

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

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

				Open to Public Inspection
	1, 2015	, and ending		
Name of foundation			A Employer identification	number
MARGINGON OF THE GOINDAMIO	.T		41 1014060	
		Poom/suite		
•	uuress <i>j</i>	Noonysuite		33
	ostal code		If exemption application is p	ending, check here
	Initial return of a fe	ermor public charity	D 4 Foreign organizations	chack hara
=	_	officer public charity	I. Foreign organizations	s, check liefe
	=		2. Foreign organizations me	eting the 85% test,
		<u></u>	1	
		ation		
			1	, ,,
		/ 1001 day		_
(· · · · —	pasis)		(5), 611051(11010
Part Analysis of Revenue and Expenses	, ,		(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	250.		N/A	
2 Check X if the foundation is not required to attach Sch. B				
Interest on savings and temporary cash investments				
4 Dividends and interest from securities	32,747.	32,747.		STATEMENT 1
5a Gross rents				
Net rental income or (loss)				
68. Net gain or (loss) from sale of assets not on line 10				!
Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		0.		
For callendary year 2015 or tax year beginning OCT 1, 2015 and ending SEP 30, 20.16		,		
				,
10a and allowances				
c Gross profit or (loss)				
	32 007	22 747	-	
			<u> </u>	0.
·	0.		 	<u>. </u>
1 , ,				
(A) 16a Langlifons				
S CONTROL	3,200.	1,600.		1,600.
o-Other-professional fees	-,			
of 17 Interest				
記。	473.	0.		0.
19 Depreciation and depletion				
E 20 Company N IIT				
21 Travel, conferences, and meetings				
22 Printing and publications				
	263.	214.		49.
24 Total operating and administrative			[
expenses. Add lines 13 through 23		1,814.		1,649.
23 Continuations, gints, grants paid	40,000.			40,000.
· ·	42 22	4 04 4		40.540
	43,936.	1,814.		41,649.
i	<u>-</u>			
	-10,939.	20 022	ļ	
	 	30,933.	NT / A	
G Adjusted net income (if negative, enter -0-)				1

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

orm 990-PF (2		Beginning of year	End of	1814869 Pa vear
Part II B	alance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash -	non-interest-bearing	9,715.	5,803.	5,803
1	s and temporary cash investments	110,877.	87,354.	87,354
	nts receivable			
	Illowance for doubtful accounts	· 		
-	s receivable			·
	illowance for doubtful accounts			
	receivable			
	ables due from officers, directors, trustees, and other			
	lified persons			
•	es and loans receivable			
Less: a	Illowance for doubtful accounts			
8 Invento	ories for sale or use			-
9 Prepaid	d expenses and deferred charges			
	nents - U.S. and state government obligations	-		
	nents - corporate stock STMT 6	621,589.	637,685.	763,92
	nents - corporate bonds	,	,	
	its - land buildings, and equipment basis			
	Imulated depreciation			
	nents - mortgage loans		-	
	nents - other			
	ouldings, and equipment; basis			
	imulated depreciation			
	issets (describe			
	ssets (to be completed by all filers - see the			
	tions. Also, see page 1, item I)	742,181.	730,842.	857,08
	nts payable and accrued expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70070121	00,700
	payable		<u>-</u> .	
	red revenue			
	om officers, directors, trustees, and other disqualified persons			
	ges and other notes payable			
_	abilities (describe ►)			
23 Total li	abilities (add lines 17 through 22)	0.	0.	
	ations that follow SFAS 117, check here			
	mplete lines 24 through 26 and lines 30 and 31.			
	ricted	742,181.	730,842.	
	rarily restricted	, ==, = 0 = 1	.55,012.	
	nently restricted			
	tions that do not follow SFAS 117, check here			
	mplete lines 27 through 31.	İ		
	stock, trust principal, or current funds			
•	or capital surplus, or land, bldg., and equipment fund			
	d earnings, accumulated income, endowment, or other funds			
	et assets or fund balances	742,181.	730,842.	
oo iotai ii	01 800010 At 18110 B@10110.09	1 42 , 101 1	730,014.	
21 Tatal II	abilities and net assets/fund balances	742,181.	730,842.	
			730,024+	-
rt III A	analysis of Changes in Net Assets or Fund Ba	lances		
otal net asse	ets or fund balances at beginning of year - Part II, column (a), line 3	:		
	with end-of-year figure reported on prior year's return)	~	1	742,18
-	t from Part I, line 27a		2	-10,93
	es not included in line 2 (itemize)		3	-10,93
dd lines 1, 2			3	731,24
	t included in line 2 (itemize)	ርፑፑ ሮጣአ		400
				730,842
<u>viai iiti ässt</u>	ets or fund balances at end of year (line 4 minus line 5) - Part II, col	unni (b), inie 30	6	Form 990-PF (20

Form 990-PF (2015)

<u>41,</u>649.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

	m 990-PF (2015) MARTINSON CLINIC FOUNDATION			L8148			Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	or 494	<u>8 - s</u>	see ins	truc	tion	<u>s)</u>
18	a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.]	1				1
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	}	[
1	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1%	∤	1			3	09.
	of Part I, line 27b	1 1	- 1				•
(c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	<i>)</i>					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u>_</u>	2				<u>0.</u>
3	Add lines 1 and 2	 -	3			3	09.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	ļ	5			3	09.
6	Credits/Payments:						1
	a 2015 estimated tax payments and 2014 overpayment credited to 2015		ļ				•
	b Exempt foreign organizations - tax withheld at source		Į.				
	Tax paid with application for extension of time to file (Form 8868)		ı				1
	d Backup withholding erroneously withheld Table credits and payments. Add lines to through the		[-				0.
_	Total credits and payments. Add lines 6a through 6d	-	7				<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due . If the total of lines 5 and 8 is more than line 7, enter amount owed	\ 	8			3	09.
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		9 10				03.
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	. [11				
	art VII-A Statements Regarding Activities	ieu					
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or ii	ntervene in				Yes	No
	any political campaign?	101 10110 111		- F	1a		X
ì	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the d	efinition)?		- 1	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p	•	05				
	distributed by the foundation in connection with the activities	ubiisiieu (,	- 1	- 1	i	
0	bild the foundation file Form 1120-POL for this year?			-	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				-		
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	0.		- 1	- 1	ĺ	
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				- 1		
	managers. ► \$ 0 .						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			Ł	2		X
	If "Yes," attach a detailed description of the activities			- 1			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpor	ation, or		1			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			L	3	!	<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			1	4a		X
b	olf "Yes," has it filed a tax return on Form 990-T for this year?		N/	'A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			<u> </u>	5		X
_	If "Yes," attach the statement required by General Instruction T				Ì		i i
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1	Ì		ì
	By language in the governing instrument, or						}
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	he state la	W	-		-,	
-	remain in the governing instrument?			⊢	6	X	
,	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and I	Part XV		-	7	X	
٥٠	Enter the states to which the foundation reports or with which it is registered (see materials and				j	Ì	1
oa	Enter the states to which the foundation reports or with which it is registered (see instructions))	Ì	i
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				}		
D	of each state as required by General Instruction G? If "No," attach explanation				8b	x	
a	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$	for calenda	аг	H	00		
9	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	ioi vaitiiud	41	[-	9	[$\overline{\mathbf{X}}$
10				ŀ	10		X
<u></u>	1 165, attach a scriedule listing treit hanles and acta esse			Form		-PF	(2015)

Form 990-PF (2015)

X

3b

4a

N/A

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Port VII P Statements Departing Activities for Which E		o mulipod	41-10140	O Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be R	equirea (contin	ued)	
5a During the year did the foundation pay or incur any amount to:			[==]	1 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	• • • • • • • • • • • • • • • • • • • •		1 1
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		Y	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	}	1 1
the prevention of cruelty to children or animals?		Y	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□ [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned		1 1
expenditure responsibility for the grant?	N	I/A [] Y	es No	- 1 - 1
If "Yes," attach the statement required by Regulations section 53 4945	-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	1 /			
a personal benefit contract?	pay promisino on	[v	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?	·		6b X
If "Yes" to 6b. file Form 8870	or sorial perionic contract.			~
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		·		7b
Part VIII Information About Officers, Directors, Truste		nagers Highly	M/A	<u>, , , , , , , , , , , , , , , , , , , </u>
Paid Employees, and Contractors	es, i outluation Mai	lagers, riigiliy		
1 List all officers, directors, trustees, foundation managers and their of	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, other
	to position	enter -0-)	compensation	allowances
				
ODS OBSERVATION 7			ا م	•
SEE STATEMENT 7		0.	0.	0.
				
				I
		_		
 			1	
		1		
		<u> </u>		
2 Compensation of five highest-paid employees (other than those incl		enter "NONE."	7-1) 0	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$60,000	devoted to position	(c) compensation	and deferred compensation	allowances
NONE				
	li .	1		
	1	1		
		 		
		1		
	 	 		
		1		
Total number of other ampleyees paid over \$50,000		<u> </u>	<u> </u>	0
Total number of other employees paid over \$50,000			Earm	990-PF (2015)
			rorm .	

11-24-15

Form 990-PF (2015) MARTINSON CLINIC FOUNDATION	41-1	.814869 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
		
Total number of others receiving over \$50,000 for professional services	<u> </u>	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 N/A		
2		
3		
4		
2D and OM SDN		
Part X-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on line	a 1 and 2	Amount
1 N/A	s i aliu z.	Amount
·		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3		0.
		Form 990-PF (2015)

For	m 990-PF (2015) MARTINSON CLINIC FOUNDATION	<u>41-1814869</u>	Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a 731	<u>,838.</u>
b	Average of monthly cash balances	1b 125	,989.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d 857	,827.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d		,827.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		<u>,867.</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		<u>,960.</u>
6	Minimum investment return. Enter 5% of line 5	6 42	,248.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	nd certain	
_	foreign organizations check here 🕨 🔃 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 42	<u>,248.</u>
2a	Tax on investment income for 2015 from Part VI, line 5	<u> </u>	
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	309.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 41	,939.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 41	,939.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 41	<u>,9</u> 39.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	18 41	,649. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 41	,649.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment] [
	income. Enter 1% of Part I, line 27b	5	309.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 41	,340.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the section	

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	Обіраз	Tours prior to 2014	2014	2010
line 7				41,939.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			37,643.	
b Total for prior years;				,
 ;_ ,		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				;
c From 2012				,
d From 2013 e From 2014				
f Total of lines 3a through e	0.			t
4 Qualifying distributions for 2015 from				
Part XII, line 4: ▶ \$ 41,649.				1
a Applied to 2014, but not more than line 2a			37,643.	i
b Applied to undistributed income of prior			01/0201	
years (Election required - see instructions)		0.		ļ .
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				4,006.
e Remaining amount distributed out of corpus	0.			1
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				'
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c 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				I
assessed		0.		
d Subtract line 6c from line 6b. Taxable		_		!
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line			_	1
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				37 033
be distributed in 2016 7 Amounts treated as distributions out of				37,933.
corpus to satisfy requirements imposed by			İ	,
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			1
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			i
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	0.			
IO Analysis of line 9;				
a Excess from 2011				1
b Excess from 2012	Ì			İ
c Excess from 2013				
d Excess from 2014	1			i i
e Excess from 2015				
				Form QQD-PF (2015)

	<u>ON CLINIC F</u>				. 814869 Page [.]
Part XIV Private Operating Fo	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating	1		
foundation, and the ruling is effective for	2015, enter the date of	the ruling	▶ <u> </u>		
b Check box to indicate whether the found	ation is a private operati	ng foundation described	in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ļ	Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for				1	
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,			[
line 4 for each year listed			l		
d Amounts included in line 2c not				7	
used directly for active conduct of			1	1	
exempt activities		4			,
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					1
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter; (1) Value of all assets					
、		 	 	 	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		 	 		-
2/3 of minimum investment return	1				
shown in Part X, line 6 for each year	i				
Insted			 		
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,		İ			
dividends, rents, payments on				-	
securities loans (section				· [
512(a)(5)), or royalties)			<u> </u>		
(2) Support from general public					
and 5 or more exempt organizations as provided in				1	
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) _Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or m	ore in assets
at any time during th	ne year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	have contributed more	than 2% of the total cont	tributions received by th	e foundation before the c	lose of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)			
NONE			<u> </u>		
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of a	partnership or
other entity) of which the foundation has	a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here 🕨 🔲 if the foundation of	nly makes contributions	to preselected charitable	organizations and does	not accept unsolicited re	quests for funds, If
the foundation makes gifts, grants, etc. (see instructions) to indiv	riduals or organizations (under other conditions, o	complete items 2a, b, c, a	nd d.
a The name, address, and telephone numb	er or e-mail address of t	he person to whom appli	ications should be addre	essed;	
THOMAS MARTINSON, (95	52)473-4133				
317 EAST WAYZATA BOUI	EVARD, WAY	ZATA, MN 55	331		
b The form in which applications should be	submitted and informat	tion and materials they s	hould include:		
FORM AVAILABLE UPON F					
c Any submission deadlines:					
APPLICATIONS ARE ACCE	PTED ON AN	ONGOING BA	SIS.		
d Any restrictions or limitations on awards	, such as by geographica	al areas, charitable fields,	, kınds of institutions, or	other factors:	
AWARDS ARE MADE IN TH	E FIELD OF	MEDICINE.			

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Paid during the year HAMMER RESIDENCES NONE PUBLIC GROUP HOME ASSISTANCE 1909 EAST WAYZATA BOULEVARD 4,000. WAYZATA, MN 55391 INTERFAITH OUTREACH AND COMMUNITY NONE PUBLIC CHARITY MEDICAL CLINIC PARTNERS ASSISTANCE 110 GRAND AVE SOUTH 4,000. WAYZATA, MN 55391 GENERAL SUPPORT LEUKEMIA & LYMPHOMA SOCIETY NONE PUBLIC 8411 WAYZATA BOULEVARD SUITE 340 GOLDEN VALLEY, MN 55426 4,000. GENERAL SUPPORT LOMA LINDA UNIVERSITY NONE PUBLIC 11060 ANDERSON ST LOMA LINDA, CA 92350 7,000. ST DAVID'S CHILD DEVELOPMENT AND NONE PUBLIC EARLY CHILDHOOD FAMILY SERVICES EDUCATION, THERAPY SERVICES AND SOCIAL 3395 PLYMOUTH ROAD MINNETONKA, MN 55305 SERVICES FOR CHILD AND FAMILY 5,000. SEE CONTINUATION SHEET(S) 40,000. 3a Total b Approved for future payment NONE **▶** 3b Total Form **990-PF** (2015)

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
2 most groot amounts amount of managers.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
-			_		
a					
d		_ 			
e				<u> </u>	
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			_		
investments			}		
4 Dividends and interest from securities			14	32,747.	
5 Net rental income or (loss) from real estate:			1 4	32,141.	
a Debt-financed property			 		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property				<u> </u>	_ _ -·
7 Other investment income					
8 Gain or (loss) from sales of assets other	1			1	
than inventory		<u> </u>	<u> </u>		
9 Net income or (loss) from special events			-		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:				ĺ	
			_		
b			<u> </u>	ļ . 	
·					
d			 		_
e			<u> </u>	20 747	
12 Subtotal. Add columns (b), (d), and (e)		0.	L	32,747.	32,7 4 7.
13 Total. Add line 12, columns (b), (d), and (e)				13	32,141.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incom	e is renorted i	n column (e) of Part X\/I-A	contrib	uited importantly to the accom	nlishment of
the foundation's exempt purposes (other than by			00/11/10	died imperiumly to the decem	phoninone of
	<u> </u>				
					
			-		

523621 11-24-15

Form 99			NSON CLIN					41-181		<u>Pa</u>	ge 13
Part	<u>XVII</u>			sfers To a	and Transactions a	and	Relationsh	ips With Nonchar	itable		
		Exempt Organ	izations								
1 Did	the or	ganization directly or indi	rectly engage in any	of the following	ng with any other organizat	tion d	escribed in section	on 501(c) of	בן ו	es	No
the	Code	(other than section 501(c))(3) organizations) o	r in section 52	27, relating to political orga	ınızatı	ons?		1 1	- 1	
a Tra	insfers	from the reporting found	ation to a noncharita	ble exempt or	ganization of:				-		
	Cash								1a(1)		<u>X</u>
(2)	Other	assets							1a(2)		<u>X</u>
		sactions:									
٠.		of assets to a noncharita	. •						1b(1)		<u>X</u> _
٠.		nases of assets from a no	•	organization					1b(2)		X
٠,		al of facilities, equipment,							1b(3)		<u>X</u> _
٠,		bursement arrangements							16(4)		<u> X</u>
		s or loan guarantees							1b(5)		X
		rmance of services or me	-	-					1b(6)		X
	-	f facilities, equipment, ma	-		•				10		_X_
					edule. Column (b) should a					s,	
					ed less than fair market val	iue in	any transaction	or snaring arrangement, s	now in		
	 -	(b) Amount involved			e exempt organization		(d) D				
(a) Line n	" -	(b) Amount involved	(c) Name o	N/A	e exempt organization	┵	(d) Description	of transfers, transactions, and	snaring arran	gemen	ts
	+-			N/A_		-+					
	+					+					
	+					-+					
	+		 			+					
	+-					\dashv					
						\dashv					
	+-					十				_	
	\dashv					十					
	+					+					
	+					一十					
	+-					\dashv					
	\top					\dashv					
	\neg					\dashv					
						T					
2a s1	he four	ndation directly or indirect	tlv affiliated with, or	related to, one	or more tax-exempt organ	nizatio	ons described				
		501(c) of the Code (other						٢	Yes	X	No
		emplete the following sch		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u>.</u>			,
		(a) Name of org			(b) Type of organization	Т		c) Description of relations	hip		
		N/A									
						\Box					
					accompanying schedules and s			Ma	y the IRS dis	cuss th	าเร
Sign	and be	TILE A L	blere Decraration of ble	parentother than	taxpayer) is based on all informa	ation o		s any knowledge ret	urn with the pown below (se	repare	r
Here		TIMONO I	<u> </u>		<u> </u>	<i>t</i>	P163		X Yes		No
	Sıgn	ature of officer or trustee			Date		Title			_	
		Print/Type preparer's na	me	Preparer's s	ignature	Da	te	Check if PTIN			
				li	. 01	1_	dal 1	self- employed			
Paid		ANNE M. LE		MALL	M. Lim	10	4817		04486		
Prepa		Firm's name ► CBI	Z MHM, LL	C	-		-	Firm's EIN ► 34-1	87328	2	
Use (only				<u> </u>						
		Fırm's address ▶ 22							-		
		MI	NNEAPOLIS	, MN 5	<u>5402</u>			Phone no. 612-3	<u> 39-78</u>	<u>11</u>	

523622 11-24-15

Phone no. 612-339-7811 Form **990-PF** (2015)

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient Foundation status of Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) recipient TROPICAL HEALTH ALLIANCE FOUNDATION NONE PUBLIC GENERAL SUPPORT PO BOX 1270 LOMA LINDA, CA 92354 10,000. UNIVERSITY OF MN PUBLIC HEALTH NONE PUBLIC GENERAL SUPPORT 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455 6,000. 16,000. Total from continuation sheets

DIVIDENDS	AND INTER	EST F	ROM SECUR	ITIES S'	PATEMENT 1
GROSS AMOUNT	GAINS			(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
32,747.		0.	32,747.	32,747.	
32,747.		0.	32,747.	32,747.	
	ACCOUNTI	NG FE	ES	S	PATEMENT 2
				(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	3,200.		1,600.		1,600.
, LN 16B	3,200.		1,600.		1,600.
	ጥልሂ	FS		gr	FATEMENT 3
					
				(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	473.		0.		0.
, LN 18 =	473.		0.		0.
	OTHER E	XPENS		ST	PATEMENT 4
				<u>-</u>	
	(A) EXPENSES PER BOOKS	NET	(B) INVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	FER BOOKS				I OKI OBES
_	25. 190. 48.		0. 190. 24.		25. 0. 24.
	GROSS AMOUNT 32,747. 32,747.	GROSS GAINS DIVIDEND 32,747. ACCOUNTI (A) EXPENSES PER BOOKS 3,200. , LN 16B 3,200. TAX (A) EXPENSES PER BOOKS 473. , LN 18 473.	GROSS GAINS AMOUNT DIVIDENDS P 32,747. 0. 32,747. 0. ACCOUNTING FE (A) EXPENSES NET PER BOOKS MENT 3,200. , LN 16B 3,200. TAXES (A) EXPENSES NET PER BOOKS MENT 473. , LN 18 473. OTHER EXPENS (A) (A) (A)	GROSS AMOUNT GAINS GAINS REVENUE REVENUE PER BOOKS 32,747. 0. 32,747. 32,747. 0. 32,747. ACCOUNTING FEES (A) (B) (B) EXPENSES NET INVEST-PER BOOKS MENT INCOME 3,200. 1,600. , LN 16B 3,200. 1,600. TAXES (A) (B) EXPENSES NET INVEST-PER BOOKS MENT INCOME 473. 0. OTHER EXPENSES (A) (B) OTHER EXPENSES (A) (B)	GROSS GAINS REVENUE NET INVEST- MOUNT DIVIDENDS PER BOOKS MENT INCOME 32,747. 0. 32,747. 32,747. ACCOUNTING FEES ST. (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME 3,200. 1,600. , LN 16B 3,200. 1,600. TAXES ST. (A) (B) (C) ADJUSTED NET INCOME TAXES ST. (A) (B) (C) ADJUSTED NET INCOME 473. 0. (C) ADJUSTED NET INVEST- PER BOOKS MENT INCOME 473. 0. OTHER EXPENSES ST. (A) (B) (C) OTHER EXPENSES ST.

400 SHS CHEVRON 26,941. 41 600 SHS DOW CHEMICAL 25,332. 31 2,000 SHS GENERAL ELECTRIC CO 60,500. 59 500 SHS JOHNSON & JOHNSON COM 29,544. 59 500 SHS MEDTRONIC PLC 38,105. 43 420 SHS UBS AG REG ORD CHF 23,227. 5 700 SHS WELLS FARGO & CO NEW 24,144. 30 2,000 SHS XCEL ENERGY 42,430. 82 400 SHS 3M CO 29,610. 70	
PRIOR YEAR CONTRIBUTION REPORTED IN ERROR TOTAL TO FORM 990-PF, PART III, LINE 5 FORM 990-PF CORPORATE STOCK STATEMEN DESCRIPTION BOOK VALUE VALUE 2,000 SHS AT&T 47,136. 83 400 SHS CHEVRON 26,941. 43 600 SHS DOW CHEMICAL 25,332. 33 2,000 SHS GENERAL ELECTRIC CO 60,500. 53 500 SHS JOHNSON & JOHNSON COM 29,544. 53 500 SHS JOHNSON & JOHNSON COM 29,544. 53 500 SHS WELLS FARGO & CO NEW 24,144. 30 2,000 SHS WELLS FARGO & CO NEW 24,144. 36 2,000 SHS XCEL ENERGY 42,430. 83 400 SHS 3M CO 29,610. 76	т 5
TOTAL TO FORM 990-PF, PART III, LINE 5 FORM 990-PF CORPORATE STOCK STATEMEN DESCRIPTION BOOK VALUE VALUE 2,000 SHS AT&T 47,136. 81 400 SHS CHEVRON 26,941. 41 600 SHS DOW CHEMICAL 25,332. 31 2,000 SHS GENERAL ELECTRIC CO 60,500. 59 500 SHS JOHNSON & JOHNSON COM 29,544. 59 500 SHS MEDTRONIC PLC 38,105. 42 420 SHS UBS AG REG ORD CHF 23,227. 59 700 SHS WELLS FARGO & CO NEW 24,144. 36 2,000 SHS XCEL ENERGY 42,430. 82 400 SHS 3M CO 29,610. 76	r
FORM 990-PF CORPORATE STOCK STATEMENT DESCRIPTION BOOK VALUE VALUE 2,000 SHS AT&T 47,136. 81 400 SHS CHEVRON 26,941. 42 2,000 SHS GENERAL ELECTRIC CO 60,500. 52 500 SHS JOHNSON & JOHNSON COM 29,544. 52 500 SHS UBS AG REG ORD CHF 23,227. 52 700 SHS WELLS FARGO & CO NEW 24,144. 30 2,000 SHS XCEL ENERGY 42,430. 82 400 SHS 3M CO 29,610. 70	400
FAIR MARE DESCRIPTION 2,000 SHS AT&T 400 SHS CHEVRON 600 SHS DOW CHEMICAL 2,000 SHS GENERAL ELECTRIC CO 500 SHS JOHNSON & JOHNSON COM 500 SHS MEDTRONIC PLC 420 SHS UBS AG REG ORD CHF 700 SHS WELLS FARGO & CO NEW 2,000 SHS XCEL ENERGY 42,430. 82 400 SHS 3M CO 29,610. 70	400
DESCRIPTION 2,000 SHS AT&T 400 SHS CHEVRON 600 SHS DOW CHEMICAL 2,000 SHS GENERAL ELECTRIC CO 500 SHS JOHNSON & JOHNSON COM 500 SHS MEDTRONIC PLC 420 SHS UBS AG REG ORD CHF 700 SHS WELLS FARGO & CO NEW 2,000 SHS XCEL ENERGY 400 SHS 3M CO 20,610. 700	т 6
400 SHS CHEVRON 26,941. 41 600 SHS DOW CHEMICAL 25,332. 31 2,000 SHS GENERAL ELECTRIC CO 60,500. 59 500 SHS JOHNSON & JOHNSON COM 29,544. 59 500 SHS MEDTRONIC PLC 38,105. 43 420 SHS UBS AG REG ORD CHF 23,227. 5 700 SHS WELLS FARGO & CO NEW 24,144. 30 2,000 SHS XCEL ENERGY 42,430. 82 400 SHS 3M CO 29,610. 70	KET
600 SHS DOW CHEMICAL 25,332. 32 2,000 SHS GENERAL ELECTRIC CO 60,500. 59 500 SHS JOHNSON & JOHNSON COM 29,544. 59 500 SHS MEDTRONIC PLC 38,105. 43 420 SHS UBS AG REG ORD CHF 23,227. 59 700 SHS WELLS FARGO & CO NEW 24,144. 30 2,000 SHS XCEL ENERGY 42,430. 82 400 SHS 3M CO 29,610. 70	,220
2,000 SHS GENERAL ELECTRIC CO 60,500. 59 500 SHS JOHNSON & JOHNSON COM 29,544. 59 500 SHS MEDTRONIC PLC 38,105. 43 420 SHS UBS AG REG ORD CHF 23,227. 5 700 SHS WELLS FARGO & CO NEW 24,144. 30 2,000 SHS XCEL ENERGY 42,430. 82 400 SHS 3M CO 29,610. 70	,168
500 SHS JOHNSON & JOHNSON COM 29,544. 59 500 SHS MEDTRONIC PLC 38,105. 43 420 SHS UBS AG REG ORD CHF 23,227. 5 700 SHS WELLS FARGO & CO NEW 24,144. 30 2,000 SHS XCEL ENERGY 42,430. 82 400 SHS 3M CO 29,610. 70	,098 ,240
500 SHS MEDTRONIC PLC 38,105. 43 420 SHS UBS AG REG ORD CHF 23,227. 5 700 SHS WELLS FARGO & CO NEW 24,144. 30 2,000 SHS XCEL ENERGY 42,430. 82 400 SHS 3M CO 29,610. 70	,240 ,065
420 SHS UBS AG REG ORD CHF 23,227. 5 700 SHS WELLS FARGO & CO NEW 24,144. 30 2,000 SHS XCEL ENERGY 42,430. 82 400 SHS 3M CO 29,610. 70	,200
700 SHS WELLS FARGO & CO NEW 24,144. 30 2,000 SHS XCEL ENERGY 42,430. 82 400 SHS 3M CO 29,610. 70	,720
400 SHS 3M CO 29,610. 70	,996
·	,280
22,816 SHS CALAMOS STRATEGIC TOTAL RETURN FUND 290,716. 259	,492
	,447
TOTAL TO FORM 990-PF, PART II, LINE 10B 637,685. 763	,926

FORM 990-PF PART VIII - LIST TRUSTEES AND	LIST OF OFFICERS, DIRECTORS AND FOUNDATION MANAGERS		STATEMENT 7	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
DONNA HADLEY 317 EAST WAYZATA BOULEVARD WAYZATA, MN 55391	DIRECTOR 0.10	0.	0.	0.
JOHN M. MCKELLIP 317 EAST WAYZATA BOULEVARD WAYZATA, MN 55391	DIRECTOR 0.10	0.	0.	0.
THOMAS MARTINSON 317 EAST WAYZATA BOULEVARD WAYZATA, MN 55391	PRESIDENT, TREA	ASURER, SECTOR 0.		0.
BRUCE MARTINSON 317 EAST WAYZATA BOULEVARD WAYZATA, MN 55391	VICE PRESIDENT 0.10	0.	0.	0.
CARL MARTINSON 317 EAST WAYZATA BOULEVARD WAYZATA, MN 55391	DIRECTOR 0.10	0.	0.	0.
WILLIAM MARTINSON 317 EAST WAYZATA BOULEVARD WAYZATA, MN 55391	DIRECTOR 0.10	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	- , PART VIII =	0.	0.	0.