to employees facing sudden, emergent trauma	16	14,182.	0.		
Assistance provided to employees to enhance or broaden their education/expertise	49	12,764.	0.		
Scholarships	21	21,000.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2. The organization requires proof of financial need before grant assistance is made. Requests for funds are reviewed at multiple levels throughout the organization. Once funds are distributed no further monitoring takes place.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Sanford Health Foundation West

Employer identification number

45-0397196

Part I Questions Regarding Compensation

			Yes	No
1a	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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	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:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	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			
a	The organization?	6a		X
b	Any related organization?	6b	X	
	If "Yes" to line 6a or 6b, describe in Part III.			
7	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	7	X	
8	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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Christopher Meeker, MD	(i)	0.	0.	0.	0.	0.	0.	0.
Trustee	(ii)	213,821.	0.	0.	8,842.	22,193.	244,856.	0.
Mark Paulson, MD	(i)	0.	0.	0.	0.	0.	0.	0.
Trustee	(ii)	200,747.	0.	47,749.	12,500.	20,436.	281,432.	0.
Richard Hardie, MD	(i)	0.	0.	0.	0.	0.	0.	0.
Trustee	(ii)	743,706.	0.	3,717.	15,000.	18,818.	781,241.	0.
Kelby K Krabbenhoft	(i)	0.	0.	0.	0.	0.	0.	0.
Sanford Health President & CEO	(ii)	941,885.	332,500.	265,036.	0.	22,054.	1,561,475.	0.
Kelby K Krabbenhoft Deferred Comp.	(i)	0.	0.	0.	0.	0.	0.	0.
Sanford Health President & CEO	(ii)	0.	0.	0.	589,623.	0.	589,623.	0.
JoAnn L Kunkel	(i)	0.	0.	0.	0.	0.	0.	0.
Chief Financial Officer Corp	(ii)	321,232.	80,000.	36,816.	14,146.	19,554.	471,748.	0.
Lisa Carlson (thru Oct 12)	(i)	0.	0.	0.	0.	0.	0.	0.
Chief Financial Officer Corp	(ii)	434,253.	129,600.	80,333.	12,500.	19,347.	676,033.	0.
Craig Lambrecht	(i)	0.	0.	0.	0.	0.	0.	0.
President - Sanford Bismarck	(ii)	638,990.	195,894.	6,319.	10,000.	22,444.	873,647.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Part I, Line 1a· Certain items listed on Line 1a are provided by related organizations.

Part I, Line 3: The Executive Compensation Committee of the Sanford Board of Trustees directly engages a nationally recognized independent compensation consulting firm to annually review the total compensation arrangements of the officers and executives of the organization, including the CEO, and to report the findings to them for deliberation and action. The deliberations and actions are recorded in the minutes of the Sanford Board of Trustees. The most recent study was completed in 2013.

Part I, Line 4b: Employer contributions to pension plans, amounts representing increases and decreases in actuarial value (actuarial value factors include age, tenure and salary) of defined benefit SERP Plans are included in Column C. Participants and changes in values include:

Kelby Krabbenhoft $433,820

Part I, Line 6 Sanford physicians are compensated based on the

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

professional services they perform within the clinic in which they provide care. Generally, the model is based on production.

Part I, Line 7: Certain employees are eligible for a discretionary incentive bonus, based on financial targets and other goals.

Supplemental. Compensation reported on Schedule J includes (B)(i) Base compensation - salaries are based on the experience and performance of each executive and benchmarked using independent compensation survey information. (B)(ii) Bonus & incentive compensation as part of executive compensation, individuals may be eligible for incentive performance compensation, however if the organization does not meet its financial targets, incentive payments are not paid, regardless of performance. (B)(iii) Other reportable compensation - generally includes taxable executive benefits. (C) Deferred compensation - includes employer contributions to pension plans and the increase (or decrease) in the actuarial value (actuarial value factors include age, tenure and salary) of the defined benefit plans. (D) Nontaxable benefits - generally include health insurance premiums.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

A memo regarding executive compensation, written by the Chairman of the Sanford Board of Trustees, is on file and available upon request.

Compensation paid to trustees is for full-time professional responsibilities as physicians, administrators or employees of the organization. The total compensation paid to Kelby Krabbenhoft of $1,539,421 is comprised of Base Salary of $941,885, Incentive Compensation of $332,500 and Other Taxable Earnings of $265,036. In addition, an amount of $589,623 has been reported for the estimated amount of ratable increase in value of the defined benefit pension plan, defined benefit SERP and a Gift Agreement Management Continuity Retention plan.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Sanford Health Foundation West

Employer identification number
45-0397196

Form 990, Part I, Line 1, Description of Organization Mission:

through the work of health and healing.

Form 990, Part III, Line 4d, Other Program Services:

Other support to Sanford Health for support of their charitable purposes, as well as individual grants. See Schedule I for further details.

Expenses $ 220,085. including grants of $ 220,085. Revenue $ 0.

Form 990, Part VI, Section A, line 2: The following officers, board members, and key employees are employees of Sanford or its related organizations. Many of these employees also serve on other related Sanford boards, or have business relationships with each other that span the organization as a whole: Christopher Meeker, Mark Paulson, Richard Hardie, Kelby Krabbenhoft, JoAnn Kunkel, Lisa Carlson and Craig Lambrecht.

Form 990, Part VI, Section A, line 4: On July 3, 2012 MedCenter One Foundation changed its name to Sanford West Foundation and Sanford Bismarck (EIN. 45-0226700) became its sole member. Effective January 16, 2014 the Foundation changed its name from Sanford West Foundation to Sanford Health Foundation West.

Form 990, Part VI, Section A, line 6. Sanford is governed by a Board of Trustees (BOT) that has ultimate strategic and decision making authority. The BOT delegates certain activities and responsibilities to Boards of each of Sanford's subsidiaries. The unique nature and complexity of the

Name of the organization: Sanford Health Foundation West

Employer identification number: 45-0397196

subsidiaries requires each to have a delegated Board with a singular entity focus. Such bodies, referred to as Boards of Directors and Boards of Governors, address matters such as credentialing, accreditation standards, developing budgets, programs and facilities on an entity-specific basis, and generally consist of individuals distinct from the BOT. These Boards function much like committees in a traditional corporate structure. The BOT then acts as a holding company Board, synthesizing and reconciling each entity's programs and budgets into a system-wide strategic plan. This structure of governance produces a significant number of trustees, governors and directors, creating a 400+ person collective which acts as a team of ambassadors for Sanford in their respective communities.

Form 990, Part VI, Section A, line 7a: The Sanford Board of Trustees appoints the board members for the Board of Directors of Sanford Health Foundation West.

Form 990, Part VI, Section A, line 7b: The Sanford Board of Trustees approves the actions approved by the Board of Directors of Sanford Health Foundation West.

Form 990, Part VI, Section B, line 11: The Form 990 is prepared internally by the finance department and reviewed by executive management. An external accounting firm reviews the return and prepares return highlights and key disclosures for the Board of Trustees meeting prior to the return filing date. Before the return is filed, a complete copy is provided to the current Board of Trustees.

Form 990, Part VI, Section B, Line 12c: The annual Conflict of Interest

Name of the organization: Sanford Health Foundation West

Employer identification number: 45-0397196

disclosure process is managed by the Chief Compliance Officer (CCO). The CCO is responsible for assuring that all completed forms are returned in a timely and complete manner. Conflict of Interest questionnaires are sent to System Trustees, members of the governing boards of subsidiary entities, officers, and key employees for all entities subject to the IRS Form 990 filings. The disclosures are summarized for review by the executive committee of the Board of Trustees, pursuant to policy. This review allows: 1) The Board to acquire an awareness of financial relationships of board members and key management employees and can invoke the recusal process on a case-by-case basis when potential conflicts are implicated in Board decisions and deliberations, and, 2) Gives the Board the opportunity to seek additional information and clarification about disclosures to determine potential conflicts of interest and how to manage them.

Form 990, Part VI, Section B, Line 15: The Executive Compensation Committee of the Sanford Board of Trustees directly engages a nationally recognized independent compensation consulting firm to annually review the total compensation arrangements of the officers and executives of the organization, including the CEO, and to report the findings to them for deliberation and action. The deliberations and actions are recorded in the minutes of the Sanford Board of Trustees. The most recent study was completed in 2013. Additionally, Sanford periodically engages an independent compensation consultant to review and issue a report regarding the reasonableness of the total compensation arrangements of all physicians employed by the organization. The most recent study of the physician total compensation was completed in 2009.

Form 990, Part VI, Section C, Line 19: Although the organization does not

Name of the organization: Sanford Health Foundation West

Employer identification number: 45-0397196

maintain a website where the public can access these documents, it would respond individually to any requests or inquiries from the public for these documents.

Form 990, Part VII

The Sanford Board of Trustees has ultimate governance responsibilities for each entity within the Sanford system. In addition, a Board of Directors is established for each entity, which has specific delegated responsibilities from the Board of Trustees related to the oversight of day to day operations of that entity.

Form 990, Part XI, line 9, Changes in Net Assets:

Contribution in connection with affiliation	5,208,294.
Transfer from related tax-exempt org for payroll and operating expenses	612,378.
Net assets released for PPE	244,434.
Total to Form 990, Part XI, Line 9	6,065,106.

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
2012
Open to Public Inspection

Name of the organization
Sanford Health Foundation West

Employer identification number
45-0397196

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

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) Section 512(b)(13) controlled entity? No
Sanford - 27-1218956 801 Broadway Drive Fargo, ND 58122	Supporting Organization	North Dakota	501(c)(3)	11-II			X
Sanford Health - 31-1527032 1305 West 18th Street Sioux Falls, SD 57117	Supporting Organization	South Dakota	501(c)(3)	11-II	Sanford	X	
Sanford USD Medical Center - 46-0227855 1305 West 18th Street, PO Box 5039 Sioux Falls, SD 57117-5039	Hospital	South Dakota	501(c)(3)	3	Sanford Health	X	
Sanford Health Foundation - 36-3297853 1305 West 18th Street Sioux Falls, SD 57117	Supporting Organization	South Dakota	501(c)(3)	11-II	Sanford Health	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
Edith Sanford Breast Cancer Foundation - 45-0404126, 2301 60th Street N, Sioux Falls, SD 57104	Foundation	North Dakota	501(c)(3)	11-II	Sanford Health	X	
Sanford Clinic - 46-0447693 1305 West 18th Street, PO Box 5039 Sioux Falls, SD 57117-5039	Clinical Services	South Dakota	501(c)(3)	3	Sanford Health	X	
Sanford Home Health - 46-0282134 1305 West 18th Street, PO Box 5039 Sioux Falls, SD 57117-5039	Home Health Services	South Dakota	501(c)(3)	9	Sanford Health	X	
Sanford Health Network - 46-0388596 1305 West 18th Street, PO Box 5039 Sioux Falls, SD 57117-5039	Hospitals/Clinics	South Dakota	501(c)(3)	3	Sanford Health	X	
Sanford Research/USD - 46-0450378 1305 West 18th Street, PO Box 5039 Sioux Falls, SD 57117-5039	Research	South Dakota	501(c)(3)	3	Sanford Health	X	
Sanford World Clinics - 26-2707628 1305 West 18th Street Sioux Falls, SD 57117	Healthcare	South Dakota	501(c)(3)	3	Sanford Health	X	
Sanford North - 45-0385890 PO Box 2010 Fargo, ND 58122	Supporting Organization	North Dakota	501(c)(3)	11-II	Sanford	X	
Sanford Medical Center Fargo - 45-0226909 PO Box 2010 Fargo, ND 58122	Hospital	North Dakota	501(c)(3)	3	Sanford North	X	
FM Ambulance Service, Inc. - 45-0344371 2215 18th St South Fargo, ND 58103	EMT	North Dakota	501(c)(4)		Sanford North	X	
Sanford Health Foundation North - 45-0398104 PO Box 2010 Fargo, ND 58122	Fundraising	North Dakota	501(c)(3)	7	Sanford North	X	
Sanford Clinic North - 91-1770748 PO Box 2010 Fargo, ND 58122	Clinics	North Dakota	501(c)(3)	9	Sanford North	X	
Sanford Health Network North - 45-0409348 PO Box 2010 Fargo, ND 58122	Hospitals/Clinics	North Dakota	501(c)(3)	11-II	Sanford North	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
Sanford Hillsboro - 45-0230400 PO Box 609 Hillsboro, ND 58045	Hospital	North Dakota	501(c)(3)	3	Sanford Health Network North	X	
Sanford Health Foundation Hillsboro - 36-3542187, PO Box 609, Hillsboro, ND 58045	Fundraising	North Dakota	501(c)(3)	7	Sanford Hillsboro	X	
Sanford Medical Center Mayville - 45-0228899 42 6th Ave SE Mayville, ND 58257	Hospital	North Dakota	501(c)(3)	3	Sanford Health Network North	X	
Sanford Medical Center Thief River Falls - 41-0709579, 120 Labree Ave S, Thief River Falls, MN 56701	Hospital	Minnesota	501(c)(3)	3	Sanford Health Network North	X	
MeritCare Minnesota - 26-1530302 1720 South Highway 59 Thief River Falls, MN 56701	Promotion of health	Minnesota	501(c)(3)	3	Sanford North	X	
Sanford Medical Center Wheaton - 27-2042143 401 12th Street North Wheaton, MN 56296	Hospital/Clinic	Minnesota	501(c)(3)	3	Sanford Health Network North	X	
Sanford Health of Northern Minnesota - 41-1266009, 1300 Anne St NW, Bemidji, MN 56601	Hospital	Minnesota	501(c)(3)	3	Sanford North	X	
Sanford Health Foundation of Northern Minnesota - 41-1389317, 1300 Anne St NW, Bemidji, MN 56601	Fundraising - Support	Minnesota	501(c)(3)	11-II	Sanford Health of Northern Minnesota	X	
Baker Park, Inc. - 41-1372480 803 Dewey Ave NW Bemidji, MN 56601	Low Income Senior Housing	Minnesota	501(c)(3)	9	Sanford Health of Northern Minnesota	X	
North Country Medical Clinic - 41-1753855 1300 Anne St NW Bemidji, MN 56601	Family Practice Medical Clinic	Minnesota	501(c)(3)	3	Sanford Health of Northern Minnesota	X	
Sanford West - 45-0397195 300 North 7th Street Bismarck, ND 58501	Supporting Organization	North Dakota	501(c)(3)	11-II	Sanford	X	
Sanford Bismarck - 45-0226700 300 North 7th Street Bismarck, ND 58501	Hospital	North Dakota	501(c)(3)	3	Sanford West	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
Sanford Living Centers - 45-0416454 1000 18th Street NW, Suite 1 Bismarck, ND 58554	Long-term Care Facility	North Dakota	501(c)(3)	9	Sanford Bismarck	X	
Medcenter One Inc. Auxiliary - 23-7293043 300 North 7th Street Bismarck, ND 58501	Supporting Organization	North Dakota	501(c)(3)	11-I	Sanford Bismarck	X	

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
National Student Housing-South Dakota, LLC - 20-2129839, 100 S Phillips Ave, Sioux Falls, SD 57104	Investment	SD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
R.A.C. Rentals, LLC - 26-1961077, 100 S Phillips Ave, Sioux Falls, SD 57104	Investment	SD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Shetek Medical Services, LLC - 41-2004685, 251 5th Street East, Tracy, MN 56175	Home Health Services	MN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Southwest MN Radiation Center, LLC - 46-0447693, 1018 6th Avenue, Worthington, MN 56187	Radiation Services	MN	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
Sanford Home Medical Equipment, Inc. - 46-0388597, 2710 W 12th Street, Sioux Falls, SD 57105	Healthcare Equipment	SD	N/A	C CORP	N/A	N/A	N/A	X	
Sanford Health Plan - 91-1842494 300 Cherapa Place Sioux Falls, SD 57103	Insurance	SD	N/A	C CORP	N/A	N/A	N/A	X	
Sanford Health Plan of MN - 46-0445852 300 Cherapa Place Sioux Falls, SD 57103	Insurance	MN	N/A	C CORP	N/A	N/A	N/A	X	
Bemidji Medical Equipment, Inc. - 41-1551725 1300 Anne Street NW Bemidji, MN 56601	Retail Sales of DME	MN	N/A	C CORP	N/A	N/A	N/A	X	
North Country Management, Inc. - 41-1820025 1300 Anne Street NW Bemidji, MN 56601	Management Services	MN	N/A	C CORP	N/A	N/A	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
Sanford Frontiers - 45-5436599 1305 W 18th Street, PO Box 5039 Sioux Falls, SD 57117-5039	Weight Loss Management	SD	N/A	C CORP	N/A	N/A	N/A	X	
SOB, Inc. - 46-0442628 2701 S Minnesota Avenue, Suite 2 Sioux Falls, SD 57105	Air Transportation	SD	N/A	C CORP	N/A	N/A	N/A	X	
Sanford Affiliated Services, Inc. - 45-0403146, 300 N 7th Street, Bismarck, ND 58501	Investment Activity	ND	N/A	C CORP	N/A	N/A	N/A	X	
Sanford World Clinics - Ghana Sarbah Road, Tantri Lorry Station, PO Box 366 Cape Coast, GHANA	Healthcare	Ghana	N/A	C CORP	N/A	N/A	N/A	X	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Sanford Bismarck	B	355,238.	Cash
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

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

old # 7838

COMPLETE, PRINT, SIGN, AND MAIL OR FAX (If paying with credit card, complete Credit Card Payment Authorization)

NONPROFIT CORPORATION ARTICLES OF AMENDMENT

SECRETARY OF STATE
SFN 13012 (2-2013)

RECEIVED
JAN 16 2014
SEC. OF STATE

FOR OFFICE USE ONLY

ID Number	402020
Work Order Number	1096182
Filed 1-22-14	By TY

1. FILING FEE $20.00

TYPE OR PRINT LEGIBLY — SEE INSTRUCTIONS FOR FEES, FILING AND MAILING INFORMATION

2. Name of the Corporation as Reflected in the Articles of Incorporation or Last Amendment Filed with the Secretary of State
Sanford West Foundation

3. Federal ID Number	4. Telephone Number	5. Toll-free Telephone Number
45-0397196	(701) 323-8450	

6. Complete Mailing Address of the Corporation's Principal Executive Office (Street/RR, PO Box, City, State, ZIP+4) May not be only a post office box.
300 N. 7th Street PO Box 5525, Bismarck, North Dakota 58506-5525

7. The following amendment has been adopted pursuant to the provisions of the North Dakota Nonprofit Corporation Act, N.D.C.C. Chapter 10-33

Article I - The name of this corporation shall be: Sanford Health Foundation West

8. The amendment shall be effective (check one)
☒ When filed with the Secretary of State ☐ Later on _____ (month, day, year) (must be within 90 days after filing with Secretary of State)

9. The amendment was adopted on by one of the following methods: (check the appropriate method and complete the statement as necessary)
☒ Voting members adopted the amendment:
☒ At a meeting held on 12/12/2013 (month, day, year) at which a quorum was present and the amendment received at least two thirds of the votes cast by members present at the meeting and entitled to vote, or by proxy; OR
☐ By a consent in writing signed by all members entitled to vote
OR
☐ There being no voting members, a majority of directors in office adopted the amendment at a meeting held on _____ (month, day, year)

10. "The undersigned, a person authorized by the corporation to sign this amendment:
- Has read the foregoing Articles of Amendment, knows the contents thereof, and believes the statements made thereon to be true.
- Authorizes the Secretary of State to correct numbers 2 and 7 if not correctly reflected as explained in the instructions.
- Understands that if I make a false statement in this document, I may be subject to criminal penalties."

Signature	Date
	1/16/14

11. Name of Person to Contact About This Document	E-mail Address	Daytime Telephone Number and Extension, if any
Kelly Kirby	kelly.kirby@sanfordhealth.org	(605) 312-6851

ad # 7838

CONSENT TO USE BUSINESS NAME

SECRETARY OF STATE
SFN 59250 (03-2012)

FOR OFFICE USE ONLY

ID Number:	40202000 NP
WO Number:	1096139
Filed:	1-22-14 By: TT

RECEIVED
JAN 21 2014
SECRETARY OF STATE

FILING FEE: $10.00 24,439,360

1A. Name of the business or organization currently registered with the North Dakota Secretary of State that is granting consent to use a business name that is the same or is deceptively similar: 1735900
Sanford Health Foundation, Sanford Health Foundation North, Sanford Health Foundation Hillsboro 3987600

1B. Principal executive office address:
801 Broadway N. Fargo, ND 58122 /12 3rd St SE PO Box 609 Hillsboro ND 58045 TT

2A. The proposed business name to whom consent is being granted:
Sanford Health Foundation West

2B. Principal executive office address:
300 N. 7th Street PO Box 5525, Bismarck, North Dakota 58506-5525

3. "I, the owner, or the person authorized to sign on behalf of the business named in number 1, hereby grant consent to the business name defined in number 2 and accept responsibility to monitor or enforce any restrictions or limitations agreed to by the business named in number 2. I understand that if I make a false statement in this document, I may be subject to criminal penalties."

Signature: Title: Chief legal officer Date: 1/20/14

4. Name of person to contact about this document:	E-mail address:	Daytime telephone number and extension, if any:
Kelly Kirby	**kelly.kirby@sanfordhealth.org**	**605 312 6651**

RECEIVED

JUL 0 3 2012

Sec. of State

4,020,200 aP

916362

Exhibit 2.2.4.1

MCO Foundation Amended and Restated Articles of Incorporation

AMENDED AND RESTATED ARTICLES OF INCORPORATION
OF
MEDCENTER ONE FOUNDATION
(to be renamed SANFORD WEST FOUNDATION)

Medcenter One Foundation adopts the following Amended and Restated Articles of Incorporation pursuant to the provisions of NDCC Chapter 10-33, which shall supersede in their entirety the original Articles of Incorporation of this corporation and all amendments thereto. These Amended and Restated Articles of Incorporation were duly adopted on June 28, 2012, pursuant to NDCC Chapter 10-33. These Amended and Restated Articles of Incorporation shall be effective on July 3 2012.

ARTICLE I

The name of this corporation shall be: Sanford West Foundation.

ARTICLE II

This corporation, formed under the North Dakota Nonprofit Corporation Act, is organized and shall be operated exclusively for charitable, scientific and educational purposes, specifically to be organized and operated exclusively for the benefit of, to support the functions of, and to assist in carrying out the purposes of Sanford West, Sanford Bismarck, Sanford Living Centers and all other Section 501(c)(3) organizations other than private foundations now or hereafter operated, supervised or controlled by, or supervised or controlled in connection with, such organizations. All the powers of this corporation shall be exercised only so that this corporation's operations shall be exclusively within the contemplation of Section 501(c)(3) and Section 509(a)(3) of the Internal Revenue Code. All references in these Articles of Incorporation to sections of the Internal Revenue Code are to the Internal Revenue Code of 1986 and include any provisions thereof adopted by future amendments thereto and any cognate provisions in future Internal Revenue Codes to the extent such provisions are applicable to this corporation.

NORTH DAKOTA
Filed 7-03 2012
Secretary of State

ARTICLE III

This corporation shall not afford pecuniary gain, incidentally or otherwise, to its members, if any, other than to members described in Section 501(c)(3) of the Internal Revenue Code or subdivisions, units, or agencies of the United States or a state or local government. No part of the net income or net earnings of this corporation shall inure to the benefit of any private shareholder or individual.

ARTICLE IV

No substantial part of the activities of this corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation. This corporation shall not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

ARTICLE V

The period of duration of this corporation's existence shall be perpetual.

ARTICLE VI

The registered office of this corporation shall be located at 300 North Seventh Street, Bismarck North Dakota, 58506. The registered agent of this corporation shall be John M. Olson.

ARTICLE VII

The sole voting member of this corporation shall be Sanford Bismarck, a North Dakota nonprofit corporation.

ARTICLE VIII

The management and direction of the business of this corporation shall be vested in a Board of Trustees. The number, term of office, powers, authority and duties of members of the Board of Trustees, the time and place of their meetings, and such other regulations with respect to them as are not inconsistent with the express provisions of these Articles of Incorporation shall be as specified from time to time in the Bylaws of this corporation. Any action, other than an action requiring member approval, required or permitted to be taken at a meeting of the Board of Trustees may be taken by written action signed by the number of trustees that would be required to take the same action at a meeting of the Board of Trustees at

which all trustees were present. All trustees shall be notified immediately of the text and effective date of any such written action that is duly taken.

ARTICLE IX

This corporation shall have no capital stock.

ARTICLE X

The trustees, directors, officers and members of this corporation shall not be personally liable for the debts or obligations of this corporation of any nature whatsoever, nor shall any of the property of the trustees, directors, officers or members be subject to the payment of the debts or obligations of this corporation to any extent whatsoever.

ARTICLE XI

These Articles of Incorporation and the Bylaws of this corporation may be amended as provided in the Bylaws of this corporation.

ARTICLE XII

This corporation may be dissolved in accordance with the laws of the State of North Dakota. In the event of the dissolution of this corporation, any surplus property remaining after the payment of its debts shall be transferred to one or more corporations, associations, institutions, trusts, or foundations organized and operated for one or more of the purposes of this corporation, and described in Section 501(c)(3) of the Internal Revenue Code of 1986, in such proportions as the Board of Trustees of this corporation shall determine. Notwithstanding any provision herein to the contrary, nothing herein shall be construed to affect the disposition of property and assets held by this corporation upon trust or other condition, or subject to any executory or special limitation, and such property, upon dissolution of this corporation, shall be transferred in accordance with the trust, condition or limitation imposed with respect to it.

Dated this 29th day of June, 2012.

MEDCENTER ONE FOUNDATION

By: _____

Title: _____

STATE OF NORTH DAKOTA)
)ss
COUNTY OF Burleigh)

On this, the 29th day of June, 2012, before me, the undersigned officer, personally appeared Craig G. Lambrecht who acknowledged himself to be the President of Medcenter One Foundation, a corporation, and that he, as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself as President.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public, North Dakota
My Commission expires: _____

JOHN M OLSON
Notary Public
State of North Dakota
My Commission Expires June 18, 2015

Form **8868**

(Rev January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☒

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SANFORD WEST FOUNDATION	45-0397196
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions.	Social security number (SSN)
	300 N 7TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BISMARCK, ND 58501-4439	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ NICOLE BLANCHARD

Telephone No ▶ 701-234-1029 FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐ If it is for part of the group, check this box . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 17, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or

▶ ☒ tax year beginning JULY 1, 20 12, and ending JUNE 30, 20 13.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868 see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ ☒
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SANFORD WEST FOUNDATION	45-0397196
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P.O. box, see instructions.	Social security number (SSN)
	300 N 7TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	BISMARCK, ND 58501-4439	

Enter filer's identifying number, see instructions

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	[illegible]	[illegible]
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ NICOLE BLANCHARD
Telephone No. ▶ 701-234-1029 Fax No. ▶
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 20 14
5 For calendar year ____, or other tax year beginning JULY 1, 20 12, and ending JUNE 30, 20 13.
6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance due.** Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$ 0.00

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Anne Fulton Title ▶ CPA Date ▶ 2/6/14