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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# Short Form
# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

**2009**

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 01-01-2009 , and ending 12-31-2009**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**Please use IRS label or print or type. See Specific Instructions.**

**C** Name of organization
MANKATO CLINIC FOUNDATION INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 8674

City or town, state or country, and ZIP + 4
MANKATO, MN 560028674

**D Employer identification number**
41-6045200

**E** Telephone number
(507) 389-8504

**F** Group Exemption Number ▶

*** *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

**G** Accounting method ☑ Cash ☐ Accrual
Other (specify) ▶

**I Website:** ▶ www mankato-clinic com

**J Tax-Exempt status** (check only one)— ☑ 501(c) (3) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

**H** Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 263,054

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I )

| | | | | | |
|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | 215,568 |
| | 2 | Program service revenue including government fees and contracts | | 2 | |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Investment income | | 4 | 5,288 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | b | Less cost or other basis and sales expenses | 5b | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐ | | | |
| | a | Gross revenue (not including $ 4,158 of contributions reported on line 1) | 6a | 42,198 | |
| | b | Less direct expenses other than fundraising expenses | 6b | 13,807 | |
| | c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 6c | 28,391 |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | b | Less cost of goods sold | 7b | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | |
| | 8 | Other revenue (describe ▶ ) | | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | | 9 | 249,247 |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | | 10 | 100,566 |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | |
| | 13 | Professional fees and other payments to independent contractors | | 13 | 1,250 |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | |
| | 15 | Printing, publications, postage, and shipping | | 15 | 4,413 |
| | 16 | Other expenses (describe ▶ ) | | 16 | 49,058 |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | 17 | 155,287 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | 93,960 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 253,965 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | 20 | |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 ▶ | | 21 | 347,925 |

## Part II Balance Sheets—If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 253,965 | 22 | 347,925 |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe ▶ ) | | 24 | |
| 25 | **Total assets** | 253,965 | 25 | 347,925 |
| 26 | **Total liabilities** (describe ▶ ) | 0 | 26 | 0 |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 253,965 | 27 | 347,925 |

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III )

What is the organization's primary exempt purpose?
TO PROVIDE, PROMOTE AND DEVELOP HEALTH EDUCATION AND HEALTHY LIFESTYLE AWARENESS TO MEMBERS OF THE MANKATO CLINIC SERVICE AREA

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses** (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**28** PROVIDED SCHOLARSHIPS TO AREA STUDENTS ENTERING HEALTH CARE EDUCATION PROGRAMS AT THE COLLEGE LEVEL SIXTEEN DIRECT SCHOLARSHIPS WERE AWARDED IN ADDITION MONEY IS PROVIDED TO MINNESOTA STATE UNIVERSITY MANKATO AND SOUTH CENTRAL COLLEGE TO AWARD AS SCHOLARSHIPS TO NURSING STUDENTS IN THEIR RESPECTIVE PROGRAMS
(Grants $ 38,961) If this amount includes foreign grants, check here . . . ▶ ☐ **28a** 38,961

**29** ASSISTS WITH FOUR HEALTH EDUCATION PROJECTS INCLUDING PROJECT KINDNESS, PARTNERSHIP IN HEALTH, CAR SEAT SAFETY AND THE IMPACT PROGRAM PROJECT KINDNESS IS A PROGRAM IN GREATER MANKATO SCHOOLS THAT EDUCATES STUDENTS ON THE IMPORTANCE OF RANDOM ACTS OF KINDNESS, INCLUDING LESSONS ON COURAGE, RESPECT AND GOOD SPORTSMANSHIP THE PROGRAM INCLUDES SPECIAL LEARNING OPPORTUNITIES HELD AT THE SCHOOLS SUCH AS COURAGE RETREATS AND SPECIAL THEATER PERFORMANCES SERVES APPROXIMATELY 2,500 - 3,000 STUDENTS EACH YEAR PARTNERSHIP IN HEALTH IS A PROGRAM IN GREATER MANKATO SCHOOLS THAT PROVIDES A REGISTERED DIETICIAN FOR ADVICE ON NUTRITIONAL GUIDELINES, INCLUDING HEALTH EDUCATION TO SCHOOL STAFF, STUDENTS AND PARENTS THE DIETICIAN WORKS WITH THE SCHOOLS' FOOD SERVICES, MAKES PRESENTATIONS IN CLASSROOMS AND PROVIDES EDUCATION INFORMATION TO FAMILIES THIS PROGRAM SERVICES OVER 5,000 PEOPLE EACH YEAR CAR SEAT SAFETY PROGRAM PROVIDES FREE OF CHARGE CAR SEAT SAFETY LESSONS EACH MONTH OPEN TO THE PUBLIC THIS CLASS HELPS PARENTS AVOID MISTAKES THAT CAN PUT THEIR CHILDREN AT RISK THE CLASSES ARE TAUGHT BY CERTIFIED NATIONAL HIGHWAY TRANSPORTATION SAFETY ADMINISTRATION TECHNICIANS THIS PROGRAM SERVES 100 - 200 FAMILIES EACH YEAR THE IMPACT PROGRAM PROVIDES SPECIAL SOFTWARE WHICH CAN EVALUATE POSSIBLE SPORTS RELATED HEAD INJURIES IN HIGH SCHOOL ATHLETES THIS PROGRAM IS CURRENTLY LIMITED TO TWO OR THREE SCHOOLS, BUT HAS THE POTENTIAL TO GROW THIS PROGRAM SERVES 200 - 300 STUDENT ATHLETES PER YEAR
(Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐ **29a** 48,460

**30** PROVIDED GRANTS TO 25 ORGANIZATIONS THAT FOCUS ON PROMOTING HEALTHY LIFESTYLES AND WELLNESS IN THE COMMUNITY
(Grants $ 61,605) If this amount includes foreign grants, check here . . . ▶ ☐ **30a** 61,605

**31** Other program services (attach schedule) . . . . . .
(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

**32 Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 149,026

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )

| **(a)** Name and address | **(b)** Title and average hours per week devoted to position | **(c)** Compensation **(If not paid, enter -0-.)** | **(d)** Contributions to employee benefit plans & deferred compensation | **(e)** Expense account and other allowances |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | | No |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | | No |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | | |
| a | Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? | 35a | | No |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? | 35b | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | | |
| 39 | *Section 501(c)(7) organizations.* Enter | | | |
| a | Initiation fees and capital contributions included on line 9 39a | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0 | | | |
| b | *Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | No |
| c | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0 | | | |
| e | *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | No |

41 List the states with which a copy of this return is filed ▶ MN

42a The organization's books are in care of ▶ MANKATO CLINIC FOUNDATION INC Telephone no ▶ (507) 389-8504

Located at ▶ PO BOX 8674 Mankato, MN ZIP + 4 ▶ 560028674

| | | | Yes | No |
|---|---|---|---|---|
| b | 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)? | 42b | | No |
| | If "Yes," enter the name of the foreign country ▶ | | | |
| | See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.** | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U S ? | 42c | | No |
| | If "Yes," enter the name of the foreign country ▶ | | | |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

| | | | Yes | No |
|---|---|---|---|---|
| 44 | Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.* | 44 | | No |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.* | 45 | | No |

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

| | | Yes | No |
|---|---|---|---|
| **46** | 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 | | No |
| **47** | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | No |
| **48** | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | | No |
| **49a** | Did the organization make any transfers to an exempt non-charitable related organization? | | No |
| **b** | If "Yes," was the related organization a section 527 organization? | | |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

| **(a)** Name and address of each employee paid more than $100,000 | **(b)** Title and average hours per week devoted to position | **(c)** Compensation | **(d)** Contributions to employee benefit plans & deferred compensation | **(e)** Expense account and other allowances |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**50(f)** Total number of other employees paid over $100,000 . . . . . ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

| **(a)** Name and address of each independent contractor paid more than $100,000 | **(b)** Type of service | **(c)** Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |

**51(d)** Total number of other independent contractors each receiving over $100,000 . . . . . ▶

**Please Sign Here**

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

****** — Signature of officer — 2010-05-12 — Date

MARCIA BAHR PRESIDENT — Type or print name and title

**Paid Preparer's Use Only**

| Preparer's signature | Date | Check if self-empolyed | Preparer's identifying number (See instructions) |
|---|---|---|---|
| Meredith Menden | | ☐ | |

Firm's name (or yours if self-employed), address, and ZIP + 4: EIDE BAILLY LLP, 1911 EXCEL DRIVE, MANKATO, MN 56001 — EIN ▶ — Phone no ▶ (507) 387-6031

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization
MANKATO CLINIC FOUNDATION INC

**Employer identification number**
41-6045200

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

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

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

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

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

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

| | Yes | No |
|---|---|---|
| **(i)** a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)** | | |

**h** Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? Yes | (iv) No | (v) Did you notify the organization in col (i) of your support? Yes | (v) No | (vi) Is the organization in col (i) organized in the U S ? Yes | (vi) No | (vii) Amount of support? |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**Part II** **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 143,630 | 198,106 | 238,879 | 245,373 | 215,568 | 1,041,556 |
| 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 | 143,630 | 198,106 | 238,879 | 245,373 | 215,568 | 1,041,556 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public Support.** Subtract line 5 from line 4 | | | | | | 1,041,556 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 143,630 | 1,511 | 238,879 | 245,373 | 215,568 | 1,041,556 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 182 | 1,511 | 5,707 | 2,453 | 5,288 | 15,141 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets | 34,288 | 28,112 | 32,489 | 30,449 | 42,198 | 167,536 |
| 11 **Total support** (Add lines 7 through 10) | | | | | | 1,224,233 |

12 Gross receipts from related activities, etc (See instructions ) **12**

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

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | **14** | 85 080 % |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | **15** | 84 700 % |

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

## Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

### Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11 and 12 ) | | | | | | |

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 | Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 | Public support percentage from 2008 Schedule A, Part III, line 15 | 16 |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 | Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 | Investment income percentage from **2008** Schedule A, Part III, line 17 | 18 |

19a **33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization
MANKATO CLINIC FOUNDATION INC

**Employer identification number**
41-6045200

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

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

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

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

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

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

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

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

| | | (a) Event #1 GOLF TOURNAMENT (event type) | (b) Event #2 (event type) | (c) Other Events (total number) | (d) Total Events (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 42,450 | | | 42,450 |
| | 2 Less Charitable contributions | 4,158 | | | 4,158 |
| | 3 Gross income (line 1 minus line 2) | 38,292 | | | 38,292 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | 2,513 | | | 2,513 |
| | 6 Rent/facility costs | 4,528 | | | 4,528 |
| | 7 Food and beverages | 3,951 | | | 3,951 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 772 | | | 772 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 11,764 |
| | 11 Net income summary Combine lines 3, column d, and line 10 ▶ | | | | 26,528 |

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

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

| | | | Yes | No |
|---|---|---|---|---|
| 9 | Enter the state(s) in which the organization operates gaming activities _____ | | | |
| a | Is the organization licensed to operate gaming activities in each of these states? | 9a | | |
| b | If "No," Explain | | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | |
| b | If "Yes," Explain | | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | | |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | | |

| | | | Yes | No |
|---|---|---|---|---|
| **13** | Indicate the percentage of gaming activity operated in | | | |
| **a** | The organization's facility | **13a** | | |
| **b** | An outside facility | **13b** | | |
| **14** | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| **15a** | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | **15a** | | |
| **b** | If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ | | | |
| **c** | If "Yes," enter name and address | | | |
| | Name ▶ | | | |
| | Address ▶ | | | |
| **16** | Gaming manager information | | | |
| | Name ▶ | | | |
| | Gaming manager compensation ▶ $ _____ | | | |
| | Description of services provided ▶ | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| **17** | Mandatory distributions | | | |
| **a** | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | **17a** | | |
| **b** | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ | | | |

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# TY 2009 Explanation of Non UBI

**Name:** MANKATO CLINIC FOUNDATION INC

**EIN:** 41-6045200

**Explanation:** THE INCOME ON LINE 6A WAS FROM FUNDRAISING EVENTS RUN BY VOLUNTEERS THATOCCUR ON AN ANNUAL BASIS. THE INCOME IS THEN USED TO PAYOUT SCHOLARSHIPSAND GRANTS IN CONNECTION WITH THE ORGANIZATION'S EXEMPT PURPOSE.

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# TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** MANKATO CLINIC FOUNDATION INC

**EIN:** 41-6045200

| | |
|---|---|
| **Item No.** | 1 |
| **Class of Activity** | GRANT |
| **Donee's Name** | MINNESOTA DOCTORS FOR THE POOR |
| **Donee's Address** | 7037 DAMAR ESTATES<br>ST PETER, MN 56082 |
| **Amount (FMV)** | 500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

| | |
|---|---|
| **Item No.** | 2 |
| **Class of Activity** | GRANT |
| **Donee's Name** | SOUTH CENTRAL COLLEGE FOUNDATION |
| **Donee's Address** | 1920 LEE BOULEVARD<br>NORTH MANKATO, MN 56003 |
| **Amount (FMV)** | 2,100 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

| | |
|---|---|
| **Item No.** | 3 |
| **Class of Activity** | GRANT |
| **Donee's Name** | CREATIVE PLAY PLACE |
| **Donee's Address** | 600 SOUTH 5TH STREET<br>ST PETER, MN 56082 |
| **Amount (FMV)** | 2,500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

| | |
|---|---|
| **Item No.** | 4 |
| **Class of Activity** | GRANT |
| **Donee's Name** | AMERICAN CANCER SOCIETY |
| **Donee's Address** | 2900 43 STREET NW SUITE 350<br>ROCHESTER, MN 55901 |
| **Amount (FMV)** | 250 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 5 |
| **Class of Activity** | GRANT |
| **Donee's Name** | HOUSE OF HOPE |
| **Donee's Address** | 1429 3RD AVENUE<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 4,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 6 |
| **Class of Activity** | GRANT |
| **Donee's Name** | VINE |
| **Donee's Address** | 1618 3RD AVENUE<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 12,500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 7 |
| **Class of Activity** | GRANT |
| **Donee's Name** | YMCA |
| **Donee's Address** | 1401 RIVERFRONT DRIVE<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 2,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 8 |
| **Class of Activity** | GRANT |
| **Donee's Name** | MIRACLES OF MITCH FOUNDATION |
| **Donee's Address** | 105 PEAVEY ROAD SUITE 190<br>CHASKA, MN 55318 |
| **Amount (FMV)** | 50 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 9 |
| **Class of Activity** | GRANT |
| **Donee's Name** | TWIN RIVER CENTER FOR THE ARTS |
| **Donee's Address** | 523 SOUTH SECOND STREET PO BOX 293<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 5,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 10 |
| **Class of Activity** | GRANT |
| **Donee's Name** | CENTRAL FREEDOM SCHOOL |
| **Donee's Address** | 110 FULTON STREET<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 5,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 11 |
| **Class of Activity** | GRANT |
| **Donee's Name** | COUNCIL FOR HEALTH ACTION AND PROMOTION |
| **Donee's Address** | 1400 MADISON EAST SUITE 352<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 2,500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 12 |
| **Class of Activity** | GRANT |
| **Donee's Name** | EDUCARE |
| **Donee's Address** | 1230 MAIN STREET<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 3,805 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 13 |
| **Class of Activity** | GRANT |
| **Donee's Name** | JUNIOR ACHIEVEMENT |
| **Donee's Address** | 1210 LIME STREET<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 1,500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 14 |
| **Class of Activity** | GRANT |
| **Donee's Name** | LEISURE EDUCATION FOR EXCEPTIONAL PEOPLE |
| **Donee's Address** | 929 NORTH 4TH STREET<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 1,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 15 |
| **Class of Activity** | GRANT |
| **Donee's Name** | MANKATO FOUNDATION |
| **Donee's Address** | 220 EAST MAIN STREET<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 300 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 16 |
| **Class of Activity** | GRANT |
| **Donee's Name** | MANKATO PUBLIC SCHOOLS GROWTH |
| **Donee's Address** | PO BOX 8741<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 1,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 17 |
| **Class of Activity** | GRANT |
| **Donee's Name** | MANTAS SWIM CLUB |
| **Donee's Address** | 1401 RIVERFRONT DRIVE<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 18 |
| **Class of Activity** | GRANT |
| **Donee's Name** | MERELY PLAYERS |
| **Donee's Address** | 523 S 2ND STREET<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 2,500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 19 |
| **Class of Activity** | GRANT |
| **Donee's Name** | MN ACADEMY OF FAMILY PHYSICIANS FOUNDATION |
| **Donee's Address** | 600 HIGHWAY 169 SOUTH 1680<br>ST LOUIS PARK, MN 55426 |
| **Amount (FMV)** | 500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 20 |
| **Class of Activity** | GRANT |
| **Donee's Name** | PATHSTONE LIVING |
| **Donee's Address** | 718 MOUND AVENUE<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 4,700 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 21 |
| **Class of Activity** | GRANT |
| **Donee's Name** | ROOSEVELT PTO |
| **Donee's Address** | 300 WEST 6TH STREET<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 250 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 22 |
| **Class of Activity** | GRANT |
| **Donee's Name** | SOUTH CENTRAL COLLEGE EMS |
| **Donee's Address** | 410 JACKSON STREET SUITE 310<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 3,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 23 |
| **Class of Activity** | GRANT |
| **Donee's Name** | SPECIAL OLYMPICS |
| **Donee's Address** | PO BOX 3505<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 2,650 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 24 |
| **Class of Activity** | GRANT |
| **Donee's Name** | ST PETER REC DEPARTMENT |
| **Donee's Address** | 500 S 5TH STREET<br>ST PETER, MN 56082 |
| **Amount (FMV)** | 500 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 25 |
| **Class of Activity** | GRANT |
| **Donee's Name** | UNITED WAY |
| **Donee's Address** | 101 N 2ND STREET SUITE 100<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 3,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 26 |
| **Class of Activity** | SCHOLARSHIPS TO 16 INDIVIDUALS |
| **Donee's Name** | |
| **Donee's Address** | |
| **Amount (FMV)** | 11,951 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 27 |
| **Class of Activity** | SCHOLARSHIPS |
| **Donee's Name** | MINNESOTA STATE UNIVERSITY |
| **Donee's Address** | 236 WIGLEY ADMINISTRATION CENTER<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 10,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 28 |
| **Class of Activity** | SCHOLARSHIPS |
| **Donee's Name** | SOUTH CENTRAL COLLEGE |
| **Donee's Address** | 1920 LEE BOULEVARD<br>MANKATO, MN 56001 |
| **Amount (FMV)** | 15,000 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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|---|---|
| **Item No.** | 29 |
| **Class of Activity** | SCHOLARSHIP |
| **Donee's Name** | SAINT JOHNS UNIVERSITY |
| **Donee's Address** | PO BOX 5000<br>COLLEGEVILLE, MN 56321 |
| **Amount (FMV)** | 2,010 |
| **Purpose of Payment to Affiliate** | |
| **Relationship** | |
| **Description** | |
| **Book Value** | |
| **How BV Determined** | |
| **How FMV Determined** | |
| **Date of Gift** | |

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# TY 2009 Other Expenses Schedule

**Name:** MANKATO CLINIC FOUNDATION INC

**EIN:** 41-6045200

| Description | Amount |
|---|---|
| Celebrate Kindness Project Expense | 13,890 |
| Partnership in health | 30,945 |
| Car Seat Safety Program | 1,875 |
| IMPACT Program | 1,750 |
| BANK CHARGES | 92 |
| ATTORNEY GENERAL FILING FEE | 25 |
| FUNDRAISING EXPENSE | 464 |
| MISCELLANEOUS EXPENSE | 17 |

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# TY 2009 Transfers Personal Benefits Contracts Declaration

**Name:** MANKATO CLINIC FOUNDATION INC

**EIN:** 41-6045200

**Declaration:** The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 41-6045200
**Name:** MANKATO CLINIC FOUNDATION INC

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|---|---|---|---|
| STEVE PENKHUS MD<br>1230 E MAIN ST<br>MANKATO, MN 56001 | BoARD MEMBER 0 20 | 0 | 0 | 0 |
| NANCY PFEIFER<br>1230 E MAIN ST<br>ManKATO, MN 56001 | BOARD MEMBER 0 20 | 0 | 0 | 0 |
| ANDREW LUNDQUIST<br>1230 E MAIN ST<br>MANKATO, MN 56001 | BOARD MEMBER 0 20 | 0 | 0 | 0 |
| CURT FISHER<br>209 S SECOND ST<br>MANKATO, MN 56001 | BOARD MEMBER 0 20 | 0 | 0 | 0 |
| david naples<br>121 E Walnut St<br>MANKATO, MN 56001 | BOARD MEMBER 0 20 | 0 | 0 | 0 |
| Julie Nienaber<br>1230 E MAIN ST<br>MANKATO, MN 56001 | BOARD MEMBER 0 20 | 0 | 0 | 0 |
| NANCY ZALLEK<br>418 W CHATHAM ST<br>St Peter, MN 56082 | Chairperson 0 50 | 0 | 0 | 0 |
| John Benson MD<br>1421 PREMIER DRIVE<br>MANKATO, MN 56001 | BOARD MEMBER 0 20 | 0 | 0 | 0 |
| andrew miller<br>1575 LOOKOUT DRIVE<br>North Mankato, MN 56003 | bOARD MEMBER 0 20 | 0 | 0 | 0 |
| Roger Greenwald<br>1230 E MAIN ST<br>MANKATO, MN 56001 | BOARD MEMBER 0 20 | 0 | 0 | 0 |
| Marcia Bahr<br>1230 E MAIN ST<br>MANKATO, MN 56001 | President 10 00 | 0 | 0 | 0 |
| STEVE PETERSON<br>1230 E MAIN ST<br>MANKATO, MN 56001 | BOARD MEMBER 0 20 | 0 | 0 | 0 |
| RANDY FARROW<br>1230 E MAIN ST<br>MANKATO, MN 56001 | CEO 0 20 | 0 | 0 | 0 |
| JACK HEIMARK<br>121 E Walnut St<br>MANKATO, MN 56001 | BOARD MEMBER 0 20 | 0 | 0 | 0 |