Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$5,00,000 and total assets less than \$1,250,000 at the end of the year may use this form.

OMB No. 1545-1150

Open to Public Inspection Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 2010 JUL 1, 2009 and ending JUN For the 2009 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Please use IRS X Address label or 83-0461185 MINNESOTA DOCTORS FOR PEOPLE X Name change print or E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Room/suite type. Initial return 507-931-3826 6212 SHAMROCK DRIVE Termin-ated Instruc-F Group Exemption City or town, state or country, and ZIP + 4 Amended tions. Number > MADISON LAKE, MN 56063 G Accounting method: X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Other (specify) Schedule A (Form 990 or 990-EZ). Website: ► HTTP: //MNDP.WEEBLY.COM H Check ► X if the organization is not Tax-exempt status (check only one) _ X 501(c) (3) ◀ (insert no.) _ 4947(a)(1) or _ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ 35,670. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 35,670. Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b b Less: cost or other basis and sales expenses 5c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ a Gross revenue (not including \$ 6a reported on line 1) 6b b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 35,670. 9 **Total revenue**. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 539. 15 Printing, publications, postage, and shipping 15 37,786. 16 Other expenses (describe 16 38,325. 17 Total expenses. Add lines 10 through 16 17 18 -2,655. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 5,696. 19 (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) ž 20 3,041. Net assets or fund balances at end of year. Combine lines 18 through 20 21 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 5,696. 3,041. 22 Cash, savings, and investments 23 Land and buildings 23

Total assets

Other assets (describe

Total liabilities (describe

24

25

26

3,041.

3,041.

0.

24

25

0 . 26

5,696.

5,696. 27

3,575.

32,355.

35,930.

(e) Expense

account and

other allowances

0.

0.

0.

0.

0.

0.

0.

0.

0 .

0.

Expenses

Pa	Other Information (Note the statement requirements in the instructions for Part V.)							
. 4			Yes					
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X				
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes							
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not							
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	C. T. Print						
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,							
_	and proxy tax requirements?	35a		Х				
b	If "Yes." has it filed a tax return on Form 990-T for this year?	35b	N/	A				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"							
	complete applicable parts of Sch. N	36		Х				
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	1						
b	Did the organization file Form 1120-POL for this year?	37b		Х				
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made							
	in a prior year and still outstanding at the end of the period covered by this return?	38a		Х				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A							
39	Section 501(c)(7) organizations. Enter:			100				
	Initiation fees and capital contributions included on line 9							
b	Gross receipts, included on line 9, for public use of club facilities N/A							
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:							
	section 4911 ▶ 0 • ; section 4912 ▶ ; section 4955 ▶							
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the							
-	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction							
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X				
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers							
	or disqualified persons during the year under sections 4912, 4955, and 4958							
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the							
	organization D.							
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter							
	transaction? If "Yes," complete Form 8886-T	40e		X				
41	List the states with which a copy of this return is filed. MN							
42 a	The organization's books are in care of ► BRIDGET HERMER Telephone no. ► 507-34	5-5	528	i				
	Located at ► 6212 SHAMROCK DRIVE, MADISON LAKE, MN ZIP+4 ►	606	3					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	l Na				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	res	No				
	account)?	42b		1				
	If "Yes," enter the name of the foreign country:	1						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40-	E. 1.23	X				
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	İ	_ A				
	If "Yes," enter the name of the foreign country:							
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/P						
	and enter the amount of tax-exempt interest received or accrued during the tax year	IN / E	7					
			Var	No				
			168	INC				
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44		X				
	Form 990-EZ							
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	45	A CONTRACT	X				
	completed instead of Form 990-EZ		990-E	_				

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

			- balf of an in apposition to a	andidates for public			Yes	No
1 6 D	oid the	organization engage in direct or indirect political campaign activities on t	benail of or in opposition to c	anuluales for public	Г	46	.00	X
0	office? If "Yes," complete Schedule C, Part I							
7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
49a [oid the	organization make any transfers to an exempt non-charitable related org	anization?			49a		Х
h I	f "Ves"	was the related organization a section 527 organization?				49b		
50 (Comple	ete this table for the organization's five highest compensated employees	(other than officers, directors	, trustees and key er	mployees) who ea	ich re	ceived i	more
t	han \$1	100,000 of compensation from the organization. If there is none, enter "N	one."					
		(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	a oth	e) Expe ccount er allow	and
f	Total n	number of other employees paid over \$100,000 ete this table for the organization's five highest compensated independer	the contractors who each reco	yed more than \$100	000 of compens	ation	from th	е
		zation. If there is none, enter "None." NONE						
		(a) Name and address of each independent contractor paid more th	an \$100,000	(b) Type of se	rvice (c) Cor	npensa	tion
				•				
				ļ	_			
d	Total r	number of other independent contractors each receiving over \$100,000		>				
		Under penalties of perjury, I declare that I have examined this return, including according	ampanuing ephodules and stateme	inte and to the heet of n	ny knowledge and h	elief it	is true	
		Under penalties of perjury, I declare that I have examined this return, including according correct, and complete. Declaration of preparer (other than officer) is based on all info	ormation of which preparer has an	y knowledge.	., mornouge and b	, 16		
Sign		Signature of officer			Date			
Here	, I	y Signature of Officer						
		The second same and bills						
		Type or print name and title						
Paid Prep Use	arer's	Preparer's signature	Date 08/24/10 em	ployed	parer's identifying r	number	(See ins	.tr.)
USE	Ulliy	OBERLE, LTD. if self-employed), address, and ZIP+4 OBERLE, LTD. 101 BRIDGE ST., STE A LE SUEUR, MN 56058-180	1	Pho no.	ne ▶ 507-6	_		14
May	the IRS	discuss this return with the preparer shown above? See instructions				X		No
						Form	OOO E	7 /2000

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009

Open to Public Inspection

Name of the organization

MINNESOTA DOCTORS FOR PEOPLE

Employer identification number 83-0461185

Pa	rt I	Reason f	or Public Char	ity Status (All organiz	ations mus	t complet	e this part	.) See inst	ructions.				
he (organi	zation is not a	private foundation l	because it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
4). Enter the	e hospital	's nam	e,		
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit describe							described	d in			
•			b)(1)(A)(iv). (Comple										
6				ent or governmental unit	described	in sectio	n 170(b)(1)(A)(v).					
7	X	An organization	on that normally rec	eives a substantial part (of its supp	ort from a	aovernme	ntal unit o	r from the	general pu	ublic desc	ribed i	n
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8				ection 170(b)(1)(A)(vi).	Complete	Part II.)							
9	Ħ			eives: (1) more than 33 1			om contri	butions. m	embership	fees, and	d gross red	ceipts	from
9		activities relat	ted to its exempt fur	nctions - subject to certa	in exception	ons and (2	2) no more	than 33 1	/3% of its	support fi	rom aross	invest	ment
		income and u	prolated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cauired b	v the orga	nization at	fter June 3	80. 197	5 .
			509(a)(2). (Complete		ion o i i ta	ny morni ba	511100000	oquilou b	, s. g		-	,	
40				perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	I).				
10	H	An organization	on organized and or	perated exclusively for the	ne henefit (of to perfo	rm the fur	ections of	or to carn	out the p	ourposes o	of one	or
11				ations described in section									
				organization and comple				.,. 000 000		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		a Type I			туре			egrated		d 🔲	Type III - (Other	
е				at the organization is not					r more disc		7.5		ın
•		foundation m	anagers and other t	han one or more publicly	v supporte	d organiza	tions des	cribed in s	ection 509	(a)(1) or s	ection 509	a)(2).	
f		If the organize	ation received a writ	tten determination from	the IRS tha	at it is a Tv	pe I. Type	II. or Type	e III	, , ,			
	ı	Since August	supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?										•
g		(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below								iii) below,		Yes	No
				upported organization?							11g(i)		
					ed in (i) above? escribed in (i) or (ii) above?								
h				about the supported or									
,,		1 Tovide the N	bhowing imorriacion	about the supported of	9	(-).							
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	of our ported	/::\ EIN	(iii) Type of	(iv) is the o	rganization	(v) Did voi	u notify the	(vi) ls	the	(vii) Ar	nount o	of
(1		of supported anization	Organization		in col. (i) listed in your organization in col. (i) organized in the		on in col. ed in the	support					
	orga	garnzauon		(described on lines 1-9 above or IRC section		governing document? (i) of your		ur support? U.S.?		.?	1		
				(see instructions))	Yes	No	Yes	No	Yes	No			

Schedule A (Form 990 or 990-EZ) 2009 MINNESOTA DOCTORS FOR PEOPLE 83-0461185 Page 2

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

Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 5,804. 29,180. 24,385. 35,670. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5,804. 29,180. 24,385. 35,670.	95,039.								
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 ,804 . 29,180 . 24,385 . 35,670 .	95,039.								
include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions	95,039.								
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 ,804 • 29,180 • 24,385 • 35,670 •	95,039.								
ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5,804 29,180 24,385 35,670 5 5 The portion of total contributions									
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions 5,804. 29,180. 24,385. 35,670.									
The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions The portion of total contributions									
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5,804 29,180 24,385 35,670 5 The portion of total contributions									
the organization without charge 4 Total. Add lines 1 through 3 5,804. 29,180. 24,385. 35,670. 5 The portion of total contributions	1								
4 Total. Add lines 1 through 3 5,804. 29,180. 24,385. 35,670. 5 The portion of total contributions									
5 The portion of total contributions									
5 The portion of total contributions	95,039.								
governmental unit or publicly									
supported organization) included									
on line 1 that exceeds 2% of the									
amount shown on line 11,	ı								
column (f)	19,735.								
6 Public support. Subtract line 5 from line 4.	75,304.								
Section B. Total Support									
	(f) Total								
Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 7 Amounts from line 4 5,804. 29,180. 24,385. 35,670.	(f) Total 95,039.								
8 Gross income from interest.	20,000								
dividends, payments received on									
securities loans, rents, royalties									
and income from similar sources									
9 Net income from unrelated business									
activities, whether or not the									
business is regularly carried on									
10 Other income. Do not include gain	 								
or loss from the sale of capital	1								
assets (Explain in Part IV.)									
11 Total support. Add lines 7 through 10	95,039.								
12 Gross receipts from related activities, etc. (see instructions)	7370330								
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)									
	ightharpoonup								
organization, check this box and stop here Section C. Computation of Public Support Percentage									
14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	79.23 %								
15 Public support percentage from 2008 Schedule A, Part II, line 14	%								
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box									
stop here. The organization qualifies as a publicly supported organization	$\triangleright X$								
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the support test - 2008.									
and stop here. The organization qualifies as a publicly supported organization									
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%									
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization									
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is									
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the								
	 ▶□								

Schedule A (Form 990 or 990-EZ) 2009

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities						-		
Ŭ	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
, ,	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
C	Add lines 7a and 7b								
	Public support (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
40	assets (Explain in Part IV.)								
	Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the organization!	e first second +bi	rd fourth or fifth	tay year as a saction	n 501(c)(3) organi:	zation		
14	-						Lation,		
Sec	check this box and stop here ction C. Computation of Publ								
	Public support percentage for 2009 (I			column (f))		15	%		
	Public support percentage from 2008					16	%		
	ction D. Computation of Inves					110	70		
	Investment income percentage for 20					17	%		
						18	// 6		
	Investment income percentage from 2 a 33 1/3% support tests - 2009. If the				e 15 is more than :				
198							IT IS HOL		
	more than 33 1/3%, check this box at		() = () · ()						
t	b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

FORM 990-EZ OT	STATEMENT	1		
DESCRIPTION		AMOUNT		
ADVERTISING BANK SERVICE FEES		1,6	58. 37.	
OFFICE COMPUTER MEDICINE AND MEDICAL SUPPLIES SUPPORT AND VOLUNTEER TRANSPORTATION ANNUAL SECRETARY OF STATE FEE	3,575 32,356 60			
TOTAL TO FORM 990-EZ, LINE 16		37,7	86.	

	The second secon						
FOR	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S	PATEN	1ENT	2
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[]	YES	[X]	NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	1]	YES	[X]	NO

3 STATEMENT 990-EZ PG 2

PROVIDE FREE HEALTH CARE SERVICES FOR THE UNDERPRIVILEGED