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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
F-M AMBULANCE SERVICE INC
F AMBULANCE SERVICE INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 5039 RTE 5218
City or town, state or province, country, and ZIP or foreign postal code
SIOUX FALLS, SD 571175039
F Name and address of principal officer:
KELBY KRABBENHOFT
2301 EAST 60TH ST
SIOUX FALLS, SD 57104

D Employer identification number
45-0344371
E Telephone number
(701) 234-2000
G Gross receipts \$ 17,944,015

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (4) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.FMAMBULANCE.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1978

M State of legal domicile:
ND

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
"DEDICATED TO THE WORK OF HEALTH AND HEALING"

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) 3 12

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 67,481 83,234

9 Program service revenue (Part VIII, line 2g) 9 7,844,072 17,858,616

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -442 -10,173

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,082 -13,976

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 7,912,193 17,917,701

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 960 960

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 4,930,882 9,957,144

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 1,770,870 3,678,638

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 6,702,712 13,636,742

19 Revenue less expenses. Subtract line 18 from line 12 19 1,209,481 4,280,959

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 7,264,730 6,987,738

21 Total liabilities (Part X, line 26) 21 44,717 123,451

22 Net assets or fund balances. Subtract line 21 from line 20 22 7,220,013 6,864,287

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

2020-10-28

Date

BILL MARLETTE CFO & TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01314196

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 50 SOUTH SIXTH STREET SUITE 2800

Phone no. (612) 397-4000

MINNEAPOLIS, MN 55402

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 (2019)

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:

THE MISSION OF F-M AMBULANCE, "DEDICATED TO SHARING GOD'S LOVE THROUGH THE WORK OF HEALTH, HEALING AND COMFORT AND THE VISION "IMPROVING THE HUMAN CONDITION THROUGH EXCEPTIONAL CARE, INNOVATION AND DISCOVERY", IS THE CONSTANT FORCE THAT DRIVES OUR PLANS, DECISIONS AND ACTIONS.

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 \$ 11,817,813 including grants of \$ 960) (Revenue \$ 17,858,616)
See Additional Data














4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ► 11,817,813

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	No
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	
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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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	No
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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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 Yes	
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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II	21	No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax 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	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	
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	Yes
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	Yes
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	
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	
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	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
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	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16	No

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	1a 12		
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	1b 5		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
 BILL MARLETTE CFO & TREASURER 2301 EAST 60TH STREET SIOUX FALLS, SD 57104 (605) 333-1000

Part VII

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARB EVERIST TRUSTEE	0.10 7.11	X						0	0	0
(2) ANDY NORTH TRUSTEE	0.10 11.11	X						0	258,864	0
(3) BRENT TEIKEN VICE CHAIR	0.10 7.11	X		X				0	0	0
(4) DAVID BEITO PAST CHAIR	0.10 7.11	X		X				0	0	0
(5) DON JACOBS TREASURER	0.10 7.11	X		X				0	0	0
(6) JAMES CAIN SECRETARY	0.10 7.11	X		X				0	0	0
(7) MARIA BELL MD TRUSTEE/RESEARCH ADMINISTRATOR	0.10 59.90	X						0	891,333	30,986
(8) MARK LUNDEEN MD TRUSTEE/ORTHOPEDICS SERVICE CHAIR	0.10 59.90	X						0	682,389	28,250
(9) MARK PAULSON MD CHAIR/PHYSISCAN REGIONAL CHAIR	0.10 59.90	X		X				0	281,890	28,771
(10) MELISSA HINTON TRUSTEE (THRU 8/19)	0.10 7.11	X						0	0	0
(11) NEIL GULSVIG TRUSTEE	0.10 7.11	X						0	0	0
(12) PATRICK DURICK TRUSTEE	0.10 7.11	X						0	491	0
(13) THOMAS HRUBY TRUSTEE (THRU 11/19)	0.10 7.11	X						0	1,010	0
(14) KELBY K KRABbenhOFT SANFORD PRESIDENT & CEO	0.10 59.90	X		X				0	3,088,308	14,171
(15) KELBY K KRABbenhOFT DEF COMP SANFORD PRESIDENT & CEO	0.10 59.90	X		X				0	0	1,081,296
(16) JOANN L KUNKEL CHIEF FINANCIAL OFFICER	0.10 59.90			X				0	1,333,149	135,506
(17) BRYAN NERMoe PRESIDENT FARGO	5.00 55.00				X			0	1,009,343	81,571

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) NATE WHITE	5.00				X			0	1,532,070	137,491
..... COO/PRESIDENT FARGO (THRU 9/19)	55.00									
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	9,078,847	1,538,042

2

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

3

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

3

Yes

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? If "Yes," complete Schedule J for such individual

4

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?If "Yes," complete Schedule J for such person

5

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

2

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

Form 990 (2019)		Page 9			
Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII					
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a		
	b	Membership dues	1b		
	c	Fundraising events	1c		
	d	Related organizations	1d	819	
	e	Government grants (contributions)	1e	82,926	
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	-511	
	g	Noncash contributions included in lines 1a - 1f:\$	1g		
	h	Total. Add lines 1a-1f		83,234	
Program Service Revenue	2a	EMERGENCY MEDICAL SERV	Business Code		
			621910	16,947,882	16,947,882
	b	EDUCATION	611430	704,909	704,909
	c	SPECIAL TRANSPORTATION	621910	205,825	205,825
	d				
	e				
	f	All other program service revenue.			
g	Total. Add lines 2a-2f		17,858,616		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		113	
	4	Income from investment of tax-exempt bond proceeds			
	5	Royalties			
	6a	Gross rents	(i) Real	(ii) Personal	
	b	Less: rental expenses	6b		
	c	Rental income or (loss)	6c		
	d	Net rental income or (loss)			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	
	b	Less: cost or other basis and sales expenses	7b	10,286	
	c	Gain or (loss)	7c	-10,286	
	d	Net gain or (loss)		-10,286	-10,286
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		
	b	Less: direct expenses	8b		
	c	Net income or (loss) from fundraising events			
	9a	Gross income from gaming activities. See Part IV, line 19	9a		
	b	Less: direct expenses	9b		
	c	Net income or (loss) from gaming activities			
	10a	Gross sales of inventory, less returns and allowances	10a	2,052	
	b	Less: cost of goods sold	10b	16,028	
	c	Net income or (loss) from sales of inventory		-13,976	-13,976
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d	All other revenue				
e	Total. Add lines 11a-11d				
12	Total revenue. See instructions		17,917,701	17,858,616	
			0	-24,149	
Form 990 (2019)					

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	960	960		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,242,250	7,401,951	840,299	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	398,338	358,856	39,482	
9 Other employee benefits	737,906	649,623	88,283	
10 Payroll taxes	578,650	546,622	32,028	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,905		11,905	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	683,640	599,961	83,679	
12 Advertising and promotion	31,458	23,491	7,967	
13 Office expenses	134,111	92,346	41,765	
14 Information technology	241,073	6,044	235,029	
15 Royalties				
16 Occupancy	246,944	147,182	99,762	
17 Travel	385,841	363,508	22,333	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	215,572	200,298	15,274	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	776,930	680,088	96,842	
23 Insurance	144,660		144,660	
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 MEDICAL SUPPLIES	689,334	655,868	33,466	
b MINNESOTACARE TAX	63,295	63,295		
c				
d				
e All other expenses	53,875	27,720	26,155	
25 Total functional expenses. Add lines 1 through 24e	13,636,742	11,817,813	1,818,929	0
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		250	1	247	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		1,922,407	4	1,343,949	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		3,408	8	2,407	
	9	Prepaid expenses and deferred charges		119,383	9	119,763	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	9,703,425			
	b	Less: accumulated depreciation	10b	6,217,641	3,529,738	10c	3,485,784
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		1,393,082	14	1,393,082	
	15	Other assets. See Part IV, line 11		296,462	15	642,506	
16	Total assets. Add lines 1 through 15 (must equal line 34)		7,264,730	16	6,987,738		
Liabilities	17	Accounts payable and accrued expenses		44,717	17	106,273	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		0	25	17,178	
	26	Total liabilities. Add lines 17 through 25		44,717	26	123,451	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		7,220,013	27	6,864,287	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		7,220,013	32	6,864,287	
33	Total liabilities and net assets/fund balances		7,264,730	33	6,987,738		

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	17,917,701
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,636,742
3	Revenue less expenses. Subtract line 2 from line 1	3	4,280,959
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,220,013
5	Net unrealized gains (losses) on investments	5	
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	-4,636,685
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,864,287

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: 45-0344371
Name: F-M AMBULANCE SERVICE INC
F AMBULANCE SERVICE INC

Form 990 (2019)

Form 990, Part III, Line 4a:

AS PART OF THE SANFORD HEALTH INTEGRATED DELIVERY SYSTEM, F-M AMBULANCE SERVICE, INC. (FMA) PROVIDES EMERGENCY MEDICAL CARE AND SPECIALTY CARE TRANSPORTATION SERVICES TO FARGO, NORTH DAKOTA/MOORHEAD, MINNESOTA METRO AREA AND SURROUNDING COMMUNITIES. FMA IS THE LARGEST ADVANCED LIFE SUPPORT GROUND AMBULANCE PROVIDER IN NORTH DAKOTA. FMA RESPONDS TO MORE THAN 35,000 CALLS FOR SERVICE ANNUALLY AND SERVES AS A RESOURCE TO RESCUE SQUADS, FIRE DEPARTMENTS, LAW ENFORCEMENT AGENCIES AND BASIC LIFE SUPPORT AMBULANCE PROVIDERS THROUGHOUT THE STATE. FMA PROVIDES TACTICAL PARAMEDICS FOR THE REGIONAL S.W.A.T. TEAM AND PROVIDES FIREFIGHTER REHAB SERVICES PRO-BONO. FMA WORKS CLOSELY WITH LOCAL VOLUNTEER SERVICES TO COORDINATE THE DELIVERY OF EMERGENCY MEDICAL CARE TO COMMUNITIES IN ITS SERVICE AREA AND IS A LEADER IN HOMELAND DEFENSE PREPAREDNESS BY SERVING AS A REGIONAL TRAINING SITE, RESOURCES PARTNER AND FIRST RESPONDER. THROUGH ITS READY WHEELS OPERATIONS (A SPECIALTY CARE TRANSPORTATION SERVICE), FMA PROVIDES LOCAL AND LONG DISTANCE TRANSPORTATION FOR INDIVIDUALS CONFINED TO WHEELCHAIRS. THIS SPECIALTY CARE TRANSPORTATION SERVICE IS AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK TO PROVIDE DOOR-TO-DOOR SERVICE. THESE SERVICES ALLOW INDIVIDUALS IN THE COMMUNITY TO ACCESS TRANSPORTATION SERVICES THAT ACCOMMODATE UNIQUE INDIVIDUAL NEEDS DUE TO HEALTH CONDITIONS. EDUCATION AND OTHER SERVICES:FMA PROMOTES COMMUNITY HEALTH AND INJURY PREVENTION. MORE THAN 10,000 PEOPLE EACH YEAR PARTICIPATE IN FIRST AID, AUTOMATED EXTERNAL DEFIBRILLATOR, CPR, BABYSITTER TRAINING AND OTHER COMMUNITY WELLNESS COURSES.

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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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
F-M AMBULANCE SERVICE INC
F AMBULANCE SERVICE INC

Employer identification number
45-0344371

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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" 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 7/25/06, 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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a(i)

3a(ii)

3b

Yes

No

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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	410,810		410,810
b	Buildings	2,372,230	1,287,875	1,084,355
c	Leasehold improvements			
d	Equipment	6,785,332	4,822,122	1,963,210
e	Other	135,053	107,644	27,409
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			3,485,784

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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) OTHER ASSETS-CIP	625,328
(2) RIGHT OF USE ASSET	17,178
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	642,506

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	17,178

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 ☒

Schedule D (Form 990) 2019

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

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

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

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

Part XIII Supplemental Information

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: 45-0344371
Name: F-M AMBULANCE SERVICE INC
F AMBULANCE SERVICE INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	CERTAIN CONTROLLED ORGANIZATIONS ARE SUBJECT TO INCOME TAXES. DEFERRED INCOME TAX ASSETS AND LIABILITIES ARE RECOGNIZED FOR THE DIFFERENCES BETWEEN THE FINANCIAL AND INCOME TAX REPORTING BASIS OF ASSETS AND LIABILITIES BASED ON ENACTED TAX RATES AND LAWS. A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE DEFERRED INCOME TAX PROVISION OR BENEFIT GENERALLY REFLECTS THE NET CHANGE IN DEFERRED INCOME TAX ASSETS AND LIABILITIES DURING THE YEAR. THE CURRENT INCOME TAX PROVISION REFLECTS THE TAX CONSEQUENCES OF REVENUES AND EXPENSES CURRENTLY TAXABLE OR DEDUCTIBLE ON VARIOUS INCOME TAX RETURNS FOR THE YEAR REPORTED. F-M AMBULANCE SERVICE, INC DID NOT HAVE AN INCOME TAX LIABILITY AT DECEMBER 31, 2019; SOME RELATED ORGANIZATIONS HAVE ESTABLISHED RESERVES.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization F-M AMBULANCE SERVICE INC F AMBULANCE SERVICE INC		Employer identification number 45-0344371

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 idemnification 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input 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?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
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?		5a	No
b Any related organization?		5b	No
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?		6a	No
b Any related organization?		6b	No
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.		7	No
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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANDY NORTH TRUSTEE	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	258,864	0	0	0	0	258,864	0
2 MARIA BELL MD TRUSTEE/RESEARCH ADMINISTRATOR	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	832,401	38,167	20,765	0	30,986	922,319	0
3 MARK LUNDEEN MD TRUSTEE/ORTHOPEDICS SERVICE CHAIR	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	682,389	0	0	0	28,250	710,639	0
4 MARK PAULSON MD CHAIR/PHYSICIAN REGIONAL CHAIR	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	241,710	40,000	180	0	28,771	310,661	0
5 KELBY K KRABbenhOFT SANFORD PRESIDENT & CEO	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	2,606,133	402,500	79,675	0	14,171	3,102,479	0
6 KELBY K KRABbenhOFT DEF COMP SANFORD PRESIDENT & CEO	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	0	0	0	1,081,296	0	1,081,296	0
7 JOANN L KUNKEL CHIEF FINANCIAL OFFICER	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	1,018,824	145,204	169,121	111,720	23,786	1,468,655	0
8 BRYAN NERMoe PRESIDENT FARGO	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	566,095	316,804	126,444	53,400	28,171	1,090,914	0
9 NATE WHITE COO/PRESIDENT FARGO (THRU 9/19)	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	994,860	149,000	388,210	109,320	28,171	1,669,561	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	CERTAIN ITEMS LISTED ON LINE 1A ARE PROVIDED BY RELATED ORGANIZATIONS. PART I, LINE 3: THE EXECUTIVE COMPENSATION COMMITTEE OF THE SANFORD BOARD OF TRUSTEES DIRECTLY ENGAGES A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTING FIRM ANNUALLY TO REVIEW THE TOTAL COMPENSATION ARRANGEMENTS OF THE OFFICERS AND EXECUTIVES OF THE ORGANIZATION, INCLUDING THE CEO, AND TO REPORT THE FINDINGS TO THEM FOR DELIBERATION AND ACTION. THE DELIBERATIONS AND ACTIONS ARE RECORDED IN THE MINUTES OF THE SANFORD BOARD OF TRUSTEES. THE MOST RECENT STUDY WAS COMPLETED IN 2019.
PART I, LINE 4B	CERTAIN EXECUTIVES PARTICIPATE IN A DEFINED BENEFIT SERP PLAN. THERE WERE NO INDIVIDUALS WHO RECEIVED PAYMENTS DURING THE YEAR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
F-M AMBULANCE SERVICE INC
F AMBULANCE SERVICE INC

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

45-0344371

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING OFFICERS, BOARD MEMBERS, AND KEY EMPLOYEES ARE EMPLOYEES OF SANFORD OR ITS RELATED ORGANIZATIONS. MANY OF THESE EMPLOYEES ALSO SERVE ON OTHER RELATED SANFORD BOARDS, OR HAVE BUSINESS RELATIONSHIPS WITH EACH OTHER THAT SPAN THE ORGANIZATION AS A WHOLE: MARI A BELL, MARK LUNDEEN, MARK PAULSON, BRYAN NERMoe, KELBY KRABBENHOFT, JOANN KUNKEL, AND NAT E WHITE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	SANFORD NORTH IS THE SOLE STOCKHOLDER OF F-M AMBULANCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	BOARD MEMBERS ARE APPOINTED BY THE PRESIDENT AND CEO OF SANFORD NORTH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SANFORD NORTH MUST APPROVE THE FOLLOWING ACTIONS: * MODIFYING THE PURPOSE OF THE CORPORATION * UNBUDGETED CAPITAL EXPENSES IN EXCESS OF 1/2 OF 1% OF APPROVED OPERATING BUDGETS *ADOPTION OF CAPITAL AND OPERATING BUDGETS *ACQUISITION, SALE, LEASE, DISPOSITION, OR MORTGAGING OF REAL PROPERTY *GUARANTEE OF DEBTS OR OBLIGATIONS OF ANY OTHER PERSON, FIRM, CORPORATION, PARTNERSHIP, ASSOCIATION, OR OTHER ENTITY WHICH IF HELD IN DEFAULT WOULD OBLIGATE THE CORPORATION TO AN AGGREGATE AMOUNT IN EXCESS OF \$100,000 *MERGER OR CONSOLIDATION OF THE CORPORATION *INCURRING A LOAN OR OTHER OBLIGATION IN AN AGREEMENT IN EXCESS OF \$500,000 FOR MORE THAN 60 DAYS *MAKING OF A GIFT, GRANT OR OTHER DONATION IN AN AMOUNT IN EXCESS OF \$5,000 TO AN ORGANIZATION NOT RELATED TO THE CORPORATION OR MEMBER *MEMBER HAS THE AUTHORITY TO DIRECT THE CORPORATION REGARDLESS OF THE VOTE BY THE CORPORATION'S BOARD OF DIRECTORS TO TRANSFER ASSETS AND/OR FUNDS TO THE HEALTH SYSTEM TO SATISFY OBLIGATIONS OF THE HEALTH SYSTEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED INTERNALLY BY THE TAX DEPARTMENT AND REVIEWED BY EXECUTIVE MANAGEMENT. AN EXTERNAL ACCOUNTING FIRM REVIEWS THE RETURN. THE TAX DEPARTMENT PREPARES RETURN HIGHLIGHTS AND KEY DISCLOSURES FOR THE BOARD OF TRUSTEES MEETING PRIOR TO THE RETURN FILING DATE. BEFORE THE RETURN IS FILED, A COMPLETE COPY IS PROVIDED TO THE CURRENT BOARD OF TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE ANNUAL CONFLICT OF INTEREST DISCLOSURE PROCESS IS MANAGED BY THE CHIEF COMPLIANCE OFFICER (CCO). THE CCO IS RESPONSIBLE FOR ASSURING THAT ALL COMPLETED FORMS ARE RETURNED IN A TIMELY AND COMPLETE MANNER. CONFLICT OF INTEREST QUESTIONNAIRES ARE SENT TO SYSTEM TRUSTEES, MEMBERS OF THE GOVERNING BOARDS FOR SUBSIDIARY ENTITIES, OFFICERS, AND KEY EMPLOYEES FOR ALL ENTITIES SUBJECT TO THE IRS FORM 990 FILINGS. THE DISCLOSURES ARE SUMMARIZED FOR REVIEW BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, PURSUANT TO POLICY. THIS REVIEW ALLOWS: 1) THE BOARD TO ACQUIRE AN AWARENESS OF FINANCIAL RELATIONSHIPS OF BOARD MEMBERS AND KEY MANAGEMENT EMPLOYEES AND CAN INVOKE THE RECUSAL PROCESS ON A CASE-BY-CASE BASIS IF POTENTIAL CONFLICTS ARE IMPLICATED IN BOARD DECISIONS AND DELIBERATIONS, AND, 2) GIVES THE BOARD THE OPPORTUNITY TO SEEK ADDITIONAL INFORMATION AND CLARIFICATION ABOUT DISCLOSURES TO DETERMINE POTENTIAL CONFLICTS OF INTEREST AND HOW TO MANAGE THEM.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A RELATED PARTY, SANFORD HEALTH, DOES HAVE A PROCESS FOR DETERMINING COMPENSATION OF THE PERSONS LISTED ON PART VII SECTION A, INCLUDING A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, REVIEW OF COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION FOR SUCH COMPENSATION. THE EXECUTIVE COMPENSATION COMMITTEE OF THE SANFORD BOARD OF TRUSTEES DIRECTLY ENGAGES A NATIONALLY RECOGNIZED INDEPENDENT COMPENSATION CONSULTING FIRM ANNUALLY TO REVIEW THE TOTAL COMPENSATION ARRANGEMENTS OF THE OFFICERS AND EXECUTIVES OF THE ORGANIZATION, INCLUDING THE CEO, AND TO REPORT THE FINDINGS TO THEM FOR DELIBERATION AND ACTION. THE DELIBERATIONS AND ACTIONS ARE RECORDED IN THE MINUTES OF THE SANFORD BOARD OF TRUSTEES. THE MOST RECENT STUDY WAS COMPLETED IN 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALTHOUGH THE ORGANIZATION DOES NOT MAINTAIN A WEBSITE WHERE THE PUBLIC CAN ACCESS THESE DOCUMENTS, IT WOULD RESPOND INDIVIDUALLY TO ANY REQUESTS OR INQUIRIES FROM THE PUBLIC FOR THESE DOCUMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII	THE SANFORD BOARD OF TRUSTEES HAS ULTIMATE GOVERNANCE RESPONSIBILITIES FOR EACH MAJOR OPERATION ENTITY WITHIN SANFORD. IN ADDITION, A BOARD OF DIRECTORS IS ESTABLISHED FOR EACH MAJOR OPERATING ENTITY. THIS BOARD HAS SPECIFIC RESPONSIBILITIES DELEGATED FROM THE BOARD OF TRUSTEES. GENERALLY THESE RESPONSIBILITIES ARE RELATED TO THE OVERSIGHT OF THE DAY TO DAY OPERATIONS OF THAT ENTITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFER TO RELATED TAX-EXEMPT ORG FOR PAYROLL AND OPERATING EXPENSES -4,636,685.

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As Filed Data -

DLN: 93493302020140

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
F-M AMBULANCE SERVICE INC
F AMBULANCE SERVICE INC

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
45-0344371

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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.

See Additional Data Table

(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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SANFORD HEALTH	R	4,636,685	CASH METHOD

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 45-0344371
Name: F-M AMBULANCE SERVICE INC
F AMBULANCE SERVICE INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 27-1218956	SUPPORTING ORGANIZATION	ND	501(C)(3)	12-II			No
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-3297853	FOUNDATION	SD	501(C)(3)	12-II	SANFORD HEALTH	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-0398104	FOUNDATION	ND	501(C)(3)	7	SANFORD NORTH	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-3542187	FOUNDATION	ND	501(C)(3)	7	SANFORD HEALTH NETWORK NORTH	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-0397196	FOUNDATION	ND	501(C)(3)	7	SANFORD BISMARCK	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-0346132	INSURANCE	ND	501(C)(4)		SANFORD HEALTH PLAN	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 41-1761135	FOUNDATION	MN	501(C)(3)	7	SANFORD HEALTH NETWORK NORTH	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 41-1389317	FOUNDATION	MN	501(C)(3)	7	SANFORD HEALTH OF NORTHERN MINNESOTA	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 37-1834045	LONG-TERM CARE, SENIOR LIVING, AND POST-ACUTE FACILITIES	ND	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-1495572	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 20-4714573	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 37-1805492	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-3370371	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	PF	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0439509	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 30-0872973	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	PF	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 27-2876627	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 75-2979560	DEVELOPMENT OF SENIOR HOUSING AND ASSISTED LIVING SERVICES	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0349951	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0439511	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0456087	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0434693	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 27-1212446	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 36-4885253	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-1328052	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 76-0789504	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0396355	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 91-1751137	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0421846	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	PF	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-3946645	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 20-4714415	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-5740381	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0392944	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0396332	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 38-3993597	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0396398	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 27-5114421	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0392943	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-1579750	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 20-4714647	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-2473519	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0385187	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0461264	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0422866	FOUNDATION	MN	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 45-0228055	LONG-TERM CARE, SENIOR HOUSING & HOME AND COMMUNITY BASED SERVICES	ND	501(C)(3)	10	SANFORD	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 91-1751139	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-1591360	LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS AS GP	SD	501(C)(3)	12-I	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 20-1115155	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	
P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 46-0447338	PROVIDE LOW INCOME HOUSING TO SENIORS AND OTHER ELIGIBLE POPULATIONS	SD	501(C)(3)	10	THE EVANGELICAL LUTHERAN GOOD SAMARITAN SOCIETY	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership[illegible]

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership[illegible]

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SANFORD HOME MEDICAL EQUIPMENT INC 2710 W 12TH STREET SIOUX FALLS, SD 57105 46-0388597	HEALTHCARE EQUIPMENT	SD	N/A	C				Yes	
SANFORD HEALTH PLAN 300 CHERAPA PLACE SIOUX FALLS, SD 57103 91-1842494	INSURANCE	SD	N/A	C				Yes	
SANFORD HEALTH PLAN OF MN 300 CHERAPA PLACE SIOUX FALLS, SD 57103 46-0445852	INSURANCE	MN	N/A	C				Yes	
SANFORD FRONTIERS 1305 W 18TH STREET PO BOX 5039 SIOUX FALLS, SD 571175039 45-5436599	WEIGHT LOSS/FITNESS	SD	N/A	C				Yes	
SOB INC 2701 S MINNESOTA AVENUE SUITE 2 SIOUX FALLS, SD 57105 46-0442628	AIR TRANSPORTATION	SD	N/A	C				Yes	
SANFORD WORLD CLINICS - GHANA SARBAH ROAD TANTRI LORRY STATION CAPE COAST GH	HEALTHCARE	GH	N/A	C				Yes	
SHANGHAI SANFORD HEALTHCARE MANAGEMENT CONSULTING CO LTD 188 YESHENG ROAD ROOM A-862 GUOMA SHANGHAI CH	HEALTHCARE	CH	N/A	C				Yes	
SANFORD INTERNATIONAL - MUNICH GMBH NYMPHENBURGER STRASSE 3 MUNICH GM	HEALTHCARE	GM	N/A	C				Yes	
ALWAYS ABOVE AND BEYOND HOME HEALTH CARE SERVICES LLC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 26-3456679	PROVIDE HOME AND COMMUNITY BASED SERVICES	TX	N/A	S				Yes	
ANGELS IN WAITING HOSPICE LLC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 03-0597309	PROVIDE HOME AND COMMUNITY BASED SERVICES	TX	N/A	S				Yes	
GOOD SAMARITAN HUMANITARIAN SERVICE INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 20-5533741	MANAGEMENT AND UNBUNDLED SERVICES; UNRELATED BUSINESS ACTIVITIES	SD	N/A	C				Yes	
GOOD SAMARITAN INSURANCE PLAN OF NEBRASKA INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 81-5037667	INSURANCE	NE	N/A	C				Yes	
GOOD SAMARITAN INSURANCE PLAN OF SOUTH DAKOTA INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 81-4989242	INSURANCE	SD	N/A	C				Yes	
GOOD SAMARITAN SOCIETY INSURANCE LTD P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 98-0379099	INSURANCE	CJ	N/A	C				Yes	
HERITAGE HEALTHCARE OF NORTHERN NEW MEXICO INC P O BOX 5039 RTE 5218 SIOUX FALLS, SD 571175039 90-0491537	PROVIDE HOME AND COMMUNITY BASED SERVICES	NM	N/A	S				Yes	

