

OMB No. 1545-2085

Form **990-N**  
 Department of the Treasury  
 Internal Revenue Service

**Electronic Notice (e-Postcard)**  
 for Tax-Exempt Organizations not Required To File Form 990 or 990-EZ

**2008**

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/1/2008, and ending 6/30/2009.

B Check if applicable

Terminated, Out of Business

Gross receipts are normally  
 \$25,000 or less

C Name of organization: MINNESOTA DOCTORS FOR THE POOR  
 d/b/a: Minnesota Doctors for the People

7037 Damar Estates  
St Peter, MN, US, 56082

D Employer  
 Identification  
 Number  
83-0461185

E Website:

F Name of Principal Officer: Susan Peller

7037 Damar Estates  
St Peter, MN, US, 56082

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

**Note:** This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

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## Form 990-N (e-Postcard) Submitted

**MINNESOTA DOCTORS FOR THE POOR**

**83-0461185**

**2008 IRS Form 990-N (e-Postcard)**

**7/1/2008 - 6/30/2009**

Congratulations, your Form 990-N (e-Postcard) has been submitted to the IRS.

Once the IRS receives and processes your e-Postcard (usually within 30 minutes), you will receive an email indicating whether your e-Postcard was accepted or rejected. If accepted, you are done for the year. If rejected, the e-filing receipt email will contain instructions on how to correct the problem.

[Log out](#)[Go To Filing Status Page](#)

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Questions or problems regarding this web site should be directed to [Tech Support](#)

Concerned about your privacy? Please view our [privacy policy](#).

This website is best viewed with Microsoft Internet Explorer 5.5+ or Mozilla Firefox with a screen resolution of 1024 X 768.

Last modified: April 16, 2009.

**Jim Reddemann**

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**From:** epostcard@urban.org  
**Sent:** Thursday, July 30, 2009 3:41 PM  
**To:** jamesr@qwestoffice.net  
**Subject:** Form 990-N E-filing Receipt - IRS Status: Accepted

Organization: MINNESOTA DOCTORS FOR THE POOR  
EIN: 83-0461185  
Submission Type: Form 990-N  
Year: 2008  
Submission ID: 7800582009211dj95719  
e-File Postmark: 7/30/2009 4:35:14 PM  
Accepted Date: 7/30/2009

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

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e-Postcard technical support  
Phone: 888-887-0084 (toll free)  
email: ePostcard@urban.org  
Hours: weekdays 10:00 AM to 6:00 pm Eastern

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MINNESOTA DOCTORS FOR THE POOR  
7037 Damar Estates  
St Peter, MN 56082

## Annual Business Renewal

### MINNESOTA SECRETARY OF STATE

#### 2009 NONPROFIT CORPORATION ANNUAL RENEWAL

Minnesota Statutes Chapter 317A

Must be filed by December 31

Annual Renewal Filing Date: 07/30/2009

Minnesota Doctors for the Poor  
Susan Peller  
7037 Damar Estates  
St Peter, MN 56082-

#### CURRENT INFORMATION ON FILE:

File#: 2054997-2

State of Incorporation: MINNESOTA

Entity Name:

Minnesota Doctors for the Poor

Registered Agent/ Registered Office Address:

Susan Peller  
7037 Damar Estates  
St Peter, MN 56082-

Previous	Current
<p>Name of President:</p> <p style="text-align: center;">Susan Peller</p>	<p>Name and Business Address of President:</p> <p style="text-align: center;">Susan Peller 7037 Damar Estates St Peter MN 56082</p>

Contact Information:

Susan Peller  
507-931-3826

**STATE OF MINNESOTA**  
**CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM**

ATTORNEY GENERAL LORI SWANSON  
 SUITE 1200, BREMER TOWER  
 445 MINNESOTA STREET  
 ST. PAUL, MN 55101-2130  
 (651) 296-6172  
 (651) 296-1410 (TTY)  
 www.ag.state.mn.us

Annual Reporting     Initial Registration

**FEDERAL EIN NUMBER:** 83-0461185

**FOR YEAR ENDING:** June 30, 2009

**SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING**

1. *Legal Name of Organization:* Minnesota Doctors for the Poor  
 If annual reporting, is this a new name since the organization's last filing?       Yes     No

If so, please state former name: \_\_\_\_\_

2. List all names under which the organization solicits contributions:  
Minnesota Doctors for the Poor, Minnesota Doctors for the People

3.	<i>Mailing Address</i>	<i>Physical Address</i>
	<u>7037 Damar Estates</u>	<u>7037 Damar Estates</u>
	<u>St Peter, MN 56082</u>	<u>St Peter, MN 56082</u>

4.	<i>Contact Person</i> <u>Susan Peller</u>	<i>E-mail</i> _____
	<i>Tel. No.</i> <u>952-931-3826</u>	<i>Fax No.</i> _____

5. Complete the following for the most recent twelve-month accounting year. *This information is required to be completed even if the organization is required to attach an IRS Form 990.*

<b>INCOME</b>	<b>For Year Ending: June 30, 2009</b>
Contributions from the public	<u>\$ 24385</u>
Government Grants	<u>\$ _____</u>
Other revenue	<u>\$ _____</u>
<b>TOTAL REVENUE</b>	<u>\$ 24385</u>

<b>EXPENSES</b>	
Amount spent for program or charitable purposes	<u>\$ 23982</u>
Management/general expense	<u>\$ 629</u>
Fund-raising expense	<u>\$ _____</u>
Amounts paid to affiliated organizations	<u>\$ _____</u>
<b>TOTAL EXPENSES</b>	<u>\$ 24611</u>

EXCESS or DEFICIT	<u>\$ -226</u>
TOTAL Assets	<u>\$ 5696</u>
TOTAL Liabilities	<u>\$ 0</u>

**END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities)** \$ 5696

6. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?  
 Yes  No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. *Attach schedule if more than one.*

Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Compensation \_\_\_\_\_

7. Does this professional fund-raiser solicit or consult in Minnesota?  Yes  No

8. Month and day accounting year ends: June 30

9. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions?  Yes  No



**SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY**

*ALL organizations MUST complete questions 1-5.*

1. Has the organization's accounting year changed since the last report was filed?  Yes  No  
*If yes, provide the new year-end date: \_\_\_\_\_*
  
2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending.  None  Attached
  
3. List the **five** highest paid directors, officers and employees of the organization and its related organization(s) who receive total compensation of **\$50,000** or more, indicating their titles and total compensation paid to each. Total compensation includes salaries, fees, bonuses, fringe benefits, severance payments and deferred compensation paid by the organization and all related organizations. A "related organization" is an organization that controls, is controlled by or is under common control with another corporation. "Control" can exist through stock ownership or membership interests, the authority to appoint members, or the ability to direct the policies and management of other corporations. See Minn. Stat. § 317A.011, subd. 18.

	Name/Title	Compensation
<b>1</b>	None	
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		

4. **Attach** a list of organization's board of directors.  Attached  Included in IRS Return
  
5. **Attach a GAAP audit** if total revenue exceeds \$750,000.  Attached  
 Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).
  
6. **Complete the Statement of Functional Expenses on the next page if NOT filing an IRS Form 990 that contains a Completed Statement of Functional Expenses.**



Complete this table only if **NOT** filing an IRS return that contains a completed Statement of Functional Expenses.

Statement of Functional Expenses				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S.				
2 Grants and other assistance to individuals in the U.S.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services				
f Investment management fees				
g Other				
12 Advertising and promotion	255		255	
13 Office expenses	277		277	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	20069	20069		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Miscellaneous.....	97		97	
b Medical Supplies.....	3913	3913		
c .....				
d All other expenses				
25 Total functional expenses. Add lines 1 through 24d	24611	23982	629	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Must be prepared in accordance with generally accepted accounting principles.

**SECTION FOUR: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING**

**BOARD OF DIRECTORS**  
**SIGNATURES AND ACKNOWLEDGMENT**

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the President \_\_\_\_\_ (Title) and Vice-President \_\_\_\_\_ (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the Board of Directors \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, approving the contents of the document, and do hereby certify that the Board of Directors \_\_\_\_\_ (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

Susan Peller  
Name (Print)  
  
\_\_\_\_\_  
Signature  
President  
Title  
  
\_\_\_\_\_  
Date

Bridget Hermer  
Name (Print)  
  
\_\_\_\_\_  
Signature  
Vice-President  
Title  
  
\_\_\_\_\_  
Date

**\* NOTICE \***

**Documents required to be filed are public records. Please do not include *social security numbers, driver's license numbers or bank account numbers* on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.**

**Minnesota Doctors for the Poor**  
**Board of Directors**

**Susan W Peller – President**  
**7037 Damar Estates**  
**St Peter, MN 56082**

**Bridget Hermer – Vice President**  
**6212 Shamrock Drive**  
**Madison Lake, MN 56063**