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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization's mission

Dakota Medical Foundation operates exclusively for charitable, scientific and educational purposes To meet its primary purpose, the Foundation receives and administers gifts, donations, makes contributions to, and provides assistance to other nonprofit organizations

2

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

Yes

No

If "Yes," describe these new services on Schedule O

3

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

Yes

No
















If "Yes," describe these changes on Schedule O

4

Describe the 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 \$ 1,399,748 including grants of \$ 757,666) (Revenue \$ 0)
	Dakota Medical Foundation (DMF) and its supporting organization, Dakota Medical Charities (DMC), (the "Foundations") are recognized leaders dedicated to effectively addressing societal health problems and measurably improving the health and healthcare access for people in North Dakota and western Minnesota The Foundations work closely with and through hundreds of engaged partners in the region, such as, health-related nonprofits, healthcare facilities, universities, public agencies, foundations, businesses, volunteers and donors The Foundations place particular emphasis on initiatives and projects that address the special healthcare needs of community members within its traditional service area The Foundations focused their grants and initiative programs in support of Access to Healthcare, Chronic Disease Prevention, and Organizational Effectiveness ACCESS TO HEALTHCARE -Lend A Hand Initiative In 2007, Dakota Medical Foundation established the Lend A Hand Initiative to provide financial and fundraising assistance to a defined charitable class of families and individuals in Cass County, ND and Clay County, MN that experience financial hardships due to catastrophic medical issues A 12-member executive committee provides monthly reviews and eligibility determinations regarding requests for up to \$5,000 in Foundation matching funds available to the defined charitable class of family benefit funds In 2014, the DMF Lend A Hand program celebrated its seventh anniversary and has assisted in raising over \$8.8 million for 310 qualified family benefits The Lend A Hand program teamed with over 6,000 community members who have led fund raising benefit events in local communities with more than 120,000 people attending and supporting the events The Foundations have provided matching funds to the family benefit funds totaling over \$1.5 million since 2008 Donors may contribute to 1) the DMF Lend A Hand Giving Fund where contributions are matched by the Foundations, or 2) directly to the community established family benefit funds that meet the program's eligibility requirements The Lend A Hand program provides a step-by-step fundraising guide, a toolkit for volunteers that include planning and marketing templates and additional resources and fundraising assistance (www.dakmed.org/lendahand/) Donations to the Lend A Hand program may be made by cash, check or online through the Impact Foundation website located at www.impactgiveback.org Healthy Steps Outreach Initiative This initiative provides education and outreach to approximately 13,000 families in North Dakota with children without medical insurance, seeking to connect them to one of three free or low-cost medical assistance programs Medicaid, Healthy Steps Children's Health Insurance Plan and Caring for Children insurance program Half of uninsured families are potentially eligible for a form of public health coverage with a majority having working parents (80 percent) Efforts to build awareness and connect uninsured children will help to ensure that North Dakota children have a healthy start and a healthy future Studies show that uninsured children are ten times more likely to have unmet medical needs and five times more likely to go more than two years without seeing a doctor, which can lead to a greater risk of illness and hospitalization In addition, a lack of health insurance can have a negative influence on school attendance and participation in extracurricular activities Healthy Steps outreach has the support of Healthy Steps Ambassadors in schools statewide Outreach kits have been created to give ambassadors and child advocates an opportunity to connect families in need of health insurance with available resources and guidance Faith Community Nurses also serve as Healthy Steps Ambassadors in hospitals and human service organizations The number of children covered by Healthy Steps, has risen from 3,399 in 2009 to 4,076 in 2013 The initiative is funded by a \$650,000 two year grant from the North Dakota Department of Human Services Children's Mental Health Initiative In 2007, the Foundations partnered with the Southeastern North Dakota Community Action Agency (SENDCAA) to develop, implement and manage strategies to provide access to early social-emotional mental health screening, assessment and therapeutic consultation services for children, improve education and awareness of early childhood mental health, and facilitate collaboration among providers Working with local public health units, clinics and childcare sites in Cass County, ND and Clay County, MN, the initiative provides access to social-emotional mental health screenings, assessments and consultation services for children up to age 8 Over 7,500 children have been screened since 2009 The early interventions have led to 800 follow-up screenings and services to build positive behavioral skills preventing future difficulties in school, work and relationships Another 380 referrals have been made to additional mental health services Face-to-face services were received by 44 children and their caregivers in 2014 with an average of five sessions each Community education is an important component of the initiative During 2013 SENDCAA program consultants have become certified Nurtured Heart Approach advanced trainers who arm parents, caregivers and teachers with the tools to create positive relationships with children More than 1,000 childcare providers have been trained The Initiative supported the development of a Resource Guide that identifies information about children's mental health services and providers in Cass and Clay Counties The Initiative was supported in 2014 through a \$50,000 grant to Southeastern North Dakota Community Action Agency Prescription Assistance Initiative Since 2000, the Foundations have supported programs in its service area that provide application assistance for eligible low-income and uninsured persons to secure free or reduced-cost prescription medications from major pharmaceutical company programs The Foundations partnered with South Central Adult Services of Valley City, ND to manage the initiative Since 2003, nearly 40,000 applications for medication assistance have been processed resulting in 7,030 people acquiring over \$27.8 million in essential prescription drugs During 2014, approximately \$1.1 million in prescriptions were acquired through the programs by over 231 clients
4b	(Code) (Expenses \$ 296,413 including grants of \$ 44,336) (Revenue \$ 6,236)
	Chronic Disease Prevention - See Schedule O for continuation
4c	(Code) (Expenses \$ 1,404,538 including grants of \$ 1,046,705) (Revenue \$ 75,500)
	Organizational Effectiveness - See Schedule O for continuation
	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Breakthrough Idea Challenge The Foundations committed \$455,000 in funding to inspire and encourage nonprofits and people in our region to think big, sparking bold, innovative and original solutions to find new ways to solve persistent health problems The challenge is to identify ambitious, creative new ideas to significantly improve the health of people in our region, or to remove persistent hurdles that impact health and well-being Innovation is the most likely path to produce breakthroughs that conquer persistent health problems The Foundations engage and challenge people and organizations to think bigger and bolder, and then supply the grant capital and guidance to explore new ideas and launch new ventures to tackle tough healthcare issues During 2014, 70+ innovators identified ambitious and challenging proposals for evaluation by DMF Strategic Platforms Committee Nine of the proposals were approved resulting in \$455,000 in DMC grants awarded to nonprofit organizations in the region * Essentia Health to establish a database to connect nursing students with opportunities for hands-on clinical experiences at hospitals, clinics and other health settings \$32,000* Lake Region State College to create a curriculum for paramedics to earn their RN associate's degrees to alleviate career mobility issues in the state \$75,000* Elder Abuse Prevention Center to establish a center for Cass and Clay counties to investigate and combat abuse, neglect and exploitation of elders and vulnerable adults \$62,400* Lutheran Social Services of Minnesota to improve support to those caring for elderly people in rural areas \$49,000* Great Rides Fargo to support an automated bike rental system to promote healthy commuting \$50,000* Concordia College to continuing pioneering work to spread physical activity into the school day and in youth groups to combat obesity \$50,600* TNT Kid's Fitness to provide a movement labs and learning at childcare sites \$36,000* Boys & Girls Club of the Red River Valley for a mobile unit to take recreation activities to youth in their neighborhoods, particularly where incomes are low and access to summer activities is challenging \$50,000* YMCA of Cass Clay to create a "healthy thinking 7 Mindsets" community \$50,000
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,100,699

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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	No
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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 Yes	
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	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
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)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		No
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		No
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	18	
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	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
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	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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	No
10b	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	Yes
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	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	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▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. ▶Michael Schumacher 4141 28th Avenue S Fargo, ND 58104 (701) 271-0263

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if 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 dotted 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			
(1) Richard Vetter MD	4 00	X		X				0	0	0
Chair	1 00									
(2) Susan Mathison MD	2 00	X		X				0	0	0
Vice Chair	1 00									
(3) Curt Noyes	3 00	X		X				0	0	0
Treasurer	1 00									
(4) Jon Wanzek	2 00	X		X				0	0	0
Secretary (thru 12/2013)	1 00									
(5) Sindy Keller Director thru 12/2013)/Secretary(starting 1/2014)	2 00	X		X				0	0	0
	1 00									
(6) David Clutter MD	2 00	X						0	0	0
Director	1 00									
(7) Jay Eisenbeis	2 00	X						0	0	0
Director	1 00									
(8) Chris Kennelly	2 00	X						0	0	0
Director	1 00									
(9) Larry Leitner	2 00	X						0	0	0
Director	1 00									
(10) Debra Magnuson BSN RN	2 00	X						0	0	0
Director (thru 12/2013)	1 00									
(11) Fadel Nammour MD	2 00	X						0	0	0
Director	1 00									
(12) Jane Skalsky RN	2 00	X						0	0	0
Director	1 00									
(13) Nancy Slotten	2 00	X						0	0	0
Director	1 00									
(14) Mike Warner	2 00	X						0	0	0
Director	1 00									
(15) Joel Haugen MD	2 00	X						0	0	0
Director	1 00									
(16) Hope Yongsmith	2 00	X						0	0	0
Director	1 00									
(17) Seth Novak	2 00	X						0	0	0
Director	1 00									

Part VII

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: 1

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.

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 ▶5	
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Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b	9,300		
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,920,754		
	g	Noncash contributions included in lines 1a-1f \$		294,154		
	h	Total. Add lines 1a-1f		1,930,054		
Program Service Revenue	2a	Management Fees	Business Code			
			900099	75,500	75,500	
	b	Healthy People Registr	611430	6,236	6,236	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		81,736		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		15,743		15,743
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		387,669				
	b	Less cost or other basis and sales expenses		0		
	c	Gain or (loss)		387,669		
	d	Net gain or (loss)		387,669		387,669
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See Instructions		2,415,202	81,736	0	403,412

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 or note to any line 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.	1,582,429	1,582,429		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	266,278	266,278		
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.	162,100	81,050	48,630	32,420
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.	65,064	50,099	11,061	3,904
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	8,160	6,281	1,389	490
9	Other employee benefits.	16,882	12,994	2,874	1,014
10	Payroll taxes.	11,302	6,656	2,907	1,739
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	8,520	1,508	7,012	
c	Accounting.	9,525		9,525	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	183,166	164,849	18,317	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	160,775	146,261	13,603	911
12	Advertising and promotion.	333,677	330,107	3,570	
13	Office expenses.	74,240	57,998	14,854	1,388
14	Information technology.	25,773	5,016	20,487	270
15	Royalties.				
16	Occupancy.	46,733	27,694	17,560	1,479
17	Travel.	9,370	6,849	2,521	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	48,844	46,594	2,250	
20	Interest.	97,247	70,504	18,639	8,104
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	326,776	236,913	62,632	27,231
23	Insurance.	10,321	619	9,702	
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					
b					
c					
d					
e	All other expenses.	2,285		2,285	
25	Total functional expenses. Add lines 1 through 24e.	3,449,467	3,100,699	269,818	78,950
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		1,050,060	2	556,908
	3	Pledges and grants receivable, net		252,398	3	188,096
	4	Accounts receivable, net		69,949	4	80,383
	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 instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		39,452	7	184,569
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		13,700	9	21,848
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,713,893		
	b	Less accumulated depreciation	10b	650,072	5,294,080	10c 5,063,821
	11	Investments—publicly traded securities		11,585,356	11	11,551,935
	12	Investments—other securities See Part IV, line 11		7,003,302	12	6,389,953
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		128,612	15	577,203
	16	Total assets. Add lines 1 through 15 (must equal line 34)		25,436,909	16	24,614,716
Liabilities	17	Accounts payable and accrued expenses		434,501	17	349,641
	18	Grants payable		5,300	18	
	19	Deferred revenue			19	7,773
	20	Tax-exempt bond liabilities		3,800,000	20	3,200,000
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties		31,998	24	151,987
	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			25	
	26	Total liabilities. Add lines 17 through 25		4,271,799	26	3,709,401
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		19,502,075	27	18,207,087
	28	Temporarily restricted net assets		752,693	28	1,135,527
	29	Permanently restricted net assets		910,342	29	1,562,701
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		21,165,110	33	20,905,315
	34	Total liabilities and net assets/fund balances		25,436,909	34	24,614,716

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,415,202
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,449,467
3	Revenue less expenses Subtract line 2 from line 1	3	-1,034,265
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,165,110
5	Net unrealized gains (losses) on investments	5	774,470
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,905,315

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization Dakota Medical Foundation	Employer identification number 45-6012318
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Part I

Reason for Public Charity Status (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 33¹/₃% 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 33¹/₃% 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?

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	733,373	1,256,334	1,149,863	1,528,127	1,930,054	6,597,751
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	733,373	1,256,334	1,149,863	1,528,127	1,930,054	6,597,751
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)						292,639
6 Public support. Subtract line 5 from line 4						6,305,112

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	733,373	1,256,334	1,149,863	1,528,127	1,930,054	6,597,751
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	336,185	158,963	54,450	48,403	15,743	613,744
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)						7,211,495
12	Gross receipts from related activities, etc. (see instructions)					12	279,023
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	87 430 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	85 190 %
16a	33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b	33 1/3% support test—2012. 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 <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part IIISupport Schedule for Organizations Described in 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Dakota Medical Foundation	Employer identification number 45-6012318
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	33	2
2 Aggregate contributions to (during year)	494,738	4,910
3 Aggregate grants from (during year)	210,242	15,620
4 Aggregate value at end of year	1,026,292	5,427
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ 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 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
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,663,035	1,194,052	789,652	497,141	325,484
b Contributions	1,298,315	682,301	536,328	458,560	299,340
c Net investment earnings, gains, and losses	40,771	-17,104	5,591	12,331	
d Grants or scholarships	303,894	196,214	137,519	178,380	127,683
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,698,227	1,663,035	1,194,052	789,652	497,141

- 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 61 000 %

c

Temporarily restricted endowment 39 000 %

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No
- 4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		555,875		555,875
b Buildings		3,545,688	246,450	3,299,238
c Leasehold improvements				
d Equipment		1,108,074	356,714	751,360
e Other		504,256	46,908	457,348
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,063,821

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,006,279
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	774,470
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-183,393
e	Add lines 2a through 2d	2e	591,077
3	Subtract line 2e from line 1	3	2,415,202
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	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,415,202

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,266,074
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	0
3	Subtract line 2e from line 1	3	3,266,074
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	183,143
b	Other (Describe in Part XIII)	4b	250
c	Add lines 4a and 4b	4c	183,393
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	3,449,467

Part XIII

Supplemental Information

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.

Return Reference	Explanation
Part V, Line 4	Funds are used for the Foundation's mission purposes in accordance with donor agreements
Part X, Line 2	Dakota Medical Foundation is organized as a North Dakota nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). Dakota Medical Foundation is required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS annually. In addition, Dakota Medical Foundation is subject to income tax on any net income that is derived from business activities that are unrelated to its exempt purpose. Dakota Medical Foundation believes it has appropriate support for any tax positions taken affecting the annual 990 filing requirements, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements. Dakota Medical Foundation would recognize future accrued interest and penalties related to unrecognized tax liabilities in income tax expense if such interest and penalties are incurred.
Part XI, Line 2d - Other Adjustments	Related Party Grant/Allocation included in revenue for financial statements -250. Investmnet expenses included in revenue for financial statements -183,143
Part XII, Line 4b - Other Adjustments	Related Party Grant/Allocation included in revenue for financial statements 250

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Dakota Medical Foundation

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number

45-6012318

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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.

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

2

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

49

3

Enter total number of other organizations listed in the line 1 table

1

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
(1) Direct cash assistance to charitable class as result of medical crisis	53	266,278			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

Software ID:
Software Version:
EIN: 45-6012318
Name: Dakota Medical Foundation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Achievements Unlimited Foundation 4141 28 Ave S Fargo, ND 58104	20-2052288	501(c)(3)	54,720				Fundraising school support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Cass School District 802 N 5 Street Casselton, ND 58012	45-6000306	Government	9,000				Health-related support for children

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Altru Family Medicine Residency PO Box 6002 Grand Forks, ND 582066002	45-0310462	501(c)(3)	9,500				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross 2602 12 Street S Fargo,ND 58102	45-0280066	501(c)(3)	12,750				Operations support and Maddison Neighborhood Fire Prevention Project

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anne Carlsen Center PO Box 8000 Jamestown, ND 58402	87-0694180	501(c)(3)	6,850				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities 5201 Bishops Blvd S Ste B Fargo, ND 581047605	45-0226416	501(c)(3)	5,250				Program support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Charism 622 23 Street S Fargo,ND 58103	45-0435273	501(c)(3)	5,700				Program support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Churches United for the Homeless 1901 1 Avenue N Moorhead, MN 56560	41-1594892	501(c)(3)	21,000				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community of Care 335 1 Street Arthur, ND 58006	26-1488596	501(c)(3)	7,000				Operations Support and Assist with health/medical concerns

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Concordia College 901 8 Street S Moorhead, MN 56560	41-0693977	501(c)(3)	7,500				Scholarships

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cullen Children's Foundation PO Box 0594 West Fargo,ND 50594	77-0636521	501(c)(3)	17,500				Support for children's health programs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Cultural Diversity Resources 112 N University Dr Ste 306 Fargo,ND 58102	41-1896836	501(c)(3)	5,500				O perations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dakotas Boys and Girls Ranch PO Box 5007 Minot, ND 587025007	45-0333670	501(c)(3)	6,250				Program support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dorothy Day House of Hospitality 714 8 Street S Moorhead, MN 56560	41-1452555	501(c)(3)	7,500				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Emergency Food Pantry 1101 4 Avenue N Fargo, ND 58108	51-0138107	501(c)(3)	10,500				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Essential Health Regional Foundation 3000 32 Avenue S Fargo, ND 58103	27-1984704	501(c)(3)	13,983				Foundation Fund development

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Healthcare Center 301 NP Avenue Fargo, ND 58102	45-0430628	501(c)(3)	7,500				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fargo Moorhead Opera 3001 25th St S Ste A Fargo, ND 581035054	45-0307449	501(c)(3)	8,000				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First Choice Clinic 1351 Page Drive Fargo, ND 58103	45-0384081	501(c)(3)	24,500				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FirstLINK 4357 13 Avenue S Fargo, ND 58103	45-0419491	501(c)(3)	8,500				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fraser Ltd 2902 S University Fargo, ND 58103	45-0226418	501(c)(3)	6,500				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grand Forks Parks and Recreation Foundation 1210 7 Avenue S Grand Forks, ND 58201	26-0625504	Government	32,000				Support for Choice Health and Fitness and for the ICON Sports Center

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Great Plains Food Bank 1720 3rd Ave N Fargo, ND 58102	45-0226421	501(c)(3)	11,250				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Great Rides Fargo 425 Broadway N Fargo, ND 581024414	46-1849025	501(c)(3)	5,000				Bike Share Project

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERO 5012 53 Street S Fargo, ND 58104	45-0457109	501(c)(3)	10,000				HERO Mobile

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hope Inc 803 22nd Ave S Moorhead, MN 565604309	45-0425106	501(c)(3)	7,750				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Impact Foundation 4141 28 Ave S Fargo,ND 58104	20-0520386	501(c)(3)	338,300				Fill the Dome, wealth transfer initiation, capacity building initiative, GiveBack initiative, Impact Institute and sponsor staff to pilot banquet training

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
John Paul II Catholic Schools Network 5600 25 Street S Fargo, ND 58104	45-0403317	501(c)(3)	11,500				AED and physical exercise equipment for Trinity school

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Legacy Children's Foundation 3425 1st Street North Fargo,ND 58102	45-3621605	501(c)(3)	5,250				O perations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lutheran Social Services of MN 2485 Como Ave St Paul, MN 551081445	41-0872993	501(c)(3)	5,000				Cargiver support and respite program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lutheran Social Services of ND Box 389 Fargo, ND 58107	45-0226421	501(c)(3)	10,000				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Martin's Lutheran Church 602 2 Street N Casselton, ND 58012	45-0250537	501(c)(3)	9,000				Health Related support for children

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ND Autism Center Inc 4733 Amber Valley Pk Fargo, ND 58104	20-8129476	501(c)(3)	5,000				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ND Community Action Partnership 3233 University Dr S Fargo,ND 581046221	45-0338878	501(c)(4)	159,000				Provide cancer patients in ND with gas cards for medical appointments

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nokomis Child Care Center 618 23rd St S Fargo, ND 581032441	45-0364036	501(c)(3)	9,100				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northlands Rescue Mission 420 Division Ave Grand Forks, ND 582014624	45-0251562	501(c)(3)	6,174				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oak Grove Lutheran School 124 N Terrace Fargo, ND 58102	45-0226473	501(c)(3)	28,000				School wellness/nursing

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Red River Children's Advocacy Center 100 S 4 Street Fargo, ND 58103	45-6014870	501(c)(3)	9,000				Services for child victims of abuse

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Red River Valley Dental Access Project PO Box 1748 Fargo, ND 58107	91-2094334	501(c)(3)	26,750				Dental care for uninsured/underinsured

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Riding on Angels Wings 5062 120th Ave N Felton, MN 565369326	20-2254919	501(c)(3)	8,500				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
River View Health Foundation 323 South Minnesota St Crookston, MN 567161601	41-1699589	501(c)(3)	5,000				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ronald McDonald House Charities 1330 18 Ave S Fargo, ND 58103	45-0365598	501(c)(3)	8,500				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENDCAA 3233 S University Fargo, ND 58104	45-6014870	501(c)(3)	6,120				Support of corrdination of services for families and children in Region V

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special Olympics ND 2616 S 26th St Grand Forks, ND 582016413	45-0355704	501(c)(3)	6,500				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Gerards Community of Care Box 448 Hankinson, ND 58041	45-0234473	501(c)(3)	7,750				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Gianna's Maternity Home 15605 County Road 15 Minto,ND 58261	01-0575746	501(c)(3)	16,500				O perations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Mary's Foundation 1027 Washington Ave Detroit Lakes, MN 56501	51-0175442	501(c)(3)	7,550				Create comfort kits for families of acutely ill newborns, iPads for NICU at Essentia Health, Detroit Lakes and Fargo, First aid supplies for youth sports in the areas served by Essentia Health, Detroit Lakes, and program support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TNT Kids Fitness 2800 Main Avenue Fargo, ND 58103	20-3459549	501(c)(3)	15,250				Operations support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA of Cass and Clay Counties 400 1 Avenue S Fargo,ND 58103	45-0232696	501(c)(3)	6,000				Nurtured Heart training for YMCA childcare staff and parents, Partner of Youth Annual Scholarship Campaign match

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA Cass Clay 3100 12 Ave N Fargo, ND 58102	45-0226435	501(c)(3)	24,000				Operations Support

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Dakota Medical Foundation

Employer identification number
45-6012318

Part I Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>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.</div> <div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
If "Yes," to line 5a or 5b, describe in Part III.		
<div>6</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
If "Yes," to line 6a or 6b, describe in Part III.		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	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				
(1) J Patrick Traynor President	(i)	126,071	0	180	19,001	11,613	156,865	0
	(ii)	126,071	0	180	19,001	11,613	156,865	0

Part III **Supplemental Information**

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.

Return Reference	Explanation
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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Dakota Medical Foundation

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

45-6012318

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Cass County	45-6002205		06-19-2012	4,000,000	See Part VI for description		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	800,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	4,000,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	483							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	30,000							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	3,969,517							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2013							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part I, Line A, Column f	Construction and equipping of an office, training and conference facility for the benefit of nonprofit organizations

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Dakota Medical Foundation

Employer identification number
45-6012318

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	294,154	Average Hi/Low Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶ ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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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 to provide any additional information.
 Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
 Inspection

Name of the organization Dakota Medical Foundation	Employer identification number 45-6012318
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Return Reference	Explanation
Form 990, Part III, Program B	<p>CHRONIC DISEASE PREVENTION - Cass Clay Alive! Initiative The Foundations joined with other like-minded organizations in 2009 to promote and facilitate a comprehensive approach for residents living in Cass County, ND and Clay County, MN to eat healthier and lead more active lifestyles, resulting in decreased incidence of obesity and chronic diseases The initiative's overall strategy is to coordinate community collaboration to improve the health of citizens and to integrate best practices through the engagement of government, education, food industry, worksite wellness, community-based organizations, and insurers to make Cass and Clay counties of North Dakota the healthiest place in America to live, work, and play The goal is to reduce childhood obesity rates in those counties by 20% by 2020 The initiative works through an advisory committee and a steering committee comprised of members from the various sectors to develop and direct the initiatives goals Beginning in 2012, the Initiative programs focused on StreetsAlive! SchoolsAlive!, and ChildcareAlive! The Foundations provided over \$226,400 in 2014 to support this Initiative StreetsAlive! The healthy communities focus in 2014 included the fifth annual Streets Alive! events to encourage healthier lifestyles in the community through movement by walking, running, biking, skating, dancing and any other means of human movement Participants used human-powered transportation to navigate the 3-mile course through Fargo/Moorhead area Over 30 community partners participated and supported the Streets Alive! effort by establishing healthy food booths, providing health education and mini-activity classes throughout the days Two 2014 StreetsAlive! events drew over 13,000 attendees SchoolsAlive! The Initiative's SchoolsAlive program works with local school systems to implement stronger wellness policies impacting over 27,000 K-12 students The West Fargo, ND school system is implementing a school day physical activity initiative in its elementary schools The program has included trainings and support on Active Recess, Active Classrooms, a university student service learning project, and training for before and after school staff More than 1,250 staff have been trained Over 400 school staff from ND and MN have attended local Healthy Schools Summits Culinary trainings for school cooks were added in 2014 to teach scratch cooking that uses fresh, healthy ingredients and cuts additives and preservatives in student lunches More than 155 individuals from 40 ND school districts have participated in Culinary Boot Camps Family and Consumer Science teachers, childcare providers, and nonprofits like the Salvation Army and Great Plains Food Bank also attended Childcare Alive! The Foundations collaborated with the ChildCare Aware program to increase physical activity and ensure healthier eating in child care settings Early childhood professionals take part in online and face-to-face training, assessment of current practices, goal setting, and action planning around improving children's health ChildcareAlive! has provided training to over 1,100 childcare providers and parents in functions addressing childhood obesity, increased outdoor activity, and nutritional education through 2014 Faith Communities Alive! CassClayAlive! extended its reach to create faith settings supportive of healthy choices in 2014 The initiative has engaged 20 congregations in Cass and Clay counties to build a peer network of healthy parishes and prototype policies and practices that establish faith settings as hubs for education, health promotion and advancing healthy habits</p>

Return Reference	Explanation	
	Form 990, Part III, Program C	<p>Organizational Effectiveness - The Foundations believe it is imperative for nonprofit organizations to build their capacity to become efficient high-impact, sustainable nonprofits to provide more effective health outcomes for the clients they serve over the long term. The Foundations recognize the challenges that many nonprofit health related organizations encounter in delivering needed programs that improve health and access to healthcare. The Foundations provide financial support to the Impact Institute training and education programs made available to nonprofit organizations. Since inception in 2005, more than 5,000 nonprofit executives and directors from over 450 nonprofits have trained in Impact Institute leadership and fundraising concepts. In 2014, the Impact Institute helped equip charity organizations to solve complex community challenges through our training and coaching. We were able to train over 100 organizations, particularly in fundraising. Many continued their professional development in the fundraising curriculum and a coaching program titled Funding Logic that was developed at Impact Institute to build a mastery of fundraising and leadership. A study of 34-nonprofit organizations that participated in fundraising training showed that their public support on Giving Hearts Day increased over a six year period from \$840,394 in donations in 2009 to \$2.3 million in donations in 2014. On average, coached nonprofits increased their Giving Hearts Day funds by 32% over last year, compared with 18% by those who did not participate in coaching. During 2014, the Foundations provided \$100,000 in grants to Impact Foundation and incurred \$101,021 in operating expenses to support this Initiative.</p> <p>DMF Training and Event Center. In March 2013 DMF opened its newly-constructed 18,800 square foot building to serve as a nonprofit community center to expand the sector's capability to educate and train area nonprofit organizations and to provide a venue for conferences, retreats, fundraisers and a gathering location for area nonprofit organizations and health leaders. The center provides a high-tech conference for engaging health leaders and other stakeholders, a teaching kitchen facility that provides a location to teach healthy food preparation, particularly to school and child care food service staff. The training room, board room, multiple conference rooms are made available to area nonprofit organizations for their conferences and meetings. Since opening, hundreds of organizations have utilized the facilities.</p> <p>GiveBack Initiative. The Foundations partnered with Impact Foundation to develop a GiveBack Initiative that focuses on developing strategies and programs to inspire and substantially increase the giving of time, talent and treasure by donors in North Dakota and western Minnesota. The Initiative created new ways of thinking and new approaches surrounding wealth transfer and volunteerism in North Dakota and Western Minnesota. The GiveBack website (www.impactgiveback.org) provides the capability for nonprofit organizations to accept online contributions from donors, share their stories, engage volunteers and record volunteer activities and coordinate event registrations. Significant efforts and commitments have been made by Impact Foundation to enhance the website in order to better connect donors with nonprofit organizations that fit the donor's charitable goals. The online giving website has processed over \$12.7 million for its partner nonprofits since its 2007 implementation. In 2014, the Foundations provided \$150,000 in grants to Impact Foundation to support this initiative.</p> <p>Wealth Transfer Initiative. The Foundations, partnering with Impact Foundation, have been a vocal force educating financial advisors and nonprofit organizations on the generational wealth transfer expected to occur between 2007 and 2061 in North Dakota. According to the U.S. Wealth Transfer: A Golden Era of Philanthropy report commissioned by Impact Foundation and completed by the Boston College Center for Philanthropy, an estimated \$59 trillion will be transferred by 93.6 million estates in the U.S. and approximately 220,000 North Dakota households will transfer \$308.6 billion to families, heirs, charities, estate taxes, and accelerated lifetime divestiture of other assets from 2007 to 2061. The initiative's purpose is to provide valuable information to nonprofit organizations so that they can develop their fundraising to individuals, who provide eighty percent of the funding to U.S. nonprofits through private gifts. During 2014, the Foundations provided a grant totaling \$75,000 to Impact Foundation to support this initiative.</p> <p>DMF Giving Hearts Day Initiative. The Foundations partnered with Impact Foundation to establish this Initiative to promote charitable giving in the region. The online giving environment improves the capacity of area nonprofit organizations to efficiently raise funds for their programs. The online giving website</p>

Return Reference	Explanation	
	Form 990, Part III, Program C	<p>e at www.impactgiveback.org is used to promote the annual DMF Giving Hearts Day each February and provides donors with an easy-to-use website to make online contributions to their favorite North Dakota and Minnesota charitable organizations. Since implementation in 2008, the Giving Hearts Day Initiative has generated contributions for community nonprofit organizations totaling over \$15.7 million. The Foundations have provided over \$2.2 million in matching fund grants and incentive grants for participating organizations since inception of this initiative. The Giving Hearts Day event held in February 2014 generated 24,407 donations for 235 charitable causes totaling over \$6.9 million in a 24-hour period. During 2014, the Foundations provided \$456,030 match grants and incentive awards to participating nonprofit organizations and incurred \$67,908 in operating expenses to support this initiative. In a study of 34 organizations that have participated in the event continuously since 2009, cumulative Giving Hearts Day fundraising results have risen from \$840,394 to \$2.3 million, or greater than 10 percent each year. The Foundation received a total of \$100,000 from two organizations to fund awards to nonprofits. Grant Writing Service. In 2005, the Foundations have supported grant writing assistance for health-related nonprofit organizations to generate additional financial resources for their programs. Since the formal addition of grant writing assistance, the Foundations, Impact Foundation and other regional nonprofit organizations have secured over \$14.7 million in grant funding.</p>

Return Reference	Explanation
Form 990, Part III, Line 4c	<p>Volunteer Initiative Foundations partnered with Impact Foundation in 2007 to implement a Volunteer Initiative designed to help nonprofit organizations more effectively recruit, train, manage and retain volunteers. The GiveBack website www.impactgiveback.org includes a Volunteer page that provides the capability for nonprofit organizations to list their volunteer opportunities and to track the volunteer's time spent. The Foundations partnered with FirstLink to connect volunteers with opportunities to serve. In 2014, the Foundations provided \$15,000 in grants to FirstLink in support of their efforts to expand this initiative.</p>

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	<p>The Executive Committee is comprised of the Chair, Vice Chair, Secretary, Treasurer, and the Chairs of the Governance Committee, Finance/Investment Committee, Grants Committee, and one Board Member At-Large. The Immediate Past Chair shall also serve on the Executive Committee for a one-year, nonvoting term. The Board Member at-large shall be elected by the Board at its organizational meeting. Four (4) members of the total committee membership shall be members of the medical staff of hospitals or clinics. The Executive Committee:</p> <ul style="list-style-type: none">A. Shall be responsible for the day-to-day activities of the Foundations.B. Shall review strategic and operational plans for recommendation to the Board.C. May review actions of the three (3) other Standing Committees: Governance, Finance/Investment, and Grants Committees, and give recommendations to the Board.D. Shall annually evaluate the performance of the President.E. Shall, upon approval by the Board, set the President's compensation and terms of employment.F. Shall review and recommend to the Board the number and salary ranges of all staff of the Foundations.G. Shall review and may make expenditures up to and including fifty thousand dollars (\$50,000) without Board approval unless otherwise specifically prohibited.H. Shall evaluate the proposals concerning unmet health needs in the communities that the Foundations serve, prioritize such needs, recommend appropriate grant budget, time frame, and desired key performance categories for each such need, and seek Board approval for initiatives designed to meet such needs.

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Mike Schumacher and David Gibb have a business relationship with each other and with J Patrick Traynor, Joel Haugen, M D , Richard Vetter, M D , Jon Wanzek, Curt Noyes, David Clutter, M D , Larry Lettner, Jay Eisenbeis, Chris Kennelly, Debra Magnuson, BSN, RN, Jane Skalsky, RN, Susan Mathison, M D , Mike Warner, Fadel Nammour, M D , Nancy Slotten, Hope Yongsmith, Seth Novak, Amanda Thomas, Robert Bakkum, Jerry Skjonsby, and Sindy Keller They are employed, as the CFO and Director of Finance, by a related organization, Dakota Medical Charties (DMC), where the above individuals also serve as Board members and/or officers David Clutter, M D , Fadel Nammour, M D , and Richard Vetter, M D , all have a business relationship with Joel Haugen, M D

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	The Dakota Medical Foundation top financial official responsibilities were shared by the Director of Finance and the CFO prior to the retirement of the Director of Finance. The services are performed under a service contract arrangement between Dakota Medical Foundation and Dakota Medical Charities, related organizations. David Gibb and Michael Schumacher received \$142,986, and \$135,247, respectively, in compensation as Director of Finance and CFO during the fiscal year.

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Members elect the Board of Directors annually

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The Form 990 is provided to all Board members for review and comment prior to filing. In addition, the filed copy is presented as an agenda item at the next scheduled Board meeting.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Board members and staff are annually required to review and declare conflicts. Annual results are compiled and acted upon pursuant to the Conflict Policy. Board members abstain from voting on any issues that create a conflict of interest.

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	<p>The President's performance and compensation are reviewed annually by the Executive Committee. The President's compensation changes are approved by the Board. The President's compensation was reviewed in September 2012 by HR Advisors, an independent human resource consulting firm engaged by the Board to establish a base compensation range. Changes to compensation in subsequent years are based on the established range, performance and CPI changes, and compared with the Council on Foundations' annual salary surveys and other available relevant sources. Other officers' compensation ranges are reviewed by Dakota Medical Charities, a related organization, and compared periodically with the Council on Foundations' salary surveys and other available relevant sources.</p>

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Foundations make their governing documents, conflict of interest policy and financial statements available to the public upon request

Return Reference	Explanation
Form 990, Part XII, Line 2c	There is no separate committee that assumes responsibility for oversight of the audit, review , or compilation of its financial statements and selection of an independent accountant This function is performed by the Board of Directors

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Dakota Medical Foundation

Employer identification number
45-6012318

Part I Identification of Disregarded Entities

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Dakota Medical Charities 4141 28th Avenue S Fargo, ND 58104 45-0368679	Supporting Organization	ND	501(c)(3)	Line 11a, I	Dakota Medical Foundation	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

No

1p

No

1q

Yes

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Dakota Medical Charities	Q	450,994	Direct Cost

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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