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

[)epa ntern	rtmen al Re	it of the Treasury venue Service Go to www.ii	rs.gov/Form990PF for inst	ructions and the latest info	ormation.	Open to Public Inspection
-			ndar year 2017 or tax year beginning OCT		, and ending	SEP 30, 2018	
-			f foundation		·	A Employer identification	number
			TINSON CLINIC FOUNDATION			41-1814869	
-			and street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	2.2
-			EAST WAYZATA BOULEVARD			952-473-41	
			own, state or province, country, and ZIP or foreign pi ZATA, MN 55391	OSTAI CODE		C If exemption application is p	ending, check here
-			call that apply Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	s, check here '
•			Final return	Amended return	,		
_			Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
/	1 0	_	type of organization: X Section 501(c)(3) ex	empt private foundation	() ()	E If private foundation sta	tus was terminated
ζ.				Other taxable private found		under section 507(b)(1)	(A), check here
ا (arket value of all assets at end of year J Accounti	-	Accrual	F If the foundation is in a	. —
	-		Part II, col. (c), line 16) Ot 957,409. (Part I, colun	ther (specify)	<u>s)</u>	under section 507(b)(1)	(B), check here
Г	_	s irt l		 		(a) Adjusted not	(d) Disbursements
L			(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
-		1	Contributions, gifts, grants, etc., received			N/A	1
		2	Check X If the foundation is new equiped-to altern Sen D				5
		3	cash investments	(A) 45,757.			1
		4	Dividends and in east from securities 2019	45,757.	45,757.		STATEMENT 1
		5a	Gross rents	8			
			Net rental income or (loss	P=1]
	ē	6a	Net gain or (loss) from sale of assess profit in the U				
(TEXT)	Revenu	7	assets on line 6a Capital gain net income (from Part IV, line 2)		0.	-	i
2019	Re	8	Net short-term capital gain	_			j
7		9	Income modifications]
26		10a	Gross sales less returns and allowances				[
		b	Less Cost of conde cold		-		1
MAR			Gross pi ss)				
_			Other in	45,757.	45,757.		
丗-	_	12	Total. A through 11 Compensation of officers, directors, trustees, etc	45,757.	45,757.		0.
SCANNED		14	Other employee salaries and wages		0.		
Z			Pension plans, employee benefits				
တ္တ	es		Legal fees				
0)	ens	b	Accounting fees STMT 2	2,996.	1,498.		1,498.
	Exp	C	Other professional fees				
	Administrative Expens	17	Interest	202			
	trat	18	Taxes STMT 3	323.	0.		0.
	inis	19	Depreciation and depletion				•
	Εþ	20 21	Occupancy Travel, conferences, and meetings				
	ρp	22	Printing and publications			-	
	Operating and	23	Other expenses STMT 4	215.	190.		25.
	atin		Total operating and administrative				,
	per		expenses. Add lines 13 through 23	3,534.	1,688.		1,523. 42,000.
	٩		Contributions, gifts, grants paid	42,000.			42,000.
		26	Total expenses and disbursements.	45 534	1 (00		42 522
-	-	07	Add lines 24 and 25	45,534.	1,688.	,	43,523.
			Subtract line 26 from line 12: Excess of revenue over expenses and dicturs ements	223.]
			Net investment income (if negative, enter -0-)		44,069.		
			Adjusted net income (if negative, enter -0-)			N/A	
_							r 000 DE (0047)

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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4 Add lines 1, 2, and 3

721,531.

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5 Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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43,523.

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

NARTHER OF THE COURT OF THE COU	\ <i>)</i>	41 1014	9.6.0 Dans 4
Form 990-PF (2017) MARTINSON CLINIC FOUNDATION Part VI Excise Tax Based on Investment Income (Section 1)	ON 4940(a) 4940(b) 4940(a) or 49	41-1814	
		40 - SEE III	- (
1a Exempt operating foundations described in section 4940(d)(2), check here ►			
Date of ruling or determination letter: (attach copy of le	etter if necessary-see instructions)		441.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check	k nere 🕨 🔼 and enter 1%	_1	441.
of Part I, line 27b	anter 40/ of Port Line 12 on L/h)		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations			0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	is only, others, enter -o-)	3	441.
 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation 	ne only others enter -0-1	4	0.
 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations Tax based on investment income. Subtract line 4 from line 3 if zero or less, entities 		5	441.
6 Credits/Payments:	61 0		1
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 0.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2.	220 is attached	8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9	441.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of	verpaid	10	
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded >	11	
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or	local legislation or did it participate or intervene	ın	Yes No
any political campaign?			1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for polit	ical purposes? See the instructions for the defini	tion	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities ar	nd copies of any materials published or		
distributed by the foundation in connection with the activities.			_
c Did the foundation file Form 1120-POL for this year?			1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed			
(1) On the foundation. \blacktriangleright \$ (2) On foundation			
e Enter the reimbursement (if any) paid by the foundation during the year for politic	al expenditure tax imposed on foundation		
managers. ► \$0.		•	
2 Has the foundation engaged in any activities that have not previously been reported	ed to the IRS?		2 X
If "Yes," attach a detailed description of the activities			
3 Has the foundation made any changes, not previously reported to the IRS, in its g		•	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the cha			3 X X
4a Did the foundation have unrelated business gross income of \$1,000 or more during	ng the year?	N/A	+
b If "Yes," has it filed a tax return on Form 990-T for this year?	, the week?	N/A	4b X
5 Was there a liquidation, termination, dissolution, or substantial contraction during	the year?		1 1 1
If "Yes," attach the statement required by General Instruction T	enticted aither:		
Are the requirements of section 508(e) (relating to sections 4941 through 4945) s	satisfied etitler.		1
 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	law	
remain in the governing instrument?	manuatory directions that commet with the state	law	6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Y	/es " complete Part II col (c) and Part XV		7 X
P Did the foundation have at least \$5,000 in assets at any time during the year. It	es, complete rait ii, col. (o), and rait Av		
8a Enter the states to which the foundation reports or with which it is registered. See MN	instructions.		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-F	PF to the Attorney General (or designate)		
of each state as required by General Instruction G? If "No," attach explanation			8b X
9 Is the foundation claiming status as a private operating foundation within the mea	ning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If	Yes," complete Part XIV		9 X
10 Did any persons become substantial contributors during the tax year? If "Yes," atta	ch a schedule listing their names and addresses		10 X
		Fo	rm 990-PF (2017)

Pi	art VII-A	Statements Regarding Activities (continued)				
					Yes	No
11	At any time	e during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
		2(b)(13)? If "Yes," attach schedule. See instructions	L	11		Х
12	Did the fou	indation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileg	es?	\Box		
		ach statement. See instructions		12		X
13	Did the fou	indation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website ad	dress ▶ N/A				
14	The books	are in care of ▶ THOMAS MARTINSON Telephone no. ▶ 9!	52-473	-4	133	
	Located at	▶317 EAST WAYZATA BOULEVARD, WAYZATA, MN ZIP-	+4 ⊳ <u>553</u>	91		
15	Section 49	47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			>	•
	and enter t	he amount of tax-exempt interest received or accrued during the year			/A	
16	At any time	e during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	_		Yes	No
	-	or other financial account in a foreign country?	L	16		Х
	See the ins	tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				1
<u> </u>	foreign cou					
P		Statements Regarding Activities for Which Form 4720 May Be Required		—	V	I NI =
		4720 if any item is checked in the "Yes" column, unless an exception applies.	-	\longrightarrow	Yes	No
18	=	year, did the foundation (either directly or indirectly):	l			(
		e in the sale or exchange, or leasing of property with a disqualified person?	7 NO			1
		w money from, lend money to, or otherwise extend credit to (or accept it from) Lualified person? Yes	V 10	ŀ		
	•	· · · · · · · · · · · · · · · · · · ·	_			
		h goods, services, or facilities to (or accept them from) a disqualified person? Yes 2 propensation to, or pay or reimburse the expenses of, a disqualified person? Yes 2				
		er any income or assets to a disqualified person (or make any of either available	2 110			
	٠,	e any modifie of assets to a disqualified person)? Yes	₹ №			
		to pay money or property to a government official? (Exception. Check "No"				
		oundation agreed to make a grant to or to employ the official for a period after		ŀ		
		ation of government service, if terminating within 90 days.)	₹ No I	ŀ		1 1
ı		ver is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		l		
			N/A	1b		
		ons relying on a current notice regarding disaster assistance, check here	▶ □ 「	一		
(-	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	_			ll
	before the	first day of the tax year beginning in 2017?		1c		X
2	Taxes on fa	allure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	[
	defined in s	section 4942(j)(3) or 4942(j)(5))				
8	At the end	of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning				
	before 201	77 Yes [2]	K No			
	•	the years	ŀ			
t		ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		ļ		
		f assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			—	اــــا
		,	N/A	2b		<u> </u>
•	: If the provi	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		ł		l Į
	D. d Ab - 4			ı		
38		ndation hold more than a 2% direct or indirect interest in any business enterprise at any time year? Yes 2	Z No			1 1
	during the	year? In thave excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	₹ 140			
,		in have excess business notatings in 2017 as a result of (1) any purchase by the foundation of disquantied persons after 169, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	,			{
		ios, (2) the lapse of the 3-year period (or longer period approved by the commissioner under section 4343(c)(7)) to dispose acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,				
	-		N/A	3b		-
A:		ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
		ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that				1
•		en removed from jeopardy before the first day of the tax year beginning in 2017?	-	4b		X
)-PF	(2017)

Form 990-PF (2017) MARTINSON CLINIC FOUNDATI		omuirod .	41-10140	03	raye 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May be H	equirea (contin	ued)	Yes	TAIG
5a During the year, did the foundation pay or incur any amount to:				168	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		' 	es X No		
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Yo	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section				
4945(d)(4)(A)? See instructions		Yo	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?			es X No	1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler 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			▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned			
expenditure responsibility for the grant?	· N	I/A Y	es L No		
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 p	pay premiums on				
a personal benefit contract?		Yo	es X No	_	لـــــــــــــــــــــــــــــــــــــ
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	ersonal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es 🗓 No 📙	<u> </u>	<u> </u>
h If "Yes," did the foundation receive any proceeds or have any net income attribu		,	N/A	7b	<u> </u>
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly			
Paid Employees, and Contractors	<u> </u>				
1 List all officers, directors, trustees, and foundation managers and the		I (-) Componentian	(d) Contributions to	1 () 5	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ex accoun	t, other
(a) name and address	to position	`enter -D-)	compensation	allow	ances
				i	
					^
SEE STATEMENT 6		0.	0.		0.
<u></u>]	
				ļ	
	da.d li 4\	anter IINONE II		L	
2 Compensation of five highest-paid employees (other than those incl		enter NONE.	(d) Contributions to	(a) Fx	nense
(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 compensation	(e) Ex accoun	t, other
	devoted to position	 	compensation	allow	ances
NONE					
		-		-	
		 		 	
					
		-		 	
	 		-	 	
T. I. I. washes of other arralgement and over 0.00		<u> </u>		<u> </u>	0
Total number of other employees paid over \$50,000	_	<u></u>	<u>_</u>	aan DE	<u>_</u>

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		_
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e	(c) Compensation
NONE		
	•	0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
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 beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3 <u> </u>		
	\dashv	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		•
All all and a second a second and a second a		
All other program-related investments. See instructions.		
3	-	
<u> </u>		
Total. Add lines 1 through 3	>	0.
	Fori	m 990-PF (2017)

For	m 990-PF (2017) MARTINSON CLINIC FOUNDATION	41-1814869	Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instructions)	
	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. Average monthly fair market value of securities Average of monthly cash balances Fair market value of all other assets Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0.	1c	,349. ,500.
2 3 4 5	Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5	4 14 5 942 6 47	0. ,849. ,353. ,496. ,125.
1 2a b c 3 4 5 6	Income tax for 2017 (This does not include the tax from Part VI.) Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 Deduction from distributable amount (see instructions)	1 47 2c 3 46 4 5 46	,125. 441. ,684. 0. ,684.
1 a b 2 3 a b 4 5	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 art XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc total from Part I, column (d), line 26 Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	1a 43 1b 2 3a 3b 4 43	,523. 0. ,523. 441.
6	Adjusted qualifying distributions Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of the view these years.		,002.

Form **990-PF** (2017)

Part XIII Undistributed Income (see instruct	ons)
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	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,		Tours prior to 2070		
line 7				46,684.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			41,368.	
b Total for prior years		_		
,,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015 e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ▶\$ 43,523.				
a Applied to 2016, but not more than line 2a			41,368.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				2,155.
e Remaining amount distributed out of corpus	0.			ļ
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) }				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 31, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		0.		
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				
assessed		0.		
d Subtract line 6c from line 6b. Taxable	-			
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line			_	10
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				44 500
be distributed in 2018				44,529.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
scction 170(b)(1)(f) or 4942(g)(3) (Election	Λ.			
may be required a see instructions) 8 Excess distributions carryover from 2012				
not applied on line 6 or line /	0.	•		
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	0.]
10 Analysis of line 9.		<u> </u>		1
a Excess from 2013		•		
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				
				Form QQO-PF (2017)

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	ON CLINIC			41-18	14869 Page 10
Part XIV Private Operating Fo				N/A	
1 a If the foundation has received a ruling of	•				
foundation, and the ruling is effective fo		-	▶ ∟		
b Check box to indicate whether the found	lation is a private opera	ting foundation described		4942(j)(3) or 49	342(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed	Í				
b 85% of line 2a					
c Qualifying distributions from Part XII.					
line 4 for each year listed					
d Amounts included in line 2c not					·
used directly for active conduct of				ł	
exempt activities		`			
e Qualifying distributions made directly					
•			X		
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the			4 \	·	
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets			 	1	
(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	/				
listed		 	-	 \	
c "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)					
(3) Largest amount of support from		İ			
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info		•	if the foundation	had \$5,000 or mor	e in assets
at any time during the	ne year-see inst	tructions.)	***		 -
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who			tributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed in	iore than \$5,000). (See	e section 507(d)(2))			
NONE				· · · · · · · · · · · · · · · · · · ·	
b List any managers of the foundation who			(or an equally large porti	on of the ownership of a pa	rtnership or
other entity) of which the foundation has	s a 10% or greater inter	rest.			
NONE					
2 Information Regarding Contribute					
Check here 🕨 🔙 ıf the foundation o					ests for funds If
the foundation makes gifts, grants, etc.,	to individuals or organ	izations under other condi	tions, complete items 2a,	b, c, and d.	
a The name, address, and telephone numb			cations should be addres	sed:	
THOMAS MARTINSON, (9!	52)473-4133	3			
317 EAST WAYZATA BOUL	<u>LEVARD, WAY</u>	ZZATA, MN 55	331		
b The form in which applications should b		•			
FORM AVAILABLE UPON I	KEQUEST FRO	MA ZAMOHI' MC	KTINSON.		
c Any submission deadlines.	יג זאר משחמש	I ONCOTNO DA	стс		
APPLICATIONS ARE ACCI				other factore:	
d Any restrictions or limitations on awards AWARDS ARE MADE IN TI			, หมานร บา การแบบเบกร, Or	UNITE INCIUIS.	

Form 990-PF (2017)

Form 990-PF (2017) MARTINSON CLI	NIC FOUNDA	TION		<u>41-</u>	L 814869 Page 1
Part XVI-A Analysis of Income-Proc	ducing Activities	5	_		•
Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded b	y section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code	**	1006		
b					
<u> </u>			+ +	-	
e			1		
1					
g Fees and contracts from government agencies			+		
Membership dues and assessments		<u> </u>	++		 .
Interest on savings and temporary cash					
investments Dividends and interest from securities			14	45,757.	
5 Net rental income or (loss) from real estate			+=-	20,77071	··-
a Debt-financed property			1		
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	<u> </u>		+ +		
Net income or (loss) from special events	-	· -	+ +		
Gross profit or (loss) from sales of inventory Other revenue:			+ +		
a					
b					
c				1	
d					
e					
Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	45,757.	
3 Total. Add line 12, columns (b), (d), and (e)				13	45,757
See worksheet in line 13 instructions to verify calculations					
Part XVI-B Relationship of Activities	s to the Accomp	plishment of Ex	empt Pu	rposes	
Line No. Explain below how each activity for which i					olishment of
the foundation's exempt purposes (other th	ian by providing funds	for such purposes).			
				-	

				_	
I					

Form **990-PF** (2017)

723621 01-03-18

Form 990-PF (2017) MARTINSON CLINIC FOUNDATION 41-1814869 Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) (1) Cash (2) Other assets 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) 1b(5) (5) Loans or loan guarantees 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule: (b) Type of organization (c) Description of relationship (a) Name of organization N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below? See instr Sign Here X Yes

Form 990-PF (2017)

P00448677

Firm's EIN ► 34-1873282

Phone no. 612-339-7811

Paid

Preparer

Use Only

Check [

self- employed

Title

Date

Signature of officer or trustee

Print/Type preparer's name

ANNE M. LEDWEIN

Firm's name ► CBIZ MHM,

Firm's address ▶ 222 SOUTH 9TH STREET

MINNEAPOLIS, MN 55402

FORM 990-PF D	IVIDENDS	AND INTER	EST FROM SECUR	ITIES ST	TATEMENT 1
	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
UBS	45,757.		0. 45,757.	45,757.	
TO PART I, LINE 4	45,757.		0. 45,757.	45,757.	
FORM 990-PF		ACCOUNTI	NG FEES	នា	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		2,996.	1,498.		1,498.
TO FORM 990-PF, PG 1,	LN 16B	2,996.	1,498.		1,498.
FORM 990-PF		TAX	ES	Si	PATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	-	323.	0.		0.
TO FORM 990-PF, PG 1,	LN 18	323.	0.		0.
					,
FORM 990-PF		OTHER E	XPENSES	Si	PATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	_	2.5	0.		25.
MN FILING FEE BANK FEES		25. 190.	190.		0.

FORM 990-PF CORPORATE STOCK		STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
2,000 SHS AT&T	47,136.	67,160.
400 SHS CHEVRON	26,941.	48,912.
600 SHS DOW CHEMICAL	25,332.	-
2,000 SHS GENERAL ELECTRIC CO	60,500.	
500 SHS JOHNSON & JOHNSON COM	29,544.	69,085.
500 SHS MEDTRONIC PLC	37,834.	49,185.
420 SHS UBS AG REG ORD CHF	23,227.	6,607.
700 SHS WELLS FARGO & CO NEW	24,144.	36,792.
2,000 SHS XCEL ENERGY	42,430.	94,420.
400 SHS 3M CO	29,610.	84,284.
27,575 SHS CALAMOS STRATEGIC TOTAL RETURN FUND	336,017.	400,982.
TOTAL TO FORM 990-PF, PART II, LINE 10B	682,715.	918,593.

	RT VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 6	
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, SECF 0.	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.	