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SCANNED SEP 0 2 2011

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state re

2009

OMB No 1545-0052

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_			·	or ta	ax year begi		·		/01 ,2009						30, 2010
G	Che	ck all t	hat apply.	<u> </u>	Initial retur				of a former p	ublic chg	rity		L	_ Final re	turn
_					Amended r	return		Addre	ss change		Na	me ch	ange		
			Name of fo	undati	ion						^	Emplo	yer identifi	cation numb	er
(he IRS	MADTTNC	ON I	CLINIC F	OUND	аттоы						41_	181486	a
		oel. wise,						-luvered to atroop	l addrass)	Doomlos					
		int	Number an	o stree	et (or PO box	number	r maii is not de	envered to stree	address)	Room/si	uite B	Telepho	ne number (see	page 10 of the i	nstructions)
	•	ype.	217 570	n 1.7	7 V 7 7 M 7 7	OUT E	מממז				- 1		(05	0 170	4122
5	See S	pecific			AYZATA B		VARD		,.	L		W	•		-4133
ı	nstru	ctions.	City or towr	n, stat	e, and ZIP cod	de					٦	pendin	nption applica g, check here	ition is	▶
					N 55201						D	1 Fore	eign organizat	ions, check he	·• . •
_			WAYZATA											tions meeting ti iere and attach	
H	_		_		X Section		_						putation .		▶∐_
1					mpt charitable				ivate founda		E	If priva	ite foundation	n status was ter	minated
I			t value of al			I ———	-	thod X C	ash [] Acc	rual		under	section 507(b)(1)(A), check h	nere . ►
	•	-	m Part II, co				ther (spec				F	If the f	oundation is	in a 60-month	termination
		▶ \$			490.) must be or	cash basis.)			under	section 507(b))(1)(B), check h	
Li	art l	total of may n	f amounts in o ot necessaril	columi ly equa	and Expens ns (b), (c), and al the amounts of the instructi	d (d) s in	(a) Rev	renue and nses per ooks	(b) Net inve		(c)	Adjuste incom		for ch	ursements naritable poses pasis only)
	1	Contribut	ions, gifts, grants	s, etc , re	ecerved (attach sch	edule) .			, , ,			٧		3	· -
	2	Check	y if the	founda	ation is not requ	ured to	- 1	· 🖫 🔻),(- ¹ , -	* *,			12.7	
	3	Interest			orary cash inves			866.		866.				ATCH	<u>, 1</u>
	4	Divider	nds and inter	rest fro	om securities			19,301.	1	9,301.				ATCH	- 24. 4
	5 a	Gross r	ents											, , ,	
	ь	b Net rental income or (loss)			2" x	J. 1855		138. P.		, .		*, ',*			
ē	6a	Net gair	or (loss) from	n sale o	of assets not on I	ine 10			÷	$\mathcal{A}_{p,q}^{\mathrm{opt}}(\lambda)$	~~\\\.	134 <u>-</u> 33		, ,	
Revenue	b		ales price for al in line 6a	11			~ * , , ,	\$ 1 C	`	. તું '	£ x '	17. 1	RE	CENTE	, (1)
ě	7			ome (f	from Part IV, li	ne 2) .	233	(* 3., 7			Ş. 4 .			CLIVE	() ()
œ	8	Net sho	ort-term capi	ıtal gaıı	n		4	` ,	(1 2 2		199		3. /	U
	9	Income	modification	ns · ·			, , ,	, w.,				le e	AUG	2 2 20	11:18
	10 a		iles less returns wances		_		.:	******* A	200	°€, 4	, ,	· 'l	JH 2	· ·	100
	b	Less Co	st of goods sol	id . L			٠, ٠	<u> </u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. ,	, î	<u> </u>	- OĞr	FN	- J.E.
	C				ch schedule)				مراً بي ريا	<u> </u>				L,14, U	
	11	Other i	ncome (attac	ch sch	edule)					0 167				147	4 /
_	12	Total. A	Add lines 1 th	hrougt	<u>h 11</u>			20,167.	2	0,167.				****	
	13				ectors, trustees,			0.			<u> </u>				
s	14	Other e	employee sal	lanes a	and wages .										
Se	15			•	benefits										
per	16a	Legal fe	ees (attach s	chedul	le)			2 405		1 0 4 7	<u> </u>				1 0 4 2
Ä	i				chedule) ATCI		<u> </u>	2,495.		1,247.			0.		1,248
<u>Š</u>	С	Other p	professional f	fees (a	attach schedule	e)					<u> </u>				
rat	17					-11									
ist	18	Taxes (a	ittach schedule	e) (see p	page 14 of the instr	ructions)	1	141.							
Ē	19	•	,		edule) and dep	-					<u> </u>				\(\frac{1}{4}, \)
Adi	20										ļ. <u>.</u>				
힏	21	Travel,	conferences	, and r	meetings						<u> </u>		·		
ar	22														
Ë	23	Other e	expenses (att	tach so	chedule) ATC	H 5	<u> </u>	345.		268.					77.
Operating and Administrative Expenses	24	Total o	perating and	d adm	inistrative exp	penses.									
þe		Add lin	es 13 throug	gh 23				2,981.	,	1,515.			0.		1,325
ں	25	Contrib	utions, gıfts,	, grant	s paid				, i	- ' <u>, , , , , , , , , , , , , , , , , , </u>		2.	• ()		
_	26	Total exp	enses and disbu	ırsemen	nts Add lines 24	and 25		2,981.		1,515.			0.		1,325
	27	Subtrac	ct line 26 fro	m line	12		1.		- - (***********************************	' T		· ′′,		<u></u>	
	а	Excess of	f revenue over ex	xpenses	s and disburseme	nts		17,186.	\$ (v) .		,	<u> </u>) pr	is with	_ f = 1
1	b	Net inv	estment inc	ome (ıf negative, en	ter -0-)	<u> </u>	130		8,652.	ļ	; '	, s, .		
i	_	A -41		/.5 -	nenative enter	Λ.			*, ° -	· .	ı		-0-	l	- 1

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. $9E1410\ 2\ 000$

Jsa ** ATCH 4 SKA08105.0

Form 990-PF (2009) PAGE 3

Don't I	Attached schedules and amounts in the	Beginning of year	End	of year
	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\top_1	Čash - non-interest-bearing	-46,683.	9,504.	1
2	Savings and temporary cash investments	141,297.	92,936.	92,936
3	Accounts receivable			
	Less allowance for doubtful accounts			
4		~ ~ ~		
4	Pledges receivable ► Less allowance for doubtful accounts ►		•	
_			1	
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see page 16 of the instructions)	. ,		
7	Other notes and loans receivable (attach schedule)	*	· ^;; 1; **	, "
-	Less allowance for doubtful accounts			
8 <u>اي</u>	Inventories for sale or use			
Assets 0 0 a	Prepaid expenses and deferred charges			
Y 10 a	Investments - U.S. and state government obligations (attach schedule)			
b	Investments - corporate stock (attach schedule) ATCH 6	428,095.	428,095.	389,033
c	Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis	.,	4 \$ page 10 March	Take the state of
	Less accumulated depreciation			
12				
13	Investments - mortgage loans Investments - other (attach schedule) ATCH 7	197,932.	207,292.	135,017
14	Land, buildings, and			, m
	equipment basis Less. accumulated depreciation (attach schedule)	. 20 0000 0000 000 0000	· Comme borne l'ami	* *** ** ** * * * * * * * * * * * * *
	(attach schedule)			
15	Other assets (describe			-
16	Total assets (to be completed by all filers - see the	720,641.	737,827.	626,490
+	instructions Also, see page 1, item I)			020,490
17				
18	Grants payable			
<u>8</u> 19	Deferred revenue			
≣ 20	<u>.</u>		·	
Liabilities 51				
그 22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)			
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
တ္တ ဗု 24	Unrestricted	720,641.	737,827.	
Balances 25 26	Temporarily restricted			
Sals	Permanently restricted		······································	
	Foundations that do not follow SFAS 117,			
Jo 27	check here and complete lines 27 through 31.			
<u>ا ا</u>				
9 27	Capital stock, trust principal, or current funds			
Assets	Paid-in or capital surplus, or land, bldg., and equipment fund			
AS 29	Retained earnings, accumulated income, endowment, or other funds			
Net /	Total net assets or fund balances (see page 17 of the	720,641.	737,827.	
1	instructions)	120,041.	131,021.	
31	Total liabilities and net assets/fund balances (see page 17	700 641	222 002	
	of the instructions)	720,641.	737,827.	Pranafication
	Analysis of Changes in Net Assets or Fund B			1
1 Tota	al net assets or fund balances at beginning of year - Part II,	column (a), line 30 (mus	t agree with	_
end	-of-year figure reported on prior year's return)		1	720,641
	er amount from Part I, line 27a			17,186
3 Oth	er increases not included in line 2 (itemize) ▶		3	
	I lines 1, 2, and 3			737,827
5 Dec	creases not included in line 2 (itemize) ▶		5	" '
6 Tota	al net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II. column (h		737,827

(a) List and	describe the kind(s) of property sold (ick warehouse, or common stock, 200	(e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
b					
С					
d					
e		1. (2.)	ļ <u>-</u>	<u> </u>	L
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a					
b					
<u>c</u>					
<u>d</u>			<u> </u>		 -
Complete only for assets sh	cowing gain in column (b) and ow	ned by the foundation on 12/31/69		0 (0.1.41)	
Complete only for assets sit	(j) Adjusted basis	(k) Excess of col (i)	ן יי	Gains (Col (h) g (k), but not less	
(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
a			 	****	
b		·-			
С					
<u>d</u>					
e		B.111. 7	<u> </u>	···········	
Capital gain net income or ((not conital lace)	gain, also enter in Part I, line 7	,		
	l "	(loss), enter -0- in Part I, line 7	2	 	
	or (loss) as defined in sections 12 line 8, column (c) (see pages 13	•			
• ,					
	ne 8	uced Tax on Net Investment Inc	3	<u> </u>	
	he section 4942 tax on the distrit	outable amount of any year in the b	ase perio	d?	Yes X N
	ot qualify under section 4940(e).		oforo mol	ung ony ontrop	
(a)		r; see page 18 of the instructions be	etore mak	(d)	
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	cal (c))
2008	52,180.	558,524.			0.093425
2007	52,079.	769,073.	ļ		0.067717
2006	52,249.	836,604.			0.062454
2005	38,659. 41,122.	782,120. 748,022.	-		0.049428
2004	41,122.	748,022.			0.0549/4
2 Total of line 1, column (d)			2		0.327998
•	•	e the total on line 2 by 5, or by the			0 005000
number of years the found	ation has been in existence if less	s than 5 years	3		0.065600
Enter the net value of nonc	charitable-use assets for 2009 fro	om Part X, line 5	4		553,093.
Multiply line 4 by line 3			5		36,283.
6 Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		187.
7 Add lines 5 and 6			7		36,470.
		in Part VI, line 1b, and complete t	8		1,325.
If line 8 is equal to or ore	ater than line 7, check the box	in Part VI, line 1b, and complete t	that part	using a 1% tax	rate. See th

• By state legislation that effectively amends the governing instrument so that no mandatory directions that

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.

Form 990-PF (2009)

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instructions) ► MN,

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orm	990-PF (20	09) 41-1814869				Page 5
Par	t VII-A	Statements Regarding Activities (continued)				
11	At any tii	me during the year, did the foundation, directly or indirectly, own a controlled entity within the				
				11		X
12	-					
				12		X
13	Did the f	oundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	<u> </u>
14	The book	ks are in care of ▶ DR. ELMER MARTINSON Telephone no ▶at ▶ 317 EAST WAYZATA BOULEVARD WAYZATA, MN ZIP+4▶		3-41 	33 	
15	Section 4	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in fied of Form 1041 - Check here			>	· 📙
Par		<u> </u>	13			
ı GI			·	Γ	Vas	No
4.		•			163	110
та	•	1 1.	X No		1	
		age in the sale of exchange, of leasing of property with a disqualified porson.		ļ		
		[V	X No			
	•	damied person?	37			
		isin goods, services, or facilities to (or accept them from) a disqualified person.		` `	>	τ,
		compensation to, or pay of reimburse the expenses of, a disqualmed person.				
	, ,	V	X No			
		or account and account account and account		/A		. 189
				* ‹	100	, * * ×
			X No		,	
ь.		industrial government activists, in terminating within activities and activities in the contract of the contra		,*		
U	•			1b		
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_				3.		,
				2b	. "	
С	-	· · · · · · · · · · · · · · · · · · ·				3" Amy
•	▶					137
3a	Did the f	oundation hold more than a 2% direct or indirect interest in any business				*
			X No			
b						
-	•	* * * * * * * * * * * * * * * * * * * *			, ,	
					, e	
meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions). 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?. 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 14 The books are in care of ▶ DR. ELMER MARTINSON 15 Not books are in care of ▶ DR. ELMER MARTINSON 16 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in leu of Form 1041-Check here and enter the amount of fax-exempt interest received or accrued during the year 15 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in leu of Form 1041-Check here and enter the amount of fax-exempt interest received or accrued during the year 16 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in leu of Form 1041-Check here and enter the amount of fax-exempt interest received or accrued during the year 17 PAIL III Statements Regarding Activities for Which Form 4720 May Be Required 18 File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 19 During the year did the foundation (either directly or indirectly) 19 Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No 20 Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? 21 Expensive property or pay or reimburse the expenses of, a disqualified person? 22 Tarset any income or assets to a disqualified person for make any of either available for the benefit or use of a disqualified person? 23 Expensive is "Yes" in City(16), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? 25 Organizations relying on a current notice regarding disaster assistance (see page 20 of the instructions)? 26 Did the foundation engage in a prior year in any of t						
				3 b		
4a				4a		X
						_
			<u> </u>			X

Pai	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)			
5 a	During the year did the foundation pay or incur any amou	nt to					
	(1) Carry on propaganda, or otherwise attempt to influer		4945(e))?	Yes X	lo		
	(2) Influence the outcome of any specific public election	(see section 4955), o	r to carry on,				
	directly or indirectly, any voter registration drive?			Yes X N	lo		
	(3) Provide a grant to an individual for travel, study, or other				lo		
	(4) Provide a grant to an organization other than a chari	table, etc , organizatio	n described in				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the ins	structions)	Yes X N	lo		
	(5) Provide for any purpose other than religious, charital	ole, scientific, literary,	or educational				
	purposes, or for the prevention of cruelty to children o	r animals?		Yes X N	lo .		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the trans						
_	Regulations section 53 4945 or in a current notice regard				5b		
	Organizations relying on a current notice regarding disast			. 1 1			
r	If the answer is "Yes" to question 5a(4), does the foundation			· · · · · · · · · · · · · · · · · · ·	"	1	
·	because it maintained expenditure responsibility for the gi	•		Yes N	lo 🗀		
	If "Yes," attach the statement required by Regulations section						
6.			nav premiume				
оa	Did the foundation, during the year, receive any funds, do n a personal benefit contract?	•		Yes N	lo .	1	5.
h	Did the foundation, during the year, pay premiums, direct				6ь		x x
	If "Yes" to 6b, file Form 8870	city of indirectly, off a p	bersonal benefit Contrat	· · · · · · · · · · · · · · · · · · ·		 	7 -
7.0	At any time during the tax year, was the foundation a pa	rty to a prohibited tay	shelter transaction?	Yes XN	ا ا	35 15	. :
	If yes, did the foundation receive any proceeds or have a						
	t VIII Information About Officers, Directors					<u> </u>	Ь
	and Contractors						
1_	List all officers, directors, trustees, foundation m						
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans	(e) Expe	nse acco illowance	
		devoted to position	-0-)	and deferred compensation	 		
	TACHMENT 8		0.	0			0
<u></u>					-		
			 				
				·····	-		
			ı				
2	Compensation of five highest-paid employees (ot	her than those inc	luded on line 1 - se	e nage 23 of the in	tructions)		
	If none, enter "NONE."	ner than those me	idded on line 1 - 30	e page 20 or the m	sti dotions)	•	
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expe	200	unt
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		llowance	
		devoted to position		compensation			
-							
	*****			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
-							
					+		
- 							
					+		
					 -		
	I number of other employees paid over \$50,000 .		<u>-</u>	<u> </u>	L	,	
- 4	I number of other employees and ever EEA AAA					■ I N	ONE

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3_Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONF "
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	1 1 1
	
	<u> </u>
	3
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
	T
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
	ļ
1 N/A	1
2	
	1
3	
*	
<u></u>	
4	
	İ
	<u> </u>
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See page 24 of the instructions	<u>-</u>
· · ·	
3 NONE	
Total. Add lines 1 through 3	

Form **990-PF** (2009)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundation	S,
1.	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	434,868.
b	Average of monthly cash balances	1b	126,648.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	561,516.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)1e		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3		3	561,516.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	8,423.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	553,093.
6	Minimum investment return. Enter 5% of line 5	6	27,655.
Pa	The stributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ ☐ and do not complete this page 25.		
1	Minimum investment return from Part X, line 6	1	27,655.
2 a	Tax on investment income for 2009 from Part VI, line 5 2a 373.	3	
b	Income tax for 2009 (This does not include the tax from Part VI) 2b		
		2c	373.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	27,282.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	27,282.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	27,282.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)	·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		1 225
а		1a	1,325.
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc,	_	0
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the.	_ : .	^
а		3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,325.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	NI / 7
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,325.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years.	nether the four	ndation

Form 990-PF (2009)

Рa	TEXIII Undistributed income (see page	20 of the mandetto	113)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
•			-		27,282.
2	Undistributed income, if any, as of the end of 2009				27,202.
а	Enter amount for 2008 only				
	Total for pnor years 20 07 ,20 06 ,20 05				
3	Excess distributions carryover, if any, to 2009			,	
	From 2004		, ,		,
h	From 2005	,	,	,	t
c	From 2006				,
4		, `	*		,
- e	From 2007		, ,	•	, # = = 1
f	Total of lines 3a through e	18,872.		,	, in the state of
4	Qualifying distributions for 2009 from Part XII,	10 15 1. (1)		,'	, .
•	line 4 ▶ \$ 1,325.	, " , " , " , " , " , " , " , " , " , "	«· · · · · ,		
а	Applied to 2008, but not more than line 2a	^		· ,	
b	Applied to undistributed income of prior years (Election	** * *		· · · · · · · · · · · · · · · · · · ·	3 2 3
	required - see page 26 of the instructions)	**			} `; ``
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)			38 77 7	
А	Applied to 2009 distributable amount	~			1,325.
	Remaining amount distributed out of corpus	0.		,** .	\$ 1000000000000000000000000000000000000
5	Excess distributions carryover applied to 2009	18,872.			18,872.
	(If an amount appears in column (d), the same		.32 ⁻ ,		* * * * * * * * * * * * * * * * * * *
6	amount must be shown in column (a).) Enter the net total of each column as				
0	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				3 10 2 3 3 5 5 7 1
b	Prior years' undistributed income Subtract				
	line 4b from line 2b	, , , ,			
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				* * * · · · · · · · · · · · · · · · · ·
d	Subtract line 6c from line 6b Taxable			1	
	amount - see page 27 of the instructions		. M. 3. 2. 8.1	<u> </u>	
-	Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions	- 1 2 4 25 W 2-3	\$2 L		**** ****
f	Undistributed income for 2009 Subtract lines			per arrival to the state of	
	4d and 5 from line 1 This amount must be distributed in 2010				7,085.
7	Amounts treated as distributions out of corpus	***	31 2 3	F 16 2 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
8	Excess distributions carryover from 2004 not	- .	** ** *** *** *** *** *** *** *** ***		
	applied on line 5 or line 7 (see page 27 of the instructions)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
9	Excess distributions carryover to 2010.		1144 3162		
-	Subtract lines 7 and 8 from line 6a			4. *	
10	Analysis of line 9	17 多小线形学数	Para Later After .		
	Excess from 2005				
b	Excess from 2006				
С	Excess from 2007				, , , , , , , , , , , , , , , , , , , ,
d	Excess from 2008		\$ 42. 14		A 1 - 1/2 ()
е	Excess from 2009		1. 4. 1. 1. 1. 1. 1. 1.		1 7 7

Form	990-PF (2009)				814869	Page 10
Pa	rt XIV Private Oper	ating Foundations (see page 27 of the	instructions and Pa	rt VII-A, question 9)	NOT APPLICABLE
ັ1 a	If the foundation has				ating	
	foundation, and the ruling				. ▶	
b	Check box to indicate wh		private operating found		4942((j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	1	(e) Total
	justed net income from Part I or the minimum investment	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	return from Part X for each			•		
	year listed				· · · · · · · · · · · · · · · · · · ·	
b	Qualifying distributions from Part					
·	XII, line 4 for each year listed .			-		
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities. Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					,
	(1) Value of all assets(2) Value of assets qualifying					
	under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt					
	organization (4) Gross investment income					
Pa					ation had \$5,000	or more in assets
			e page 28 of the in	structions.)		
1	Information Regarding List any managers of	•		a than 2% of the tota	al contributions receiv	ved by the foundation
а	before the close of any	tax year (but only if the	ney have contributed r	nore than \$5,000). (S	ee section 507(d)(2))
	NONE					
	List any managers of	the foundation who	own 10% or more of	the stock of a corp	oration (or an equal)	y large portion of the
	ownership of a partner					
	NONE	- Cartilladian Cart	Cift I am Cabalanah	in ata Danamar	· · · · · · · · · · · · · · · · · · ·	
2	Information Regardin	_				
	Check here ► if t unsolicited requests f	he foundation only : for funds. If the foun	makes contributions dation makes gifts, g	to preselected chari Irants, etc. (see page	table organizations are 28 of the instructions	and does not accept ons) to individuals or
	organizations under ot					
а	The name, address, a	nd telephone number	of the person to whom	n applications should b	e addressed:	
	ATTACHM					
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include	
		·	QUEST FROM DR.	MARTINSON.		
С	Any submission deadli	ines:				
	APPLICATIO	NS ARE ACCEPTED	ON AN ONGOING	BASIS.		
d	Any restrictions or li factors:	mitations on awards	, such as by geogra	aphical areas, charita	ible fields, kinds of	institutions, or other
	AWARDS ARE	MADE IN THE F	IELD OF MEDICIN	NE.		
JSA					-	F 000 PE (2000)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment								
	uture Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	, , , , , , , , , , , , , , , , , , ,				
a Paid during the year				•				
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		ļ						
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T-4-E		J	> 20					
	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	▶ 3a					
b Approved for future payment								
				<u> </u>				
Total	<u></u>							

		ed business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a					
b					
·			_		
d					
e f					
g Fees and contracts from government agencies					
Membership dues and assessments			14	866.	
Interest on savings and temporary cash investments Dividends and interest from securities			14	19,301.	·
Net rental income or (loss) from real estate	· ·	۰		\$\$ \$\$.	, /x, , , ,,
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property .					
Other investment income					
Gain or (loss) from sales of assets other than inventory			 		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue a	-				
					
d					
e					
Subtotal Add columns (b), (d), and (e)			1.	20,167.	
Total. Add line 12, columns (b), (d), and (e).				13	20,167
the accomplishment of the for page 29 of the instructions)					
			•		
		NOT APPLICAR	I.F.		
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Form	990-PF					41-181			Page 13
Pa	rt XVII	Exempt Orga	nizations				elationships With		naritable
1	in sec	ction 501(c) of the C	ode (other thar	n section 501(c)(3) org	anizations) or in	any other section 5	r organization described 527, relating to political		Yes No
а		• -		oncharitable exempt organ				4-(4)	х
									X
								. 18(2)	
D		transactions	haritable evemnt	organization				15(1)	Х
									X
								1 1	Х
									Х
									X
	(6) Pe	erformance of services of	or membership oi	fundraising solicitations				1b(6)	X
									X
d							(b) should always sho		
							foundation received less		
	value	in any transaction of	r sharing arran	gement, show in colui	mn (d) the valu	e of the	goods, other assets, or	services	; received
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable exempt organia	zation (d) D	escription of	transfers, transactions, and sh	aring arran	gements
		N/A	,,,		N/A				
		1.7			-				
_		,							
				·					
									
					<u> </u>				
2 a							rganizations described in	1 1	_s X No
		` ,		501(c)(3)) or in section 52	2//			Yes	,140
	ii Yes	s," complete the followin (a) Name of organizatio		(b) Type of orga	enization		(c) Description of relatio	nship	~
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	1.7.2.	-5-M2 · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
									·
							····		
							-1-111111	-6 1	
	Under belief,	it is true, correct, and com	iare that i have ex iplete Declaration	damined this return, including of preparer (other than taxp	g accompanying sci ayer or fiduciary) is	based on all	statements, and to the best I information of which prepai	er has an	y knowledge
	. !	MANNINE MA	$\psi u u = 0$		18/1	5/7011	* Treasure		
o		gnature of officer or trustee	10100		Date	21 (011	Title		
Sign Here		J			Date		., Preparer	s identify	ing
ř	, s >	Preparer's		0 \		Check self-er	if number (5 page 30 o	See Signat f the instru	ure on ctions)
Sig	Paid eparer's se Only	signature P	w W.	July _	18/15/201	<u> </u>	6004	<u> </u>	
	Paid Preparer's Use Only	Firm's name (or yours if					EIN ▶ 34-187	3282	
	" "	self-employed), address and ZIP code		9TH ST, #1000	-	E402	610	מר חככ) 1 1
	<u> </u>	and zir wide	MINNE	APOLIS, MN	5	5402		339-78	
								ronn 990)-PF (2009)

- INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF, PART I

NET INVESTMENT INCOME	866.
REVENUE AND EXPENSES PER BOOKS	866.
DESCRIPTION	WELLS FARGO INVESTMENTS
DESC	WELL

866.

866.

TOTAL

ATTACHMENT 1

PAGE 16

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90PF, PART I - DIVIDEND
F, PART I - DIVIDEND

NET	INCOME	19,301
REVENUE	EXPENSES PER BOOKS	19,301.
	DESCRIPTION	UBS FINANCIAL

19,301.

19,301.

TOTAL

PAGE 17

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE	1,248.	1,248.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	1,247.	1,247.
REVENUE AND EXPENSES PER BOOKS	2,495.	2,495.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT 3

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES

DESCRIPTION

PER BOOKS

EXCISE TAX

141.

TOTALS

141.

PAGE 20

ATTACHMENT 5

- OTHER EXPENSES FORM 990PF, PART I

CHARITABLE	52.
NET INVESTMENT INCOME 150.	118.
REVENUE AND EXPENSES PER BOOKS	25. 118. 52.
	TOTALS
DESCRIPTION AMA FEE	MN FILING FEE WELLS FARGO FEES BANK FEES

FORM 990PF, PART II - CORPORATE STOCK

ENDING	57,200. 32,420. 16,476. 32,500. 23,685. 30,980. 16,790. 7,153. 17,581. 45,940. 34,684. 73,624.	
ENDING BOOK VALUE	47,136. 26,941. 25,332. 60,500. 22,910. 22,944. 22,544. 22,544. 23,227. 24,144. 42,430. 73,777.	
BEGINNING BOOK VALUE	47,136. 26,941. 25,332. 60,500. 22,910. 29,544. 22,544. 23,227. 24,144. 42,430. 73,777.	
DESCRIPTION	2,000 AT&T INC 400 CHEVRON 600 DOW CHEMICAL 2,000 GENERAL ELECTRIC CO 500 HEINZ H J CO 500 JOHNSON & JOHNSON COM 500 MEDTRONIC INC 420 UBS AG (USD) NEW 2006 700 WELLS FARGO & CO NEW 2,000 XCEL ENERGY 400 3M CO 15,274.785 WELLS FARGO FUND TR	

9

PAGE 21

DESCRIPTION BOOK VALUE	12,411 CALAMOS STRATEGIC TOTAL 197,932.	TOTALS 197,932.
ENDING BOOK VALUE	207,292.	207,292.
ENDING <u>FMV</u>	135,017.	135,017.

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	
ELMER MARTINSON 317 EAST WAYZATA BOULEVARD WAYZATA, MN 55391	PRESIDENT	.0	0	.0	
WYMAN HABERER 317 EAST WAYZATA BOULEVARD WAYZATA, MN 55391	VICE PRESIDENT		Ö	·	
JOHN M. MCKELLIP 317 EAST WAYZATA BOULEVARD WAYZATA, MN 55391	DIRECTOR	.0	·o	· O	
TOM MARTINSON 317 EAST WAYZATA BOULEVARD WAYZATA, MN 55391	SECRETARY	.0	.0	· o	
BRUCE MARTINSON 317 EAST WAYZATA BOULEVARD WAYZATA, MN 55391	DIRECTOR	.0	0.	.0	
	GRAND TOTALS	0.	0.	0	

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

DR. ELMER MARTINSON 2799 PHEASANT ROAD EXELSIOR, MN 55331

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB	NIA	15/	15.	1700

Department of Internal Reve	of the Treasury nue Service	► File a	separate_a _l	oplication for each retur	n.			
• If you a	re filing for an	Automatic 3-Month Extension, o	omplete c	nly Part I and check	this box			> X
		Additional (Not Automatic) 3-Mo						
Do not cor	mplete Part II ເ	nless you have already been gran	nted an au	tomatic 3-month exte	ension on a pre	eviously file	ed Form 88	868.
Electronic	: filing <i>(e-file</i>).	You can electronically file Form	8868 if yo	u need a 3-month au	utomatic exten	sion of tim	ne to file	(6 months for
		o file Form 990-T), or an addition						
8868 to r	equest an ext	ension of time to file any of the	forms liste	ed in Part I or Part II	with the exce	ption of F	orm 8870), Information
Return for	r Transfers A	ssociated With Certain Persona	I Benefit (Contracts, which mu	ust be sent to	the IRS	in paper	r format (see
		letails on the electronic filing of th				tile for Cha	rities & No	onprofits
		Month Extension of Time. On						· · · · · · · · · · · · · · · · · · ·
•	•	o file Form 990-T and requesting						
Part I only								▶ 🔲
All other of	corporations (ncluding 1120-C filers), partnersh	ips, REMIC	s, and trusts must us	e Form 7004 to	request a	n extensio	n of time
to file inco	ome tax return					T= -		· · · · · · · · · · · · · · · · · · ·
Type or		empt organization				1		tion number
print		SON CLINIC FOUNDATION				41-	1814869	9
File by the		reet, and room or suite no. If a P.O. bo	x, see instru	ctions.				
due date for filing your		ST WAYZATA BOULEVARD						·
return See	City, town	or post office, state, and ZIP code For	a foreign ad	dress, see instructions				
instructions	WAYZAT	A, MN 55391						
Enter the	Return code f	or the return that this application	is for (file a	a separate application	n for each return	1)		04
Application			Return	Application				Return
Is For	711		Code	Is For			 -	Code
Form 990			01	Form 990-T (corpo	REC	EIVED		07
Form 990			02	Form 1041-A			18	08
Form 990			03	Form 4720	B AUG S	2 2 2011	- 8 -	09
Form 990-			04	Form 5227	M AUU A	2011	S	10
		a) or 408(a) trust)	05	Form 6069	l			11
	-T (sec 401(a		06	Form 8870	- OGDI	EN, UT		12
1 01111 990	-1 (titust otile)	man above)		1 0/11/1 00/0				
• The bo	oks are in the	care of ▶ DR. ELMER MAR	TINSON					
Teloph	one No. 🕨	952 473-4133		FAX No. ▶				
		es not have an office or place of			heck this box			▶ □
		Return, enter the organization's fo						this is
		eck this box						attach
	• •	d EINs of all members the extens		and an analysis and a		,		
		natic 3-month (6 months for a cor		equired to file Form 9	990-T) extensio	n of time		
until	•	05/15 , 20 11 , to file the					above. The	e extension is
		n's return for:	oxompt on	90/1120101111011111111111111111111111111	o organizano		20010. 1110	, 0,40,10,0,110
		ear 20 or						
	tax vear be	eginning 10/	01 200	9 and ending		09/30	, 20 10	
	· lax year bo	.gg	<u> </u>	, und onding			, 20	.•
2 If the	e tay vear ent	ered in line 1 is for less than 12 m	onths che	ck reason Initia	al return	Final retu	ırn	
- 11 (11)	1 1	ecounting period	101111110, 0110	on reason made		1 11141 1014	•••	
L	j Change in a	scounting period						
3a If th	us application	ıs for Form 990-BL, 990-PF, 99	90-T 4720), or 6069, enter th	ne tentative ta	x less an	vI T	
		dits See instructions	, . .	.,,		., un	3a \$	
		n is for Form 990-PF, 990-T,	4720 0	r 6069, enter any	refundable o	redits and		
		ments made. Include any prior yea				. Jano Will	3b \$	
		tract line 3b from line 3a Include				sina FFTPS		
		I Tax Payment System) See instru			·	·5 — ·· ·	3c \$	

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

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

payment instructions.

Form 8868 (Re	ev 1-2011)					Page 2
	e filing for an Additional (Not Automatic) 3-M	onth Exter	sion, complet	only Part II and che	ck this box	▶ X
Note. Only	complete Part II if you have already been gra	nted an au	itomatic 3-mon	th extension on a pre	viously filed For	m 8868.
If you are	e filing for an Automatic 3-Month Extension,	complete o	only Part I (on p	age 1)	-	
Part li	Additional (Not Automatic) 3-Month Ex				copies neede	d).
Type or	Name of exempt organization				Employer iden	tification number
print	MARTINSON CLINIC FOUNDATION				41-18	14869
File by the	Number, street, and room or suite no. If a P O. bo	x, see instru	ctions.			
extended due date for	317 EAST WAYZATA BOULEVARD					
filing your	City, town or post office, state, and ZIP code. For	a foreign ac	ldress, see instruc	tions.		
retum. See instructions	WAYZATA, MN 55391					
113truottoria						
Enter the R	eturn code for the return that this application	is for (file a	a separate app	cation for each return)	04
Application	1	Return	Application			Return
ls For		Code	ls For			Code
Form 990	· · · · · · · · · · · · · · · · · · ·	01	 			
Form 990-B	31_	02	Form 1041-A			08
Form 990-E		03	Form 4720			09
Form 990-P		04	Form 5227			10
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870			12
	not complete Part II if you were not already	granted ar	automatic 3-r	nonth extension on	a previously file	ed Form 8868.
 If the org If this is f for the who list with the I reque For ca If the t 7 State i 	ne No. 952 473-4133 Identification does not have an office or place of the group of the group, check this box	business in ur digit Grof fit is for particular in the control of	pup Exemption Nart of the group 10/01 , 2 ck reason: TIME IS NET	dumber (GEN) , check this box 08/15 009 , and ending Initial return DDED IN ORDER	20 11 09 / Final return	►
nonref b If this estima amour c Balanc (Electr Under penalties it is true, correct	s of perjury, I declare that I have examined this form, ct, and complete, and that I am authorized to prepare this for	4720, or jor year of your paymotions.	overpayment a nent with this for d Verification companying schedu	any refundable crillowed as a credit rm, if required, by us	edits and and and any 8b ing EFTPS 8c	\$ 0. \$ 0. knowledge and belief,
Signature >	CBIZ MHM, LLC		Title •	<i>P1</i> 3	Date -	5 12 - 2011 8868 (Rev 1-2011)
	222 S 9TH ST, #1000				Form	0000 (Rev 1-2011)
	MINNEAPOLIS MN 55402					