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Form **990**

Department of the Treasury
Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☑ Amended return
- ☐ Application pending

C Name of organization
MEDICA FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
401 CARLSON PARKWAY

City or town, state or country, and ZIP + 4
MINNETONKA, MN 55305

D Employer identification number
41-1812461

E Telephone number
(952) 992-2058

G Gross receipts $ 6,824,832

F Name and address of principal officer
DAVID TILFORD
401 CARLSON PARKWAY
MINNETONKA, MN 55305

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MEDICAFOUNDATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1996

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS TO FUND COMMUNITY-BASED INITIATIVES AND PROGRAMS THAT SUPPORT THE NEEDS OF MEDICA'S CUSTOMERS AND THE GREATER COMMUNITY BY IMPROVING THEIR HEALTH AND REMOVING BARRIERS TO HEALTH CARE SERVICES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,500,000	5,500,000
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,005,089	1,264,832
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	60,000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,505,089	6,824,832
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,466,022	1,358,186
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	176,205	237,174
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	83,363	125,562
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,725,590	1,720,922
19	Revenue less expenses Subtract line 18 from line 12	1,779,499	5,103,910
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	22,022,079	28,193,837
21	Total liabilities (Part X, line 26)	2,106,614	1,793,159
22	Net assets or fund balances Subtract line 21 from line 20	19,915,465	26,400,678

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2015-01-14
Signature of officer | Date

MARK L BAIRD CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TODD A JACKSON				P00092672

Firm's name ▶ MCGLADREY LLP | Firm's EIN ▶ 42-0714325

Firm's address ▶ 801 NICOLLET MALL SUITE 1100
MINNEAPOLIS, MN 55402 | Phone no (612) 332-4300

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE FOUNDATION GENERALLY SEEKS TO FUND COMMUNITY-BASED PROGRAMS AND INITIATIVES THAT CAN PROVIDE SUSTAINABLE AND MEASURABLE IMPROVEMENTS IN THE AVAILABILITY, ACCESS, AND QUALITY OF HEALTHCARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 397,836 including grants of $ 397,836) (Revenue $)

BEHAVIORAL HEALTH PROGRAMSIN 2012, THE MEDICA FOUNDATION PROVIDED $397,836 IN FUNDING TO PROJECTS DESIGNED TO DEVELOP CAPABILITIES OR CHANGE PROCESSES RELATED TO BEHAVIORAL HEALTH CARE SERVICE DELIVERY, ACCESSIBILITY AND SUSTAINABILITY SAMPLE PROJECTS INCLUDE ALTRU HEALTH FOUNDATIONGRAND FORKS, N D , GRANT AMOUNT $48,289PROVIDE STAFF EDUCATION TO EQUIP PRIMARY CARE PROVIDERS AND EMERGENCY ROOM STAFF WITH THE TOOLS TO DISCUSS MENTAL HEALTH ISSUES WITH PATIENTS INCREASE REGIONAL ACCESS TO MENTAL HEALTH CARE BY EXPANDING TELEMEDICINE MODEL FOR PATIENT-PROVIDER VISITS BECKER COUNTYDETROIT LAKES, MN, GRANT AMOUNT $50,000DEVELOP A LOCAL CRISIS BED AND STABILIZATION UNIT FOR ADULTS EXPERIENCING MENTAL HEALTH EMERGENCIES INDIVIDUALS WILL WORK WITH PROFESSIONAL STAFF TO REGAIN STABILITY, DEVELOP COPING SKILLS, AND ACCESS COMMUNITY RESURCES TO AVOID PSYCHIATRIC HOSPITALIZATION HENNEPIN HEALTH FOUNDATIONMINNEAPOLIS, MN, GRANT AMOUNT $50,000EXPAND CLINICAL PROGRAMS FOR TELEPONE-BASED MATERNAL AND INFANT MENTAL HEALTH ASSESSMENT AND TRIAGE PROVIDE A PSYCHIATRIC PROGRAM FOR PREGNANT WOMEN, NEW MOTHERS AND THEIR INFANTS, UP TO ONE YEAR OF AGE HOUSE OF CHARITYMINNEAPOLIS, MN, GRANT AMOUNT $50,000INCORPORATE A VULNERABILITY ASSESSMENT TOOL TO IDENTIFY LONG-TERM, HOMELESS ADULT MEN AND WOMEN WITH THE HIGHEST LEVEL OF NEED AND RISK PRIORITIZE ADMISSION TO HOUSING AND SERVICES BASED ON INDIVIDUAL RISK NATIONAL ALLIANCE FOR THE MENTALLY ILLST PAUL, MN, GRANT AMOUNT $50,000PROVIDE EDUCATION AND SUPPORT FOR YOUTH, AGES 14-25 WITH MENTAL ILLNESS, AND THEIR FAMILIES NETWORK FOR BETTER FUTURESMINNEAPOLIS, MN, GRANT AMOUNT $50,000DEVELOP AND TEST CARE TECHNIQUES AND PRACTICES TO ASSIST HIGH-RISK MEN ENROLLED IN THE NETWORK TRAIN LIFE COACHES AND CREW CHIEFS TO INCORPORATE THESE TRAUMA CARE PRACTICES IN ALL ASPECTS OF THEIR WORK REGENTS OF THE UNIVERSTITY OF MINNESOTAMINNEAPOLIS, MN, GRANT AMOUNT $49,547FILL THE GAP FOR PATIENTS WITH ACUTE OR CHRONIC PHYSICAL ILLNESSES BY OFFERING INTEGRATIVE, TELEPHONE-BASED MENTAL HEALTH SERVICES IN NORTHEAST MINNESOTA EVALUATE PROGRAM FOR PATIENT RESPONSE, PHYSICIAN SATISFACTION AND IMPACT ON MEDICAL VISITS AND HOSPITALIZATIONS ST STEPHEN'S HUMAN SERVICES, INC MINNEAPOLIS, MN, GRANT AMOUNT $50,000PROVIDE STREET OUTREACH, AFFORDABLE HOUSING WITH INTENSIVE SUPPORT SERVICES, AND BEHAVIORAL HEALTH EDUCATION IMPROVE HOUSING AND HEALTH STABILITY FOR HOMELESS PATIENTS BY INTERRUPTING THE CYCLE OF DETOX, SHELTER, HOSPITAL EMERGENCY ROOMS, AND JAIL

4b (Code) (Expenses $ 250,000 including grants of $ 250,000) (Revenue $)

EARLY CHILDHOOD HEALTHGRANT RECIPIENTS RECEIVED $250,000 IN FUNDING FROM THE MEDICA FOUNDATION IN 2012 THESE PROJECTS FOCUSED ON THE SOCIAL AND EMOTIONAL HEALTH OF YOUNG CHILDREN SAMPLE PROJECTS INCLUDE CHILD CARE AWARE OF MINNESOTAST PAUL, MN GRANT AMOUNT $30,000SUPPORT MILITARY FAMILIES WITH YOUNG CHILDREN BY HELPING CHILD CARE PROVIDERS AND FAMILIES UNDERSTAND AND ADDRESS THE STRESS MILITARY DEPLOYMENT AND REINTEGRATION PUTS ON YOUNG CHILDREN WORK WITH LOCAL MILITARY SERVICE ORGANIZATIONS TO BUILD SUSTAINABILITY FOR THIS WORK EAST METRO WOMEN'S COUNCILWHITE BEAR LAKE, MN GRANT AMOUNT $30,000IMPROVE SOCIAL AND EMOTIONAL HEALTH FOR CHILDREN WHO HAVE EXPERIENCED HOMELESSNESS PROVIDE ASSESSMENT FOR CHILDREN UNDER AGE 5 AND IMPLEMENT A NEW PARENTING CURRICULUM FOR AT-RISK FAMILIES LIVING AT EAST METRO PLACE FAMILY HOUSING FUNDMINNEAPOLIS, MN GRANT AMOUNT $30,000HELP BREAK THE GENERATIONAL CYCLE OF HOMELESSNESS AND CREATE A REPLICABLE MODEL THAT CAN BE USED BROADLY IN A SUPPORTED HOUSING ENVIRONMENT USE EVIDENCE-BASED RESEARCH, KNOWLEDGE AND TOOLS TO SUPPORT THE NEEDS OF HOMELSS, AND FORMERLY HOMELESS YOUNG CHILDREN, AND THEIR PARENTS FAMILYWISE SERVICESMINNEAPOLIS, MN GRANT AMOUNT $10,000IMPROVE HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT FOR CHILDREN DURING SUPERVISED PARENTAL VISITS PROVIDE COACHING TO IMPROVE ATTACHMENT BETWEEN A PARENT AND THEIR CHILD DURING THERAPEUTIC, SUPERVISED VISITATIONS JOYCE PRESCHOOLMINNEAPOLIS, MN GRANT AMOUNT $5,000INCREASE KNOWELDGE OF HEALTH AND COMMUNITY RESOURCES FOR LATINO PARENTS WHOSE CHILDREN HAVE EMOTIONAL AND PHYSICAL NEEDS SUPPORT A HOME VISITING PROGRAM AND SPANISH-LANGUAGE WORKSHOPS REGENTS OF THE UNIVERSITY OF MINNESOTAMINNEAPOLIS, MN GRANT AMOUNT $30,000PROVIDE INTEGRATED EARLY CHILDHOOD MENTAL HEALTH SERVICES FOR CHILDREN FROM BIRTH THROUGH AGE FIVE, WHOSE MOTHERS HAVE MENTAL ILLNESS OFFER SUPPORT DURING AND AFTER PREGNANCY, INCLUDING EDUCATION ON CHILDREN'S SOCAL AND EMOTIONAL HEALTH, MENTAL HEALTH SERVICES AND OTHER NEEDED RESOURCES PACT FOR FAMILIES COLLABORATIVE (PUTTING ALL COMMUNITIES TOGETHER)WILLMAR, MINN GRANT AMOUNT $30,000EXPAND THE INCREDIBLE YEARS PARENTING CLASSES IN A FIVE-COUNTY RURAL AREA OF MINNESOTA BY ENGAGING HIGH-RISK PARENTS IMPACTED BY POVERTY, CULTURAL ISOLATION AND THEIR CHILD'S DELAYED SOCIAL/EMOTIONAL DEVELOPMENT SOUTHSIDE FAMILY NURTURING CENTERMINNEAPOLIS, MN GRANT AMOUNT $25,000HELP PARENTS LIVING IN POVERTY ADDRESS THE CHALLENGES THEY FACE, STRENGTHEN THEIR FAMILY AND PROMOTE HEALTHY AND SUCCESSFUL DEVELOPMENT OF THEIR YOUNG CHILDREN IMPROVE THE STRUCTURE AND CONTENT OF SOUTHSIDE'S HOME VISITING CURRICULUM WASHBURN CENTER FOR CHILDRENMINNEAPOLIS, MN, GRANT AMOUNT $30,000IMPROVE OUTCOMES FOR CHILDREN WHOSE SOCIAL AND EMOTIONAL DIFFICULTIES IMPEDE THEIR ABILITY TO BE SUCCESSFUL AT HOME AND AT SCHOOL YMCA OF DULUTHDULUTH, MN GRANT AMOUNT $30,000ADDRESS THE EMOTIONAL AND SOCIAL DEVELOPMENT NEEDS OF INFANTS AND CHILDREN FROM 6-WEEKS THROUGH 5-YEARS-OLD USE PROVEN EARLY INTERVENTION MODELS TO BUILD CAREGIVER SKILLS AND DEVELOP CHILDREN'S SELF-REGULATION SKILLS AND SOCIAL-EMOTIONAL COMPETENCE

4c (Code) (Expenses $ 195,000 including grants of $ 195,000) (Revenue $)

PRIMARY CARE AND PREVENTIVE SERVICES FOR PEOPLE WITH DISABILITIESIN 2012, THE MEDICA FOUNDATION PROVIDED $195,000 IN FUNDING TO PROJECTS THAT FOCUS ON IMPROVING HEALTH AND PREVENTIVE CARE FOR PEOPLE WITH DISABILITIES SAMPLE PROJECTS AND THE AMOUNT OF FUNDING PROVIDED INCLUDE APPLE TREE DENTALMINNEAPOLIS, MN GRANT AMOUNT $30,000IMPROVE THE QUALITY OF PRIMARY AND PREVENTIVE DENTAL CARE FOR PEOPLE WITH DISABILITIES LIVING IN LONG-TERM CARE FACILITIES IN ROCHESTER, MN DEVELOP SPECIALIZED PREVENTION TRAINING FOR STAFF MEMBERS AND DIRECT CAREGIVERS COMMUNITY INVOLVEMENT PROGRAMSMINNEAPOLIS, MN GRANT AMOUNT $30,000PROMOTE CHOICES THAT CONTRIBUTE TO BETTER HEALTH AND INCREASED COMPLIANCE WITH TREATMENT PLANS FOR PEOPLE RECEIVING MENTAL HEALTH SERVICES THAT HAVE OR ARE AT RISK FOR DEVELOPING DIABETES DEVELOP TEACHING METHODS AND TOOLS IN COLLABORATION WITH A NUTRITIONIST, PRIMARY CARE PHYSICIANS, AND OTHER SPECIALISTS COURAGE CENTERGOLDEN VALLEY, MN GRANT AMOUNT $30,000INCREASE CAPACITY TO MONITOR CHRONIC CONDITIONS, INCREASE PATIENT ENGAGEMENT IN CARE, AND AVOID UNNECESSARY EMERGENCY ROOM VISITS AND HOSPITALIZATIONS FOR PEOPLE LIVING WITH DISABILITIES EXPAND ACCESS TO PRIMARY CARE AND PREVENTATIVE SERVICES THROUGH ENHANCED TELEMEDICINE SERVICES WITH A SKILLED VOLUNTEER SUPPORT COMPONENT HENNEPIN COUNTYMINNEAPOLIS, MN GRANT AMOUNT $30,000IMPROVE THE WELLNESS OF PEOPLE WITH SERIOUS MENTAL ILLNESS SERVED BY HENNEPIN COUNTY'S MENTAL HEALTH CENTER ENHANCE THE EFFECTIVENESS OF MENTAL HEALTH PROGRAMS BY COMPLETING WELLNESS ASSESSMENTS, PROVIDING DEDICATED CARE COORDINATION, AND OFFERING TOBACCO CESSATION, EXERCISE AND NUTRITION GROUP SUPPORT RESOURCE, INC MINNEAPOLIS, MN GRANT AMOUNT $30,000ASSIST PEOPLE WITH SERIOUS MENTAL ILLNESS IN IMPROVING THEIR QUALITY OF LIFE AND LIFE EXPECTANCY PROVIDE SERVICES AND WELLNESS PLANS DESIGNED TO IMPROVE PHYSICAL HEALTH AND MENTAL WELL-BEING, AND HELP MANAGE OR PREVENT CHRONIC HEALTH CONDITIONS THE ARC GREATER TWIN CITIESST PAUL, MN GRANT AMOUNT $30,000EXPAND ACCESS TO PRIMARY CARE AND PREVENTION FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES DELIVER PROGRAMMING TO HELP YOUNG PEOPLE AND ADULTS WITH DISABILITIES (AND THEIR PARENTS) INCREASE SKILLS FOR MANAGING HEALTH CARE AND ADOPTING HEALTHY LIFESTYLES TO PREVENT SECONDARY CONDITIONS THE FAMILY TREE, INC ST PAUL, MN GRANT AMOUNT $15,000DEVELOP PARENTING SKILLS FOR ADULTS WHO ARE DEAF, DEAF/BLIND AND HARD OF HEARING (DDBHH) PROVIDE RESOURCES, INCLUDING CHIILDBIRTH EDUCATION TO DDBHH PREGNANT WOMEN AND THEIR PARTNERS, DDBHH PARENTING AND EARLY CHILDHOOD EDUCATION CLASSES FOR PARENTS OF CHILDREN AGES BIRTH-10, AND IN-HOME VISITS WITH DDBHH PARENTS AND FAMILIES

(Code) (Expenses $ 878,086 including grants of $ 515,350) (Revenue $)

ORGANIZATION CORE MISSION SUPPORT IN GREATER MINNESOTA IN 2012, THE MEDICA FOUNDATION PROVIDED $132,700 IN FUNDING TO PROJECTS THAT PROVIDE SMALL GRANTS TO ORGANIZATIONS IN THE REGIONAL AND RURAL AREAS OF MEDICA'S SERVICE AREA TO SUPPORT HEALTH-RELATED PROGRAMMING THAT IS CORE TO THE ORGANIZATION'S NONPROFIT MISSION REDUCING INAPPROPRIATE EMERGENCY ROOM UTILIZATION IN 2012, THE MEDICA FOUNDATION PROVIDED $119,150 IN FUNDING TO PROJECTS THAT REDUCE INAPPROPRIATE EMERGENCY ROOM UTILIZATION, HOSPITAL ADMISSIONS AND READMISSIONS EXAMPLES INCLUDE A GRANT OF $30,000 TO CENTRACARE HEALTH FOUNDATION, ST CLOUD, MN, TO EXPAND INTERVENTIONS SYSTEM-WIDE TO IMPROVE CARE TRANSITIONS AND REDUCE HOSPITAL READMISSION RATES FOR PATIENTS WITH CONGESTIVE HEART FAILURE, AND, A GRANT OF $30,000 TO KNUTE NELSON FOUNDATION, ALEXANDRIA, MN, TO SUPPORT A REGISTERED NURSE TO PROVIDE ENHANCED CLINICAL SUPPORT AND CHRONIC DISEASE MANAGEMENT FOR DISCHARGED PATIENTS AND FAMILIES, AND TO EVALUATE THE IMPACT OF THE PROGRAM ON APPROPRIATE UTILIZATION OF THE HEALTH CARE SYSTEM, QUALITY OUTCOMES AND HEALTH CARE COSTS IN ADDITION TO THE PROJECTS FUNDED IN THE AREAS NOTED ABOVE, THE MEDICA FOUNDATION PROVIDED $293,500 IN FUNDING TO SUPPORT GENERAL COMMUNITY HEALTH IMPROVEMENT PROGRAMS

4d Other program services (Describe in Schedule O)

(Expenses $ 878,086 including grants of $ 515,350) (Revenue $)

4e Total program service expenses ▶ 1,720,922

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization 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*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	6		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARY QUIST 401 CARLSON PARKWAY MINNETONKA, MN (952) 992-2058

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BUCK CHAIR	15 00	X		X				0	103,000	0
(2) KRIS SANDA SECRETARY/VICE CHAIR	10 00	X		X				0	71,000	0
(3) BURTON COHEN DIRECTOR	7 00	X						0	62,000	0
(4) DARYL DURUM DIRECTOR	10 00	X						0	79,000	0
(5) ESTHER TOMLJANOVICH DIRECTOR	10 00	X						0	71,000	0
(6) AARON L REYNOLDS TREASURER/EVP	40 00			X				0	1,163,231	35,591
(7) JAMES JACOBSON SVP	40 00			X				0	562,531	29,681
(8) ROBERT LONGENDYKE EXECUTIVE DIRECTOR	40 00			X				0	565,843	39,660

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	2,677,605	104,932

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	5,500,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		5,500,000			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,264,832			1,264,832
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	2011 GRANTS RETURNED	900099	60,000	60,000		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		60,000			
	12	**Total revenue.** See Instructions . . . . . ▶		6,824,832	60,000	0	1,264,832

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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 United States See Part IV, line 21	1,358,186	1,358,186		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
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	199,925	199,925		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	24,722	24,722		
10 Payroll taxes	12,527	12,527		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	500	500		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	504	504		
12 Advertising and promotion				
13 Office expenses	5,854	5,854		
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel	3,278	3,278		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,174	6,174		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICA ALLOCATIONS	39,837	39,837		
b PUBLIC RELATIONS	14,472	14,472		
c DUES, MEMBERSHIP & SUBS	13,649	13,649		
d COMMUNITY OUTREACH	150	150		
e All other expenses	41,144	41,144		
25 **Total functional expenses.** Add lines 1 through 24e	1,720,922	1,720,922	0	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	6,955,416	2	3,981,664
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4	4	3
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b Less accumulated depreciation — 10b		10c	
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	15,066,659	12	24,212,170
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 **Total assets.** Add lines 1 through 15 (must equal line 34)	22,022,079	16	28,193,837
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	2,054,478	18	1,749,759
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	52,136	25	43,400
	26 **Total liabilities.** Add lines 17 through 25	2,106,614	26	1,793,159
Net Assets or Fund Balances	**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27 Unrestricted net assets	19,915,465	27	26,400,678
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	19,915,465	33	26,400,678
	34 Total liabilities and net assets/fund balances	22,022,079	34	28,193,837

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,824,832
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,720,922
3	Revenue less expenses Subtract line 2 from line 1	3	5,103,910
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,915,465
5	Net unrealized gains (losses) on investments	5	1,381,303
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,400,678

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

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.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MEDICA FOUNDATION

Employer identification number
41-1812461

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☑ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		No
(ii) A family member of a person described in (i) above? **11g(ii)**		No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) MEDICA HEALTH PLANS SEC 501(C)(4)	411242261	9	Yes		Yes		Yes		1,720,922
Total									1,720,922

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and 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 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, 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 assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, 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 ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a 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						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
c Add lines 10a and 10b						
11 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 assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** 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 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MEDICA FOUNDATION

Employer identification number
41-1812461

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SHORT TERM INVESTMENTS	24,212,170	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	24,212,170	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
PAYABLE TO MEDICA HEALTH PLANS	43,400
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	43,400

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MEDICA FOUNDATION

Employer identification number
41-1812461

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 33

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE MEDICA FOUNDATION MONITORS THE USE OF GRANT FUNDS THROUGH SEVERAL MECHANISMS ALL GRANTEES ARE ASKED TO SUBMIT PROGRESS REPORTS RELATED TO THE GRANT FUNDING UPDATES ON PROGRAM GRANTS ARE RECEIVED DURING AND AT THE END OF THE GRANT PERIOD ADDITIONALLY, THE FOUNDATION ENGAGES A COMMITTEE OF EMPLOYEES TO WORK DIRECTLY WITH GRANT RECIPIENTS TO PROVIDE OVERSIGHT AND SUPPORT TO HELP ENSURE GRANT OBJECTIVES ARE ACCOMPLISHED THE COMMITTEE FUNCTIONS UNDER THE DIRECTION OF FOUNDATION STAFF COMMITTEE MEMBERS REVIEW PROPOSALS, PERFORM SITE VISITS AND PROVIDE QUARTERLY UPDATES FOR THE BOARD OF DIRECTORS

Additional Data Return to Form

Software ID:
Software Version:
EIN: 41-1812461
Name: MEDICA FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALTRU HEALTH FOUNDATIONPO BOX 6002 GRAND FORKS,ND 58206	45-0368330	501(C)(3)	48,289				PROVIDE STAFF EDUCATION TO EQUIP PRIMARY CARE PROVIDERS AND EMERGENCY ROOM STAFF WITH THE TOOLS TO DISCUSS MENTAL HEALTH ISSUES WITH PATIENTS INCREASE REGIONAL ACCESS TO MENTAL HEALTH CARE BY EXPANDING TELEMEDICINE MODEL FOR PATIENT-PROVIDER VISITS
AMERICAN HEART ASSOCIATION4701 W 77TH ST MINNEAPOLIS,MN 55435	13-5613797	501(C)(3)	50,000				2013 TWIN CITIES AMERICAN HEART WALK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSS TWIN CITIES AREA CHAPTER1201 WEST RIVER PARKWAY MINNEAPOLIS,MN 55454	53-0196605	501(C)(3)	10,000				2013 TWIN CITIES RED CROSS HEROES BREAKFAST
APPLE TREE DENTAL8960 SPRINGBROOK DR NW MINNEAPOLIS,MN 55433	36-3411437	501(C)(3)	30,000				IMPROVE THE QUALITY OF PRIMARY AND PREVENTIVE DENTAL CARE FOR PEOPLE WITH DISABILITIES LIVING IN LONG-TERM CARE FACILITIES IN ROCHESTER, MINN DEVELOP SPECIALIZED PREVENTION TRAINING FOR STAFF MEMBERS AND DIRECT CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECKER COUNTY915 LAKE AVE DETROIT LAKES,MN 56501	41-6005754	COUNTY GOVERNMENT	50,000				DEVELOP A LOCAL CRISIS BED AND STABILIZATION UNIT FOR ADULTS EXPERIENCING MENTAL HEALTH EMERGENCIES INDIVIDUALS WILL WORK WITH PROFESSIONAL STAFF TO REGAIN STABILITY, DEVELOP COPING SKILLS, AND ACCESS COMMUNITY RESOURCES TO AVOID PSYCHIATRIC HOSPITALIZATION
CENTRACARE HEALTH FOUNDATION1406 6TH AVE N ST CLOUD,MN 56303	41-1855173	501(C)(3)	35,000				$30,000 TO EXPAND INTERVENTIONS SYSTEM-WIDE TO IMPROVE CARE TRANSITIONS AND REDUCE HOSPITAL READMISSION RATES FOR PATIENTS WITH CONGESTIVE HEART FAILURE $5,000 ORGANIZATIONAL CORE MISSION SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILD CARE AWARE OF MINNESOTA380 LAFAYETTE ROAD SUITE 103 ST PAUL,MN 55107	41-1730422	501(C)(3)	30,000				SUPPORT MILITARY FAMILIES WITH YOUNG CHILDREN BY HELPING CHILD CARE PROVIDERS AND FAMILIES UNDERSTAND AND ADDRESS THE STRESS MILITARY DEPLOYMENT AND REINTEGRATION PUTS ON YOUNG CHILDREN WORK WITH LOCAL MILITARY SERVICE ORGANIZATIONS TO BUILD SUSTAINABILITY FOR THIS WORK
COMMUNITY HEALTH CHARITIES MINNESOTA 2626 E 82ND ST SUITE 225 BLOOMINGTON,MN 55425	41-1555901	501(C)(3)	37,500				2012 ANNUAL CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY INVOLVEMENT PROGRAMS 1600 BROADWAY ST NE MINNEAPOLIS,MN 55413	41-0972546	501(C)(3)	30,000				PROMOTE CHOICES THAT CONTRIBUTE TO BETTER HEALTH AND INCREASED COMPLIANCE WITH TREATMENT PLANS FOR PEOPLE RECEIVING MENTAL HEALTH SERVICES THAT HAVE OR ARE AT RISK FOR DEVELOPING DIABETES DEVELOP TEACHING METHODS AND TOOLS IN COLLABORATION WITH A NUTRITIONIST, PRIMARY CARE PHYSICIANS, AND OTHER SPECIALISTS
COURAGE CENTER3915 GOLDEN VALLEY ROAD GOLDEN VALLEY,MN 55422	41-0706118	501(C)(3)	30,000				INCREASE CAPACITY TO MONITOR CHRONIC CONDITIONS, INCREASE PATIENT ENGAGEMENT IN CARE, AND AVOID UNNECESSARY EMERGENCY ROOM VISITS AND HOSPITALIZATIONS FOR PEOPLE LIVING WITH DISABILITIES EXPAND ACCESS TO PRIMARY CARE AND PREVENTIVE SERVICES THROUGH ENHANCED TELEMEDICINE SERVICES WITH A SKILLED VOLUNTEER SUPPORT COMPONENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST METRO WOMEN'S COUNCIL3521 CENTURY AVE N WHITE BEAR LAKE, MN 55110	36-3578158	501(C)(3)	30,000				IMPROVE SOCIAL AND EMOTIONAL HEALTH FOR CHILDREN WHO HAVE EXPERIENCED HOMELESSNESS PROVIDE ASSESSMENT FOR CHILDREN UNDER AGE 5 AND IMPLEMENT A NEW PARENTING CURRICULUM FOR AT-RISK FAMILIES LIVING AT EAST METRO PLACE
FAMILY HOUSING FUND MIDWEST PLAZA WEST STE 1650 801 NICOLLET MALL MINNEAPOLIS, MN 55402	41-1380923	501(C)(3)	35,000				$30,000 TO HELP BREAK THE GENERATIONAL CYCLE OF HOMELESSNESS AND CREATE A REPLICABLE MODEL THAT CAN BE USED BROADLY IN A SUPPORTED HOUSING ENVIRONMENT USE EVIDENCE-BASED RESEARCH, KNOWLEDGE AND TOOLS TO SUPPORT THE NEEDS OF HOMELESS, AND FORMERLY HOMELESS YOUNG CHILDREN, AND THEIR PARENTS $5,000 2012 PROJECT HOMELESS CONNECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILYWISE SERVICES 3036 UNIVERSITY AVENUE SE MINNEAPOLIS,MN 55414	41-1343909	501(C)(3)	10,000				IMPROVE HEALTHY SOCIAL AND EMOTIONAL DEVELOPMENT FOR CHILDREN DURING SUPERVISED PARENTAL VISITS PROVIDE COACHING TO IMPROVE ATTACHMENT BETWEEN A PARENT AND THEIR CHILD DURING THERAPEUTIC, SUPERVISED VISITATIONS
GREATER TWIN CITIES UNITED WAY404 S EIGHTH ST MINNEAPOLIS,MN 55404	41-1973442	501(C)(3)	37,500				2012 ANNUAL CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENNEPIN COUNTY HENNEPIN COUNTY GOVERNMENT CENTER 300 S 6TH ST MINNEAPOLIS,MN 55487	41-0705117	COUNTY GOVERNMENT	30,000				IMPROVE THE WELLNESS OF PEOPLE WITH SERIOUS MENTAL ILLNESS SERVED BY HENNEPIN COUNTYS MENTAL HEALTH CENTER ENHANCE THE EFFECTIVENESS OF MENTAL HEALTH PROGRAMS BY COMPLETING WELLNESS ASSESSMENTS, PROVIDING DEDICATED CARE COORDINATION, AND OFFERING TOBACCO CESSATION, EXERCISE AND NUTRITION GROUP SUPPORT
HENNEPIN HEALTH FOUNDATION701 PARK AVE MINNEAPOLIS,MN 55415	41-0845733	501(C)(3)	50,000				EXPAND CLINICAL PROGRAMS FOR TELEPHONE-BASED MATERNAL AND INFANT MENTAL HEALTH ASSESSMENT AND TRIAGE PROVIDE A PSYCHIATRIC PROGRAM FOR PREGNANT WOMEN, NEW MOTHERS AND THEIR INFANTS, UP ONE YEAR OF AGE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF CHARITY510 SOUTH 8TH STREET MINNEAPOLIS,MN 55404	41-0795347	501(C)(3)	50,000				INCORPORATE A VULNERABILITY ASSESSMENT TOOL TO IDENTIFY LONG-TERM, HOMELESS ADULT MEN AND WOMEN WITH THE HIGHEST LEVEL OF NEED AND RISK PRIORITIZE ADMISSION TO HOUSING AND SERVICES BASED ON INDIVIDUAL RISK
KNUTE NELSON FOUNDATION420 12TH AVE E ALEXANDRIA,MN 56308	41-1451486	501(C)(3)	30,000				SUPPORT A REGISTERED NURSE TO PROVIDE ENHANCED CLINICAL SUPPORT AND CHRONIC DISEASE MANAGEMENT FOR DISCHARGED PATIENTS AND FAMILIES, AND TO EVALUATE THE IMPACT OF THE PROGRAM ON APPROPRIATE UTILIZATION OF THE HEALTH CARE SYSTEM, QUALITY OUTCOMES AND HEALTH CARE COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LB HOMES805 EAST CHANNING AVENUE FERGUS FALLS,MN 56537	20-4760841	501(C)(3)	30,000				EDUCATE INDIVIDUALS, AGENCIES AND COMMUNITIES ABOUT HOWTO USE TELEHEALTH SERVICES TO REDUCE REHOSPITALIZATION AND EMERGENCY ROOM USE
MARCH OF DIMES5233 EDINA INDUSTRIAL BLVD EDINA,MN 55439	13-1846366	501(C)(3)	85,000				2013 MARCH FOR BABIES 75TH ANNIVERSARY PARTNER, 2012 SIGNATURE CHEFS AUCTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MINNESOTA MEDICAL FOUNDATION200 SE OAK ST MINNEAPOLIS,MN 55455	41-6027707	501(C)(3)	9,000				2012 RED HOT SOIREE
MISSISSIPPI HEADWATERS AREA DENTAL HEALTH CENTERPO BOX 279 BELTRAMI COUNTY PUBLIC HEALTH BEMIDJII,MN 56619	84-1711812	501(C)(3)	29,150				EXPAND APPOINTMENT SYSTEM TO ACCOMMODATE URGENT CARE FOR DENTAL PATIENTS DEVELOP APPROACHES TO IDENTIFY PATIENTS BARRIERS TO RECEIVING CARE AND REDUCE EMERGENCY ROOM USE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ALLIANCE FOR THE MENTALLY ILL800 TRANSFER ROAD SUITE 7A ST PAUL,MN 55114	41-1317030	501(C)(3)	52,500				$50,000 PROVIDE EDUCATION AND SUPPORT FOR YOUTH, AGES 14-25 WITH MENTAL ILLNESS, AND THEIR FAMILIES ASSIST YOUNG PEOPLE IN SUCCESSFULLY MANAGING THEIR ILLNESS BY IDENTIFYING BARRIERS AND TRAINING NEEDS FOR YOUTH, FAMILIES AND PROFESSIONALS $2,500 2012 NAMI WALKS - CHANGING MINDS ONE STEP AT A TIME
NETWORK FOR BETTER FUTURE1017 OLSON MEMORIAL HIGHWAY MINNEAPOLIS,MN 55405	45-0550557	501(C)(3)	50,000				DEVELOP AND TEST CARE TECHNIQUES AND PRACTICES TO ASSIST HIGH-RISK MEN ENROLLED IN THE NETWORK TRAIN LIFE COACHES AND CREW CHIEFS TO INCORPORATE THESE TRAUMA CARE PRACTICES IN ALL ASPECTS OF THEIR WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF MINNESOTA1300 S 2ND ST RM 206 MINNEAPOLIS,MN 55454	41-6007513	501(C)(3)	49,547				FILL THE GAP FOR PATIENTS WITH ACUTE OR CHRONIC PHYSICAL ILLNESSES BY OFFERING INTEGRATIVE, TELEPHONE-BASED MENTAL HEALTH SERVICES IN NORTHEAST MINNESOTA EVALUATE PROGRAM FOR PATIENT RESPONSE, PHYSICIAN SATISFACTION AND IMPACT ON MEDICAL VISITS AND HOSPITALIZATIONS
REGENTS OF THE UNIVERSITY OF MINNESOTA1300 S 2ND ST RM 206 MINNEAPOLIS,MN 55454	41-6007513	501(C)(3)	30,000				PROVIDE INTEGRATED EARLY CHILDHOOD MENTAL HEALTH SERVICES FOR CHILDREN FROM BIRTH THROUGH AGE FIVE, WHOSE MOTHERS HAVE MENTAL ILLNESS OFFER SUPPORT DURING AND AFTER PREGNANCY, INCLUDING EDUCATION ON CHILDRENS SOCIAL AND EMOTIONAL HEALTH, MENTAL HEALTH SERVICES AND OTHER NEEDED RESOURCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RESOURCE INC1900 CHICAGO AVE SO MINNEAPOLIS,MN 55403	41-0828779	501(C)(3)	30,000				ASSIST PEOPLE WITH SERIOUS MENTAL ILLNESS IN IMPROVING THEIR QUALITY OF LIFE AND LIFE EXPECTANCY PROVIDE SERVICES AND WELLNESS PLANS DESIGNED TO IMPROVE PHYSICAL HEALTH AND MENTAL WELL-BEING, AND HELP MANAGE OR PREVENT CHRONIC HEALTH CONDITIONS
SOUTHSIDE FAMILY NURTURING CENTER2448 18TH AVE S MINNEAPOLIS,MN 55404	41-1274177	501(C)(3)	25,000				HELP PARENTS LIVING IN POVERTY ADDRESS THE CHALLENGES THEY FACE, STRENGTHEN THEIR FAMILY AND PROMOTE HEALTHY AND SUCCESSFUL DEVELOPMENT OF THEIR YOUNG CHILDREN IMPROVE THE STRUCTURE AND CONTENT OF SOUTHSIDES HOME VISITING CURRICULUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST STEPHEN'S HUMAN SERVICES INC2309 NICOLLET AVE SOUTH MINNEAPOLIS,MN 55404	01-0639118	501(C)(3)	50,000				PROVIDE STREET OUTREACH, AFFORDABLE HOUSING WITH INTENSIVE SUPPORT SERVICES, AND BEHAVIORAL HEALTH EDUCATION IMPROVE HOUSING AND HEALTH STABILITY FOR HOMELESS PATIENTS BY INTERRUPTING THE CYCLE OF DETOX, SHELTER, HOSPITAL EMERGENCY ROOMS, AND JAIL
THE ARC GREATER TWIN CITIES2446 UNIVERSITY AVE W STE 110 ST PAUL,MN 55114	41-0782848	501(C)(3)	30,000				EXPAND ACCESS TO PRIMARY CARE AND PREVENTION FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES DELIVER PROGRAMMING TO HELP YOUNG PEOPLE AND ADULTS WITH DISABILITIES (AND THEIR PARENTS) INCREASE SKILLS FOR MANAGING HEALTH CARE AND ADOPTING HEALTHY LIFESTYLES TO PREVENT SECONDARY CONDITIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FAMILY TREE INC1619 DAYTON AVENUE ST PAUL,MN 55104	23-7133742	501(C)(3)	15,000				DEVELOP PARENTING SKILLS FOR ADULTS WHO ARE DEAF, DEAF/BLIND AND HARD OF HEARING (DDBHH) PROVIDE RESOURCES, INCLUDING CHILDBIRTH EDUCATION TO DDBHH PREGNANT WOMEN AND THEIR PARTNERS, DDBHH PARENTING AND EARLY CHILDHOOD EDUCATION CLASSES FOR PARENTS OF CHILDREN AGES BIRTH-10, AND IN-HOME VISITS WITH DDBHH PARENTS AND FAMILIES
WASHBURN CENTER FOR CHILDREN2430 NICOLLET AVE SOUTH MINNEAPOLIS,MN 55404	41-0711618	501(C)(3)	30,000				IMPROVE OUTCOMES FOR CHILDREN WHOSE SOCIAL AND EMOTIONAL DIFFICULTIES IMPEDE THEIR ABILITY TO BE SUCCESSFUL AT HOME AND AT SCHOOL EXPAND INTENSIVE IN-HOME THERAPEUTIC SERVICES FOR CHILDREN, FROM BIRTH THROUGH AGE 12

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF DULUTH302 W 1ST ST DULUTH,MN 55802	41-0693931	501(C)(3)	30,000				ADDRESS THE EMOTIONAL AND SOCIAL DEVELOPMENT NEEDS OF INFANTS AND CHILDREN FROM 6-WEEKS THROUGH 5-YEARS-OLD USE PROVEN EARLY INTERVENTION MODELS TO BUILD CAREGIVER SKILLS AND DEVELOP CHILDRENS SELF-REGULATION SKILLS AND SOCIAL-EMOTIONAL COMPETENCE
LUTHERAN SOCIAL SERVICE OF MINNESOTA 2485 COMO AVE ST PAUL,MN 55108	41-0872993	501(C)(3)	7,500				$5,000 FOR ORGANIZATIONAL CORE MISSION SUPPORT $2,500 CHANGING LIVES CELEBRATION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MEDICA FOUNDATION

Employer identification number
41-1812461

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**	Yes	
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)AARON L REYNOLDS TREASURER/EVP	(i)	0	0	0	0	0	0	0
	(ii)	436,332	282,291	444,608	19,003	16,588	1,198,822	0
(2)JAMES JACOBSON SVP	(i)	0	0	0	0	0	0	0
	(ii)	262,079	121,279	179,173	14,900	14,781	592,212	0
(3)ROBERT LONGENDYKE EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	258,567	122,217	185,059	17,963	21,697	605,503	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

990 Schedule J, Supplemental Information

Identifier	Return Reference	Explanation
	PART I, LINE 3	

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MEDICA FOUNDATION

Employer identification number
41-1812461

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY ALL EMPLOYEES OF MEDICA HEALTH PLANS AND DIRECTORS OF ALL MEDICA ENTITIES COMPLET E A CONFLICT OF INTEREST DISCLOSURE AND ARE REQUIRED TO REVIEW THE CURRENT POLICY ALL POT ENTIAL CONFLICTS ARE REVIEWED BY LEGAL/COMPLIANCE
		MEDICA FOUNDATION DOES NOT HAVE ANY EMPLOYEES ALL COMPENSATION IS PAID BY MEDICA HEALTH P LANS, A RELATED ORGANZATION MEDICA HEALTH PLANS USES THE FOLLOWING PROCESS TO DETERMINE C OMPENSATION THE PERSONNEL AND COMPENSATION COMMITTEE, AS DESCRIBED IN THE CHARTER, REVIEW S AND OBTAINS THE BOARD'S APPROVAL FOR TOTAL COMPENSATION FOR THE PRESIDENT/CEO THE COMMI TTEE ALSO REVIEWS AND APPROVES TOTAL COMPENSATION RECOMMENDATIONS MADE BY THE CEO FOR THE EXECUTIVE AND SENIOR VICE PRESIDENTS, AND REVIEWS ALL OFFICER COMPENSATION AND ANNUAL PERF ORMANCE GOALS APPROVED BY THE CEO THE COMMITTEE REVIEWS AND MAKES RECOMMENDATIONS TO THE BOARD REGARDING OFFICER AND NON-OFFICER COMPENSATION GUIDELINES FOR MEDICA AND ITS SUBSIDI ARIES, PERIODICALLY REVIEWING MARKET DATA TO ASSESS MEDICA'S COMPETITIVE POSITION OUTSIDE THE CHARTER, THE PERSONNEL AND COMPENSATION COMMITTEE WORKS WITH AN OUTSIDE CONSULTANT TO REVIEW MARKET DATA THAT AIDS IN SETTING COMPENSATION FOR MEDICA'S OFFICERS AND KEY EMPLOY EES
	FORM 990, PART VI, SECTION C, LINE 19	MEDICA DOES NOT CONSIDER ITS CONFLICT OF INTEREST POLICY TO BE A CONFIDENTIAL OR PROPRIETA RY DOCUMENT THEREFORE, MEDICA WOULD MAKE THIS POLICY AVAILABLE TO ANYONE WHO REQUESTS IT CERTAIN OF THE MEDICA ENTITIES ARE REQUIRED TO FILE ANNUAL FINANCIAL STATEMENTS WITH THE REGULATORS MEDICA CONSIDERS FINANCIAL STATEMENTS THAT ARE FILED WITH THE REGULATORS TO BE PUBLIC DOCUMENTS ARTICLES OF INCORPORATION AND BYLAWS, CONFLICT OF INTEREST POLICY AND F ORM 990S ARE ALSO AVAILABLE UPON REQUEST
AVERAGE HOURS PER WEEK	FORM 990, PART VII, COLUMN B	CERTAIN INDIVIDUALS REPORTED ON FORM 990, PART VII SPLIT THEIR TIME BETWEEN SEVERAL OF THE MEDICA ENTITIES (MEDICA HEALTH PLANS, MEDICA HEALTH PLANS WI, MEDICA FOUNDATION, AND MEDI CA RESEARCH FOUNDATION) THE AVERAGE HOURS PER WEEK REPORTED IN PART VII ARE THE TOTAL HOU RS PER WEEK FOR ALL MEDICA ORGANIZATIONS
	FORM 990, BOX B, AMENDED RETURN	FORM 990 IS BEING AMENDED TO CORRECTLY REPORT DEFERRED COMPENSATION THAT WAS DOUBLE REPORT ED ON THE ORIGINALLY FILED RETURN DEFERRED COMPENSATION REPORTED IN PART VII, COLUMN (F) AND SCHEDULE J, PART II, COLUMN (C) HAS BEEN REDUCED TO ACCOUNT FOR THE PORTION OF DEFERRE D COMPENSATION THAT WAS INCLUDED IN REPORTABLE W-2 COMPENSATION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MEDICA FOUNDATION

Employer identification number
41-1812461

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) MEDICA HEALTH PLANS 401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1242261	HEALTH COVERAGE	MN	501(C)(4)		MEDICA HOLDING COMPANY	Yes	
(2) MEDICA HEALTH PLANS OF WISCONSIN 401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1843804	HEALTH COVERAGE	MN	501(C)(4)		MEDICA HOLDING COMPANY	Yes	
(3) MEDICA HOLDING COMPANY 401 CARLSON PARKWAY MINNETONKA, MN 55305 01-0571840	HOLDING COMPANY/NO ACTIVITY	MN	501(C)(4)		N/A		No
(4) MEDICA RESEARCH INSTITUTE 401 CARLSON PARKWAY MINNETONKA, MN 55305 27-0600894	RESEARCH FOUNDATION	MN	501(C)(3)	509(A)(3) I	MEDICA HOLDING COMPANY	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MEDICA INSURANCE COMPANY 401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1490988	HEALTH INSURANCE	MN	MEDICA AFFILIATED SERVICES	C					No
(2) MEDICA SELF-INSURED 401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1479417	THIRD PARTY ADMINISTRATOR	MN	MEDICA AFFILIATED SERVICES	C					No
(3) MEDICA AFFILIATED SERVICES 401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1716415	HOLDING COMPANY	MN	MEDICA HOLDING COMPANY	C					No
(4) MEDICA HEALTH MANAGEMENT 401 CARLSON PARKWAY MINNETONKA, MN 55305 20-8005519	HEALTH MANAGEMENT	MN	MEDICA AFFILIATED SERVICES	C					No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEDICA HEALTH PLANS	C	5,500,000	ACTUAL AMOUNT
(2) MEDICA HEALTH PLANS	N	125,062	ACTUAL AMOUNT
(3) MEDICA HEALTH PLANS	O	237,174	ACTUAL AMOUNT

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Software ID:
Software Version:
EIN: 41-1812461
Name: MEDICA FOUNDATION

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

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