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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury

Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Dakota Medical Foundation

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

4141 28th Avenue S

City or town, state or province, country, and ZIP or foreign postal code

Fargo, ND 58104

F Name and address of principal officer

J Patrick Traynor

4141 28th Avenue S

Fargo, ND 58104

D Employer identification number

45-6012318

E Telephone number

(701) 271-0263

G Gross receipts \$

3,755,584

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.dakmed.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1960

M State of legal domicile

ND

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

We lead initiatives to create a region of the healthiest people, build the fundraising success of health-related nonprofits, and invest in new ideas that can create widespread health improvement

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

20

4 Number of independent voting members of the governing body (Part VI, line 1b)

20

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

11

6 Total number of volunteers (estimate if necessary)

60

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

2,709,162

3,132,522

9 Program service revenue (Part VIII, line 2g)

154,327

192,297

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

412,718

430,765

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

0

0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

3,276,207

3,755,584

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

1,743,671

2,123,961

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

506,022

710,863

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶

98,555

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

1,251,626

1,539,758

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

3,501,319

4,374,582

19 Revenue less expenses Subtract line 18 from line 12

-225,112

-618,998

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

29,159,531

28,935,480

21 Total liabilities (Part X, line 26)

3,152,836

2,743,376

22 Net assets or fund balances Subtract line 21 from line 20

26,006,695

26,192,104

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2019-08-15

Date

Michael Schumacher CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

FARGO, ND 581082545

45-0250958

(701) 239-8500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

We lead initiatives to create a region of the healthiest people, build the fundraising success of health-related nonprofits, and invest in new ideas that can create widespread health improvement We further invest our resources in helping nonprofits become exceptional at fundraising With money for their missions, organizations multiply their impact on health and quality of life

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 \$	1,227,024	including grants of \$	815,515) (Revenue \$	2,895)
	See Additional Data				

4b	(Code) (Expenses \$	1,190,095	including grants of \$	675,478) (Revenue \$)
	See Additional Data				

4c	(Code) (Expenses \$	1,566,459	including grants of \$	632,967) (Revenue \$	189,402)
	See Additional Data				

4d	Other program services (Describe in Schedule O)				
	(Expenses \$		including grants of \$) (Revenue \$)

4e	Total program service expenses ▶	3,983,578
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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 Yes	
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>	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>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		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>		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 "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	23
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11
b	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)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ► _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response 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	20	
	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		
b	Enter the number of voting members included in line 1a, above, who are independent	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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.	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		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?		No
16b	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?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: MN

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.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ Michael Schumacher 4141 28th Avenue S Fargo, ND 58104 (701) 271-0263

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(18) Rob Lauf DDS Director	2 00 1 00	X						0	0	0
(19) Nola McNeally Director	2 00 1 00	X						0	0	0
(20) Kim Meyer Director	2 00 1 00	X						0	0	0
(21) J Patrick Traynor President	20 00 20 00			X				168,763	168,763	64,950
(22) Michael Schumacher CFO	20 00 20 00			X				0	169,769	37,145
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								168,763	338,532	102,095

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEI Investments 1 Freedom Valley Drive Oaks, PA 19456	Investment management	131,257

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 ► 1

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

1a	Federated campaigns . . .	1a	
b	Membership dues . . .	1b	8,650
c	Fundraising events . . .	1c	
d	Related organizations	1d	749,237
e	Government grants (contributions)	1e	
f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,374,635
g	Noncash contributions included in lines 1a-1f \$ <u>301,313</u>		
h	Total. Add lines 1a-1f ▶ <u>3,132,522</u>		

Program Service Revenue

	Business Code				
2a	Management Fees	900099	189,402	189,402	
b	Miscellaneous	611430	2,895	2,895	
c					
d					
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f ▶ <u>192,297</u>				

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) ▶		125,736			125,736
4	Income from investment of tax-exempt bond proceeds ▶					
5	Royalties ▶					
6a	(i) Real (ii) Personal					
	Gross rents					
b	Less rental expenses					
c	Rental income or (loss)					
d	Net rental income or (loss) ▶					
7a	(i) Securities (ii) Other					
	Gross amount from sales of assets other than inventory	304,989 40				
b	Less cost or other basis and sales expenses	0 0				
c	Gain or (loss)	304,989 40				
d	Net gain or (loss) ▶		305,029			305,029
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 ▶		3,755,584	192,297	0	430,765

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 domestic organizations and domestic governments. See Part IV, line 21.	1,923,596	1,923,596		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	200,365	200,365		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	228,321	124,806	59,392	44,123
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.	382,677	303,605	50,218	28,854
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	39,964	31,455	5,593	2,916
9 Other employee benefits.	27,031	21,276	3,783	1,972
10 Payroll taxes.	32,870	23,965	5,722	3,183
11 Fees for services (non-employees):				
a Management.				
b Legal.	6,792	985	5,807	
c Accounting.	12,910		12,910	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	138,845	124,961	13,884	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	293,714	269,382	24,332	
12 Advertising and promotion.	405,204	402,101	3,103	
13 Office expenses.	48,782	39,694	8,587	501
14 Information technology.	31,717	12,026	19,691	
15 Royalties.				
16 Occupancy.	49,008	33,983	14,324	701
17 Travel.	18,922	17,393	1,529	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	82,086	80,102	1,984	
20 Interest.	55,624	48,872	4,844	1,908
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	369,853	319,814	35,898	14,141
23 Insurance.	13,889	833	13,056	
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.	12,412	4,364	7,792	256
25 Total functional expenses. Add lines 1 through 24e.	4,374,582	3,983,578	292,449	98,555
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		330,379	2	415,533
	3	Pledges and grants receivable, net		119,876	3	87,967
	4	Accounts receivable, net		35,005	4	79,174
	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		681,608	7	501,474
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		32,769	9	26,893
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,121,410		
	b	Less: accumulated depreciation	10b	2,051,876		
				4,315,912	10c	4,069,534
	11	Investments—publicly traded securities		7,649,486	11	8,274,091
	12	Investments—other securities. See Part IV, line 11		15,904,209	12	15,480,814
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		90,287	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 34)		29,159,531	16	28,935,480	
Liabilities	17	Accounts payable and accrued expenses		294,540	17	322,504
	18	Grants payable			18	
	19	Deferred revenue		2,000	19	0
	20	Tax-exempt bond liabilities		1,986,000	20	1,589,000
	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		579,351	24	553,307
	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		290,945	25	278,565
	26	Total liabilities. Add lines 17 through 25		3,152,836	26	2,743,376
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		13,883,786	27	12,862,187
	28	Temporarily restricted net assets		2,726,178	28	3,452,850
	29	Permanently restricted net assets		9,396,731	29	9,877,067
	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		26,006,695	33	26,192,104
	34	Total liabilities and net assets/fund balances		29,159,531	34	28,935,480

Part XI Reconciliation of Net AssetsCheck 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	3,755,584
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,374,582
3	Revenue less expenses Subtract line 2 from line 1	3	-618,998
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,006,695
5	Net unrealized gains (losses) on investments	5	804,407
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	26,192,104

Part XII Financial Statements and ReportingCheck 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
b 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	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

Dakota Medical Foundation (DMF) and its supporting organization, Dakota Medical Charities (DMC), (the "Foundations") are recognized leaders dedicated to addressing societal health problems and improving the health and quality of life for people across North Dakota and northwest Minnesota. The Foundations focus their grants and initiative programs in support of the following areas: Access to Healthcare, Chronic Disease Prevention, Organizational Effectiveness, and Innovation. ACCESS TO HEALTHCARE Lend A Hand Up Initiative. In 2007, Dakota Medical Foundation established the Lend A Hand Up 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. In 2018, the Lend A Hand Up program helped raise more than \$1.5 million for 50 qualified families. The Foundations have provided matching funds to boost benefit dollars raised totaling more than \$2.7 million since 2008.

Form 990, Part III, Line 4b:

CHRONIC DISEASE PREVENTION StreetsAlive! healthy communities focus in 2018 included the ninth annual StreetsAlive! event which drew nearly 2,500 people. This event encourages healthy living through walking, running, biking, and any other means of physical movement. In 2018, the Foundations provided a total of \$6,000 in funding for the StreetsAlive! initiative. SchoolsAlive! encourages every school to design and implement a Comprehensive School Physical Activity Program (CSPAP), as well as improve the school nutrition environment as part of the school's wellness policy. In 2018, the Foundations provided \$30,000 to South East Education Cooperative (SEEC) for their Healthy Schools program focused on reducing overweight and obesity in children. ChildcareAlive! The Foundations collaborated with the Childcare Aware program to increase physical activity and ensure healthier eating in childcare settings. The Foundations granted \$35,000 in 2018. Worksite Wellness Initiative P5 Performance helps organizations create sustainable, supportive, and healthy cultures. The Foundations provided \$310,216 in funding for this initiative in 2018. End Child Sexual Abuse Initiative Stand to Protect, formerly known as Pledge to Protect, is a community movement engaging every citizen in prevention. A total of \$76,768 was provided by the Foundations in 2018. End Addiction The Mayor's Blue Ribbon Commission on Addiction is a public/private community collaborative launched by the Foundations to mobilize the community around a brilliant strategy to prevent substance abuse and addiction, and to ensure access to highly effective treatment and recovery support. In 2018, the Foundations provided \$45,591.

Form 990, Part III, Line 4c:

ORGANIZATIONAL EFFECTIVENESS Impact Institute Training and Coaching The Institute works to expand the fundraising results of charities through assessment, training, and coaching In 2018, the Foundations provided \$225,000 in grants to Impact Foundation for training and coaching nonprofit leaders DMF Center for Excellence & Innovation In March 2013, DMF opened a newly-constructed 18,800 square foot building as a gift to the community serving as a nonprofit community center to educate and train area nonprofits, as well as a gathering space for local nonprofits In 2018, nearly 600 events were hosted by local nonprofits in the facility for more than 13,000 community members GiveBack Website (ImpactGiveBack org) This technology platform allows nonprofit organizations to accept online contributions from donors, share their stories, and engage volunteers In 2018, the Foundations provided \$112,500 to Impact Foundation to streamline and improve this technology Giving Hearts Day Initiative The Foundations, along with Impact Foundation and the Alex Stern Family Foundation, host this annual 24-hour giving day to boost charity awareness and giving in our region Since implementation in 2008, Giving Hearts Day has generated contributions for charities across North Dakota and northwest Minnesota totaling nearly \$65 million The Foundations have provided nearly \$6 million in matching fund grants and incentive grants for participating organizations since inception

SCHEDULE A (Form 990 or 990EZ)	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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2017 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization Dakota Medical Foundation	Employer identification number 45-6012318

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	1,930,054	7,970,166	2,020,416	2,709,162	3,132,522	17,762,320
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,930,054	7,970,166	2,020,416	2,709,162	3,132,522	17,762,320
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)						1,609,505
6	Public support. Subtract line 5 from line 4						16,152,815

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total	
7	Amounts from line 4	1,930,054	7,970,166	2,020,416	2,709,162	3,132,522	17,762,320	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,743	22,319	23,441	114,956	125,736	302,195	
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 VI)							
11	Total support. Add lines 7 through 10						18,064,515	
12	Gross receipts from related activities, etc (see instructions)						12	613,018
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>							

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 89.420 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 92.560 %
16a 33 1/3% support test—2017. 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—2016. 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—2017. 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 VI 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—2016. 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 VI 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Dakota Medical Foundation

Employer identification number
45-6012318

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	45	1
2 Aggregate value of contributions to (during year)	768,527	1,128
3 Aggregate value of grants from (during year)	373,044	24,954
4 Aggregate value at end of year	1,927,393	11,314

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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**c** Beginning balance**d** Additions during the year**e** Distributions during the year**f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?☐ **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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,380,523	9,529,736	8,602,530	1,645,901	960,670
b Contributions	480,336	542,932	465,820	6,825,277	652,359
c Net investment earnings, gains, and losses	530,893	442,268	496,420	138,902	40,772
d Grants or scholarships			35,034	7,550	7,900
e Other expenditures for facilities and programs	252,074	134,413			
f Administrative expenses					
g End of year balance	11,139,678	10,380,523	9,529,736	8,602,530	1,645,901

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as**a** Board designated or quasi-endowment ▶ 0 %**b** Permanent endowment ▶ 88 670 %**c** Temporarily restricted endowment ▶ 11 330 %

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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" on 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		3,569,778	895,942	2,673,836
c Leasehold improvements				
d Equipment		1,373,553	969,602	403,951
e Other		622,204	186,332	435,872
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,069,534

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) SEI Special Situations	2,466,089	F
(B) Financial Stock Demutualization	264,944	F
(C) SEI Structured Credit Fund	4,684,578	F
(D) SEI Core Properties Fund	4,655,855	F
(E) Sterling Office & Industrial Trust	2,170,530	F
(F) Edgewood REIT	1,238,818	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	15,480,814	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
Stock Demutualization Principal	264,944	
Related party payable	13,621	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	278,565	

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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	4,421,146
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	804,407
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	804,407
3	Subtract line 2e from line 1	3	3,616,739
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	138,845
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	138,845
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	3,755,584

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

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

1	Total expenses and losses per audited financial statements	1	4,235,737
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	4,235,737
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	138,845
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	138,845
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,374,582

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Part V, Line 4	The Dakota Medical Foundation's endowments consist of funds established by donors to support the mission and programs within the Dakota Medical Foundation's service area. The Dakota Medical Foundation's endowments may include both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. Donor restricted endowments are established under an agreement with the donor and are recorded as permanently restricted net assets on the books of the Dakota Medical Foundation.

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>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.</p>

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," on 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

2017

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 72

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Direct cash and other assistance to charitable class as result of medical crisis	42	182,350	18,015	FMV	Gift cards for gas and groceries
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 the organization, 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. The Foundation provides financial and fundraising assistance to a defined charitable class of families and individuals experiencing a medical crisis in Cass County, ND and Clay County, MN.

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 2602 12TH STREET NORTH FARGO, ND 58102	45-0280066	501(c)3	5,300				Program support for health-related services
AMISTAD WORLDWIDE 3810 15TH STREET SOUTH MOORHEAD, MN 56560	27-3569895	501(c)3	12,000				Program support for health-related services

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ANNE CARLSEN CENTER PO BOX 8000 JAMESTOWN, ND 58402	87-0694180	501(c)3	21,000				Program support for health-related services and supplies
BETHANY RETIREMENT LIVING 201 UNIVERSITY DRIVE S FARGO, ND 58103	45-0394181	501(c)3	5,800				Program support for health-related services

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BOYS AND GIRLS CLUB OF DETROIT LAKES PO BOX 83 DETROIT LAKES, MN 565020083	41-0871442	501(c)3	15,000				Program support for kitchen equipment and children's nutrition program
CALVARY LUTHERAN CHURCH 1405 SOUTH 9TH STREET GRAND FORKS, ND 58201	45-0274054	501(c)3	10,643				Program support for purchasing bikes and helmets for underprivileged children to promote bike fitness and helmet safety

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CATHOLIC CHARITIES ND 5201 BISHOPS BLVD SUITE B FARGO, ND 58104	45-0226416	501(c)3	11,750				Program support for health-related services
CCRI INC 2903 15TH STREET SOUTH MOORHEAD, MN 56560	41-1294489	501(c)3	5,350				Program support for health-related services

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CENTRAL CASS SCHOOL DISTRICT 802 NORTH 5TH STREET CASSELTON, ND 58012	45-6000306	501(c)3	18,000				Program support for health and wellness related programs for kids in Central Cass School District and to purchase fitness equipment for the Wellness Center
CHURCHES UNITED FOR THE HOMELESS 1901 1ST AVENUE NORTH MOORHEAD, MN 56561	41-1594892	501(c)3	21,475				Program support for health-related services and sponsor of the Gourmet Soup Kitchen Shelter fundraiser

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COMMUNITY OF CARE 41 LANGER AVENUE S CASSELTON, ND 58012	26-1488596	501(c)3	9,550				Program support for health-related services and sponsor of the Totally Tables event
COMMUNITY VIOLENCE INTERVENTION CENTER 211 SOUTH 4TH STREET GRAND FORKS, ND 58201	45-0359167	501(c)3	6,400				Program support for the CVIC youth goals and health related services

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CULLEN CHILDREN'S FOUNDATION PO BOX 594 WEST FARGO, ND 580780594	77-0636521	501(c)3	61,050				Program support for children's health-related activities
DAKOTA BOYS AND GIRLS RANCH 6301 9TH AVENUE NW MINOT, ND 58703	45-0333670	501(c)3	8,600				Program support for health-related services

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DOROTHY DAY HOUSE OF HOSPITALITY 714 8TH STREET SOUTH MOORHEAD, MN 56560	41-1452555	501(c)3	9,500				Program support for health-related services
EMERGENCY FOOD PANTRY PO BOX 2821 FARGO, ND 58108	51-0138107	501(c)3	18,500				Program support for health-related services

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EMERGING PRAIRIE INC 122 1/2 N BROADWAY FARGO, ND 58102	81-0742137	501(c)3	25,000				Program support for community betterment and the TEDX Fargo event
ESSENTIA HEALTH FOUNDATION ST MARY'S 1027 WASHINGTON AVE DETROIT LAKES, MN 56501	41-1620386	501(c)3	13,000				Program support for Helipad to provide critical care access for patients and provide educational opportunities for nurses and support staff to facilitate bereavement services

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ESSENTIA HEALTH REGIONAL FOUNDATION 3000 32ND AVE S FARGO, ND 58103	27-1984704	501(c)3	16,450				Program support for health-related services and the Essentially Yours Community Event
F5 PROJECT 118 BROADWAY SUITE 812 FARGO, ND 58102	81-4658673	501(c)3	13,600				Program support for F5 Conference and support community betterment

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FAMILY HEALTHCARE CENTER - FGO 301 NP AVENUE N FARGO, ND 58102	45-0430628	501(c)3	5,900				Program support for health-related services for uninsured/underserved community members
FARGO PUBLIC SCHOOLS DEVELOPMENT FOUNDATION 1305 9TH AVE S FARGO, ND 58103	31-1733797	501(c)3	55,500				Program support for critical needs program for students, purchase gym equipment to promote children's physical activity and purchase shoes and gym clothes

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FIRST CHOICE CLINIC 1351 PAGE DRIVE SUITE 205 FARGO, ND 58103	45-0384081	501(c)3	17,178				Program support for health-related services and sponsor annual Driving Fore A Difference event
FIRST STEP RECOVERY OF THE VILLAGE 3201 FIECHTNER DRIVE FARGO, ND 58103	45-0226421	501(c)3	7,500				Program support for addiction counseling

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FirstLINK 4357 13TH AVE S STE 107L FARGO, ND 58103	45-0419491	501(c)3	8,250				Program support for health-related services and sponsor annual breakfast
FM RAISE YOUR SPIRITS 1417 MAPLE LANE WEST FARGO, ND 58078	82-1642383	501(c)3	5,600				Program support for FM Raise Your Spirits Gala and to assist the community and celebrate volunteerism

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FRASER LTD 2902 S UNIVERSITY DRIVE FARGO, ND 58103	45-0226418	501(c)3	8,050				Program support for health-related services
FREEDOM RESOURCE CENTER FOR INDEPENDENT LIVING 2701 9TH AVENUE S SUITE H FARGO, ND 58103	36-3653709	501(c)3	7,350				Program support for health-related services for people with disabilities and sponsor for the annual appreciation lunch and Art of Freedom event

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GRAND FORKS PARKS AND RECREATION FOUNDATION PO BOX 12429 GRAND FORKS, ND 582082429	26-0625504	501(c)3	5,500				Program support for health-related services
GREAT PLAINS FOOD BANK 1720 3RD AVENUE N FARGO, ND 58102	45-0226421	501(c)3	25,150				Program support for nutrition access to community members and the BackPack and School pantries programs for children in our community

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GREAT RIDES FARGO 425 BROADWAY NORTH FARGO, ND 58102	46-1849025	501(c)3	8,000				Program support for Streets Alive community event
HALEY'S HOPE INC 1150 PRAIRIE PARKWAY SUITE 100 WEST FARGO, ND 58078	45-4502660	501(c)3	8,400				Program support for health-related services for children with dyslexia

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HEALTH RESOURCES CENTER 904 LAKE AVENUE SUITE 1 DETROIT LAKES, MN 56501	41-1461232	501(c)3	10,000				Program support for pregnancy counseling and prenatal care
HERO 5012 53RD ST S SUITE C FARGO, ND 58104	45-0457109	501(c)3	26,150				Program support for health-related activities, purchase u-step walkers for patients with Parkinson's and develop strategic plan

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HOPE INC 803 22ND AVENUE SOUTH MOORHEAD, MN 56560	45-0425106	501(c)3	9,150				Program support for health-related activities and provide access to adaptive SKI program for physically and mentally challenged children
IMAGINE THRIVING PO BOX 10083 FARGO, ND 58106	46-3828944	501(c)3	5,250				Program support for mental health education, prevention and advocacy for youth

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IMPACT FOUNDATION 4141 28TH AVENUE S FARGO, ND 58104	20-0520386	501(c)3	340,200				Program support for Fill The Dome, Capacity Building, LevelUp Fargo, and the Giveback program
JAIL CHAPLAINS 1111 WESTRAC DRIVE SUITE 102 FARGO, ND 58103	20-4363997	501(c)3	6,250				Program support for health-related services

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JAMESTOWN REGIONAL MEDICAL CENTER FOUNDATION 2422 20TH STREET SW JAMESTOWN, ND 58401	36-3348763	501(c)3	6,500				Program support for health-related services
JEREMIAH PROGRAM PO BOX 7430 FARGO, ND 58106	41-1801834	501(c)3	12,050				Program support for health-related services

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KAMP KACE PO BOX 6462 FARGO, ND 58109	45-0452459	501(c)3	5,800				Program support for health-related services
LEGACY CHILDREN'S FOUNDATION 725 28TH STREET N FARGO, ND 58102	45-3621605	501(c)3	5,800				Program support for healthy summer activities for kids programs and health education and programs for disadvantaged youth

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ND AUTISM CENTER INC 647 13TH AVENUE E SUITE A WEST FARGO, ND 58078	20-8129476	501(c)3	6,000				Program support for health-related services
ND SAFETY COUNCIL INC 1710 CANARY AVENUE SUITE A BISMARCK, ND 58501	45-0353009	501(c)3	15,200				Provide funding for the NDSC conference and strategic planning session

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NDSCS FOUNDATION 800 6TH STREET N WAHPETON, ND 58076	45-0407617	501(c)3	12,620				Program support for health-related services and Workforce Partner Program
NDSU FOUNDATION AND ALUMNI ASSOCIATION 1241 N UNIVERSITY FARGO, ND 581055144	23-7120898	501(c)3	8,000				Program support for students in health related fields and nursing or pharmacy programs

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NDSU - CENTER FOR SOCIAL RESEARCH PO BOX 6050 DEPT 2632 FARGO, ND 581086050	45-6002439	NDSU	5,750				Program support for ND Compass publication and ND Compass 2018 Champion sponsor
NEW LIFE CENTER 1902 3RD AVE N FARGO, ND 581071067	45-0228056	501(c)3	19,200				Program support for health-related activities and sponsor of the Untold Story event

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NORTH DAKOTA DENTAL FOUNDATION 4141 28TH AVENUE S FARGO, ND 58104	36-3487515	501(c)3	218,578				Program support to provide dental treatment to rural ND areas and Mission of Mercy
NORTH DAKOTA OFFICE OF THE GOVERNOR OFFICE OF RECOVERY REINVENTED BISMARCK, ND 58505	45-0309764	ND	30,000				Program support for the prevention, treatment and recovery services for people in our state affected by addiction

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OAK GROVE LUTHERAN SCHOOL 124 NORTH TERRACE FARGO, ND 58102	45-0226473	501(c)3	18,700				Program support for health and fitness activities for youth and for school nursing staff and health-related activities
PARK CHRISTIAN SCHOOL 300 NORTH 17TH STREET MOORHEAD, MN 56560	41-1402135	501(c)3	7,000				Program support for health-related services and to equip the expansion of the biology and chemistry labs to allow STEM certification and training future healthcare workforce

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PATH TRAUMA & STRESS CLINIC 1202 WESTRAC DRIVE FARGO, ND 58103	91-2159746	501(c)3	10,000				Program support for the Trauma and Stress Clinic therapeutic collaboration project
RAPE AND ABUSE CRISIS CENTER PO BOX 2984 FARGO, ND 581082984	41-1310289	501(c)3	11,600				Program support for health-related services and Kids are Our Business Breakfast sponsor

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RED RIVER CHILDREN'S ADVOCACY CENTER 100 SOUTH 4TH STREET 302 FARGO, ND 58103	45-6014870	501(c)3	14,100				Program support for counseling and advocacy services to child victims of abuse
RIVERVIEW HEALTH FOUNDATION 323 S MINNESOTA STREET CROOKSTON, MN 56716	41-1699589	501(c)3	50,249				Program support for health-related services, health career scholarships, and the inpatient replacement project

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RONALD McDONALD HOUSE CHARITIES 1330 18TH AVENUE SOUTH FARGO, ND 58103	45-0365598	501(c)3	10,150				Program support to provide housing for family members of critically ill hospitalized children and for health-related services
SALVATION ARMY 304 ROBERTS ST N FARGO, ND 58102	41-0698597	501(c)3	7,500				Program support for health-related services and the sponsorship of the Red Kettle campaign

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SANFORD HEALTH FOUNDATION PO BOX 2010 FARGO, ND 581222399	45-0398104	501(c)3	11,600				Program support for Child Life Services in the Fargo-Moorhead area
SHARE HOUSE INC 4227 9TH AVE S FARGO, ND 58103	51-0183396	501(c)3	6,500				Program support for health-related services

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SOUTHEAST HUMAN SERVICE CENTER 2624 9TH AVENUE S FARGO, ND 58103	45-0309764	501(c)3	10,000				Program support for MST-Psychiatric Program impacting high risk youth
ST GERARDS COMMUNITY OF CARE 613 1ST AVENUE SW HANKINSON, ND 58041	45-0234473	501(c)3	31,676				Program support for health-related services

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ST GIANNA'S MATERNITY HOME 15605 COUNTY ROAD 15 MINTO, ND 58261	01-0575746	501(c)3	27,950				Program support for health-related services
ST JOHN PAUL II CATHOLIC SCHOOLS 5600 25TH STREET SOUTH FARGO, ND 58104	45-0403317	501(c)3	18,000				Program support for school nurse services and the Deacon Partners sponsorship

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THE GREAT NORTH POLE 675 13TH AVENUE E SUITE 101 WEST FARGO, ND 58078	82-1969429	501(c)3	11,250				Program support for physical activity clothing and equipment for underprivileged children in Cass and Clay counties
TNT KID'S FITNESS & GYMNASTICS ACADEMY 2800 MAIN AVE FARGO, ND 58103	20-3459549	501(c)3	30,470				Program support for health-related services, support the U S Military members Fitness Club, assist veterans PTSD exercise/therapy program, the Rock Steady Boxing program for people with Parkinson's exercise program and wellness programs for children

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UND ALUMNI ASSOCIATION AND FOUNDATION 3501 UNIVERSITY AVE STOP 8157 GRAND FORKS, ND 582028157	45-0348296	501(c)3	12,500				Provide scholarships to students pursuing medical or nursing degrees and support the Women in Philanthropy event
UNIVERSITY OF MARY 7500 UNIVERISY DRIVE BISMARCK, ND 58504	45-0273403	501(c)3	13,170				Program support to purchase equipment and supplies for the Occupational Therapy doctorate program at the Fargo campus

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UP AQUATICS INC 3740 ASPYN LANE NORTH Fargo, ND 58102	27-1181382	501(c)3	8,000				Provide support to enhance aquatics and aquatics education in the Fargo Moorhead area
WEST FARGO EDUCATIONAL FOUNDATION 207 MAIN AVE W WEST FARGO, ND 58078	36-3548686	501(c)3	20,000				Program support for a mental health professional in the LE Berger Elementary school and scholarships for graduating seniors pursuing degrees in mental health education and teaching careers

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF CASS AND CLAY COUNTIES 400 1ST AVENUE SOUTH FARGO, ND 58103	45-0232696	501(c)3	14,750				Program support for Partner of Youth Campaign for the Wheels to Wellness program, camp nurse, health supplies and early learning readiness
YWCA CASS CLAY 3100 12TH AVENUE NORTH FARGO, ND 58102	45-0226435	501(c)3	62,600				Program support to provide emergency shelter services for women and children, health and safety related services and the Women of the Year Award sponsor

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
Dakota Medical Foundation

Employer identification number

45-6012318

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b 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.

2 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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on 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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

For each individual whose compensation must be reported on 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

[illegible]

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
------------------	-------------

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

OMB No 1545-0047

2017

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	2,400,000							
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		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 "Yes" to 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
Date Rebate Computation Performed	Issuer Name Cass County Date the Rebate Computation was Performed 10/21/2015

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

2017

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	7	132,313	Avg Hi/Low Value, FMV
10 Securities—Closely held stock	X	1	169,000	Fair Market Value
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

1

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

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 nonstandard 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

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

Cat No 51227J

Schedule M (Form 990) (2017)

Part II **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
Part I, Column (b)	The amounts reported in column b above represent the number of contributors that gave to each category

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Dakota Medical Foundation

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

45-6012318

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, line 2	Concussion Care Initiative The DMF Concussion Care initiative, launched in September of 2018, is working to establish a new standard of care for treating concussions with hyperbaric oxygen therapy (HBOT)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, line 3	<p>The Children's Mental Health Initiative, in partnership with the Southeastern North Dakota Community Action Agency (SENDCAA), helped develop, implement and manage strategies to provide access to early social-emotional mental health assessment and therapeutic consultation services for children. Grant funding for this program ended in October 2017. End Child Sexual Abuse Initiative. In 2018, Pledge to Protect was renamed Stand to Protect, which is a community movement focusing on engaging every citizen in preventing child sexual abuse. The Foundations launched the initiative in February of 2017. Lend A Hand Initiative. Lend A Hand was renamed Lend A Hand Up in 2018. The program provides financial and fundraising assistance to a defined charitable class of families and individuals experiencing a medical crisis in Cass County, ND and Clay County, MN.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	<p>The Executive Committee will be comprised of the Chair, Vice Chair, Secretary, Treasurer, the Chairs of the Governance Committee, Finance/Investment Committee, and Strategic Platforms Committee, and up to two Board Members At-Large. The Immediate Past Chair shall also serve on the Executive Committee. The Board Member(s) 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. May review actions of all the Foundation's committees and give recommendations to the Board.C. Shall annually evaluate the performance of the President and may appoint a Compensation Subcommittee to conduct the evaluation.D. Shall set the President's annual compensation and terms of employment.E. Shall recommend to the Board a process for recruiting and selecting a President of the Foundations in the event of a vacancy in the position.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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	<p>Michael Schumacher has a business relationship, as an employee and CFO of Dakota Medical Charities (a related organization), with J Patrick Traynor who serves as the President and is an employee of Dakota Medical Foundation, and the Board members of the Foundations pursuant to the business relationship definition per IRS guidelines. Board members include Barbara Brookshire, OD, Julene Brown, RN, David Clutter, M D , Richard Vetter, M D , Chris Kennelly, Larry Leitner, Jane Skalsky, RN, Susan Mathison, M D , Ben Meland, Eric Monson, Nancy Sloten, Sindy Keller, Hope Yongsmith, Seth Novak, Amanda Thomas, Robert Bakkum, Rob Lauf, DDS, Nola McNeally, David Akkerman, M D , and Kim Meyer. Seth Novak and Ben Meland have a business relationship in real estate investments.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Board Members and staff are annually required to review and declare conflicts. Members of the Foundations' management follow written procedures for staff conflicts. Board Members abstain from voting on any issues that create a conflict of interest.

990 Schedule O, Supplemental Information

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 December 2016 by HR Advisors, an independent human resource consulting firm engaged by the Board to establish a reasonable and competitive base compensation range. Changes to compensation in subsequent years are based on the established range, performance and inflationary changes, and compared with the Council on Foundations' annual salary surveys and other available relevant sources. Other staff compensation ranges are reviewed by the Executive Committee and/or the President and compared periodically with the Council on Foundations' salary surveys and other available relevant sources.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	The Finance/Investment Committee has responsibility for oversight of the annual audit of the Foundations' consolidated financial statements and the selection of an independent accountant. The Finance/Investment Committee recommends to the Board of Directors for approval the results of the annual audit and the annual selection of the independent accountant.

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

OMB No 1545-0047

2017

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 12a, I	Dakota Medical Foundation	Yes	
(2)Lend A Hand Up 4141 28th Avenue S Fargo, ND 58104 82-4471241	Supporting Organization	ND	501(c)(3)	Line 12a, 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	13,621	Direct Cost
(2) Dakota Medical Charities	C	749,237	Cash Value

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)