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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 CW 104

City or town, state or province, country, and ZIP or foreign postal code
MINNETONKA, MN 55305

D Employer identification number
41-1812461

E Telephone number
(952) 992-2058

G Gross receipts $ 6,869,141

F Name and address of principal officer
ROBERT LONGENDYKE
401 CARLSON PARKWAY CW 104
MINNETONKA, MN 55305

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

H(b) Are all subordinates 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 2015 (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
8	Contributions and grants (Part VIII, line 1h)	500	4,000,000
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	909,256	868,343
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	909,756	4,868,343
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,398,975	1,489,500
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)	246,831	257,397
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)	339,167	328,089
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,984,973	2,074,986
19	Revenue less expenses Subtract line 18 from line 12	-1,075,217	2,793,357

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	25,304,259	26,540,615
21	Total liabilities (Part X, line 26)	1,375,664	1,432,707
22	Net assets or fund balances Subtract line 21 from line 20	23,928,595	25,107,908

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

******
Signature of officer — 2016-11-10 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	TODD A JACKSON			P00092672

Firm's name ▶ RSM US 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 or note to any line 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 $ 395,000 including grants of $ 395,000) (Revenue $)

BEHAVIORAL HEALTH THIS FUNDING PRIORITY SEEKS PROGRAMS THAT FOCUS ON DEVELOPING CAPABILITIES OR CHANGING PROCESSES RELATED TO THE CONTINUUM OF BEHAVIORAL HEALTH CARE SERVICE INTERVENTIONS, ACCESSIBILITY AND SUSTAINABILITY THIS INCLUDES PROGRAMS THAT ADDRESS GAPS IN CURRENT SERVICE, INTEGRATE PHYSICAL AND MENTAL HEALTH, PROVIDE SUPPORTIVE SERVICE AND CASE MANAGEMENT AND ADDRESS NEEDS IDENTIFIED BY THE MINNESOTA 10X10 ASSERTIVE COMMUNITY TREATMENT (ACT) INITIATIVE

4b (Code) (Expenses $ 300,000 including grants of $ 300,000) (Revenue $)

EARLY CHILDHOOD HEALTH THIS FUNDING PRIORITY SEEKS PROGRAMS THAT FOCUS ON HEALTHY FAMILIES TO FOSTER OPTIMAL GROWTH AND DEVELOPMENT OF YOUNG CHILDREN THIS INCLUDES PROGRAMS THAT IMPROVE ACCESS TO PRENATAL AND POSTNATAL CARE, PARENTING, PREVENTION, INCLUDING CHILD AND TEEN CHECKUPS, DENTAL SERVICES AND SOCIAL AND EMOTIONAL HEALTH PROGRAMMING FOCUSES ON CHILDREN AGES BIRTH THROUGH AGE TWELVE AND MAY INVOLVE PARENTS, CAREGIVERS, HEALTH CARE PROVIDERS AND THE OVERALL COMMUNITY

4c (Code) (Expenses $ 200,000 including grants of $ 200,000) (Revenue $)

ORGANIZATIONAL CORE MISSION SUPPORT THE MEDICA FOUNDATION PROVIDES GRANTS TO SUPPORT THE HEALTH-RELATED PROGRAMMING OF NONPROFIT ORGANIZATIONS LOCATED OUTSIDE OF THE TWIN CITIES METROPOLITAN AREA THESE GRANTS PROVIDE CRITICAL SUPPORT TO SMALL ORGANIZATIONS, WHICH STRENGTHENS REGIONAL AND RURAL COMMUNITIES

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 594,500 including grants of $ 594,500) (Revenue $)

4e **Total program service expenses ▶** 1,489,500

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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**		No
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**		
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**	Yes	
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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	7		
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring 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 or note to any line 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		No
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		
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, address, and telephone number of the person who possesses the organization's books and records ▶ MARY QUIST 401 CARLSON PARKWAY CP330 MINNETONKA, MN 55305 (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 or note to any line 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	97,000	0
(2) ESTHER TOMLJANOVICH VICE CHAIR	10 00	X		X				0	68,000	0
(3) BURTON COHEN DIRECTOR	2 00	X						0	5,500	0
(4) DARYL DURUM DIRECTOR	10 00	X						0	63,000	0
(5) SAMUEL LEON MD DIRECTOR	10 00	X						0	70,000	0
(6) MARK L BAIRD TREASURER/CFO & SVP	40 00			X				0	1,119,992	43,204
(7) JAMES P JACOBSON SECRETARY/SVP	40 00			X				0	635,112	43,765
(8) ROBERT LONGENDYKE EXECUTIVE DIRECTOR/MHP SVP	40 00			X				0	618,413	41,399
(9) DAVID TILFORD PRESIDENT/CEO	40 00			X				0	2,294,734	34,907
(10) GLENN E ANDIS SVP	40 00				X			0	743,529	44,541
(11) DEBBY S KNUTSON SVP	40 00				X			0	584,623	29,526
(12) JANA L JOHNSON SVP	40 00				X			0	663,305	43,604
(13) TIMOTHY D THULL SVP	40 00				X			0	706,984	42,650
(14) JOHN W NAYLOR SVP	40 00				X			0	1,027,856	81,860

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			
(15) DANNETTE M COLEMAN SVP	40 00				X			0	603,174	28,097
(16) MARK WERNER MD SVP	40 00				X			0	527,360	48,269
(17) RICHARD H SYKORA GM/VP	40 00					X		0	497,996	41,817
(18) BARBARA LYNCH VP	40 00					X		0	457,904	34,191
(19) ANDREW E DAVIS VP	40 00					X		0	476,600	37,703
(20) GEOFFREY J BARTSH VP	40 00					X		0	490,395	62,022
(21) MARY QUIST VP	40 00					X		0	448,513	41,881
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0	12,199,990	699,436

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 or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	4,000,000			
	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		4,000,000			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		668,165			668,165
	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	2,200,976				
	b Less cost or other basis and sales expenses	2,000,798				
	c Gain or (loss)	200,178				
	d Net gain or (loss)		200,178			200,178
	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					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 **Total revenue.** See Instructions		4,868,343	0	0	868,343

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	1,489,500	1,489,500		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	215,483		215,483	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	28,529		28,529	
10 Payroll taxes	13,385		13,385	
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	148,515		148,515	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	357		357	
12 Advertising and promotion				
13 Office expenses	22,163		22,163	
14 Information technology				
15 Royalties				
16 Occupancy	94,065		94,065	
17 Travel	2,761		2,761	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,165		10,165	
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 BOARD EXPENSES	27,500		27,500	
b DUES, MEMBERSHIP & SUBS	15,450		15,450	
c PUBLIC RELATIONS	5,750		5,750	
d COMMUNITY OUTREACH	923		923	
e All other expenses	440		440	
25 **Total functional expenses.** Add lines 1 through 24e	2,074,986	1,489,500	585,486	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 or note to any line 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	255,538	2	886,111
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	62,478	4	32,991
	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	24,986,243	12	25,621,513
	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)	25,304,259	16	26,540,615
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable	1,336,675	18	1,399,467
	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	38,989	25	33,240
	26	**Total liabilities.** Add lines 17 through 25	1,375,664	26	1,432,707
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	23,928,595	27	25,107,908
	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	23,928,595	33	25,107,908
	34	Total liabilities and net assets/fund balances	25,304,259	34	26,540,615

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,868,343
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,074,986
3	Revenue less expenses Subtract line 2 from line 1	3	2,793,357
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,928,595
5	Net unrealized gains (losses) on investments	5	-1,614,044
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	25,107,908

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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		

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 594,500 including grants of $ 594,500) (Revenue $)

MEDICA FOUNDATION HAS THE FOLLOWING OTHER PROGRAM SERVICES 1) STRATEGIC GRANT - TOTAL EXPENSES $200,000, GRANTS $200,0002) MEDICA FOUNDATION GENERAL FUNDING - TOTAL EXPENSES $244,500, GRANTS $244,5003) ALZHEIMER'S DISEASE - TOTAL EXPENSES $150,000, GRANTS $150,000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319021406

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☑ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 1

g 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) MEDICA HEALTH PLANS SEC 501(C) (4)	411242261		Yes		1,489,500	0
Total1					1,489,500	

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a	Yes	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b	Yes	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c	Yes	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1	Yes	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
FORM 990, SCHEDULE A, SECTION A, LINE 3B	MEDICA HEALTH PLANS, THE SUPPORTED PARENT ORGANIZATION, IS A 501(C)(4) ORGANIZATION SINCE THE ENTITIES ARE RELATED ORGANIZATIONS ANY CHANGE IN EXEMPT STATUS OR ACTIVITIES OF MEDICA HEALTH PLANS WOULD BE KNOWN BY THE FOUNDATION
FORM 990, SCHEDULE A, SECTION A, LINE 3C	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 SEE SCHEDULE I, PART I, LINE 2 NARRATIVE FOR ADDITIONAL INFORMATION RELATED TO THE PROCESS USED FOR GRANT MONITORING

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on 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" on 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, for escrow or custodial account liability? ☐ 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	b (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 on 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" on 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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.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.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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	25,621,513	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	25,621,513	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(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.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d 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.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
PAYABLE TO MEDICA HEALTH PLANS	33,240
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	33,240

2. Liability for uncertain tax positions 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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 (losses) 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.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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 . . . . . ▶ 71

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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METROPOLITAN AREA AGENCY ON AGING 2365 N MCKNIGHT RD SUITE 3 NORTH ST PAUL,MN 55109	41-1774247	501(C)(3)	150,000				THROUGH A STATEWIDE COLLABORATION, PREPARE MINNESOTA FOR THE PERSONAL, SOCIAL AND BUDGETARY IMPACTS OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS BY FOSTERING DEMENTIA AND AGE FRIENDLY COMMUNITIES
CENTER FOR ALCOHOL & DRUG TREATMENT 314 WEST SUPERIOR ST DULUTH,MN 55802	41-0847934	501(C)(3)	100,000				CLEARPATH WILL BE A MEDICALLY ASSISTED TREATMENT PROGRAM, LICENSED AS AN OTP INITIALLY, OUR FOCUS WILL BE OPIOID DEPENDENT PATIENTS THE CLINIC IS EMBEDDED IN A RECOVERY-ORIENTED SYSTEM OF CARE THAT INCLUDES DETOX, RESIDENTIAL TREATMENT, OUTPATIENT TREATMENT, INDIVIDUAL COUNSELING, CARE MANAGEMENT AND OTHER SERVICES
NEIGHBORHOOD HEALTH CARE NETWORK C/O WEST SIDE COMMUNITY HEALTH CENTER 153 CESAR CHAVEZ ST ST PAUL,MN 55107	41-0990979	501(C)(3)	100,000				TO DEVELOP A CARE COORDINATION INFRASTRUCTURE TO SUPPORT THE 10 FQHC MEMBERS WITH THEIR ACO DEVELOPMENT SO EACH FQHC CAN BE AN ACTIVE PARTICIPANT IN THE STATE OF MINNESOTA'S INTEGRATED HEALTH PARTNERSHIPS (IHP)/MEDICAID DEMONSTRATION PROGRAM

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FRASER LTD 2902 SOUTH UNIVERSITY DRIVE FARGO,ND 58103	45-0226418	501(C)(3)	50,000				FRASER, LTD WILL PROVIDE MOBILE BEHAVIORAL HEALTH SERVICES TO TRANSITION AGE YOUTH AT-RISK OF HOMELESSNESS OR WHO ARE EXPERIENCING HOMELESSNESS TO INCREASE HOUSING PERMANENCE AND STABILITY
HEALTHEAST FOUNDATION 1690 UNIVERSITY AVENUE 250 ST PAUL,MN 55104	41-1602044	501(C)(3)	50,000				DRIVEN BY KAREN CD TASKFORCE (KCDT) INPUT, THIS PROJECT SEEKS TO DEVELOP AND FIELD TEST A CULTURALLY-RELEVANT, BRIEF INTERVENTION AND CHEMICAL DEPENDENCY (CD) ASSESSMENT TOOLS FOR KAREN REFUGEES
180 DEGREES INC 236 CLIFTON AVENUE MINNEAPOLIS,MN 55403	23-7153536	501(C)(3)	50,000				180 DEGREES' SAFE AND SOUND CENTER FOR GIRLS PROVIDES SUPPORTIVE STAFF, SECURE SHELTER, AND INTEGRATED PHYSICAL, MENTAL AND CHEMICAL HEALTH PROGRAMMING FOR SEXUALLY TRAFFICKED AND EXPLOITED GIRLS AND YOUNG WOMEN

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NORTHSIDE ACHIEVEMENT ZONE 2123 WEST BROADWAY AVE SUITE 100 MINNEAPOLIS,MN 55411	30-0238807	501(C)(3)	50,000				WE WILL EXPAND SUPPORT FOR ADDRESSING, MITIGATING AND PREVENTING BEHAVIORAL HEALTH CHALLENGES AMONG NAZ-ENROLLED NORTH MINNEAPOLIS FAMILIES THROUGH TRAINING AND INFRASTRUCTURE DEVELOPMENT, MOVING FROM A REACTIVE TO A PROACTIVE STANCE
TOUCHSTONE MENTAL HEALTH 2312 SNELLING AVENUE MINNEAPOLIS,MN 55404	41-1920740	501(C)(3)	50,000				EXPAND THE TOUCHSTONE HEALTH AND WELLNESS CENTER WITH THE QUADRANT IV INTEGRATED HEALTH INITIATIVE, INCLUDING HEALTH COACHING, TO IMPROVE BEHAVIORAL AND PHYSICAL HEALTH OUTCOMES FOR ADULTS WITH SERIOUS MENTAL ILLNESSES
VAIL PLACE 23 - 9TH AVENUE SOUTH HOPKINS,MN 55343	41-1394766	501(C)(3)	50,000				A PARTNERSHIP BETWEEN VAIL PLACE AND NORTH MEMORIAL HEALTH CARE TO FULLY DEVELOP A TOTAL CARE COLLABORATIVE, A WHOLE-HEALTH MODEL OFFERING INTEGRATED MEDICAL AND BEHAVIORAL HEALTH CARE

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YOUTHLINK 41 NORTH 12TH STREET MINNEAPOLIS,MN 55403	41-1341773	501(C)(3)	50,000				BASED ON IDENTIFIED GAPS IN THE CONTINUUM OF SERVICES, MENTAL HEALTH AND RELATED ANCILLARY CARE WILL BE INTEGRATED INTO YOUTHLINK'S DROP-IN CENTER FOR HOMELESS YOUTH
INTERMEDIATE SCHOOL DISTRICT 287 1820 XENIUM LANE PLYMOUTH,MN 55441	41-0970130		50,000				THE DISTRICT 287 TRAUMA-REACTIVE STUDENT PROJECT WILL ENGAGE CORNERSTONE TO PROVIDE PREVENTION AND SUPPORT SERVICES FOR SECA STUDENTS, USING A TRAUMA-INFORMED APPROACH TO PROMOTE EMOTIONAL REGULATION AND HEALTHY INTERACTIONS
MARCH OF DIMES MINNESOTA CHAPTER EDINA,MN 55439	13-1846366	501(C)(3)	50,000				MEDICA FOUNDATION'S SUPPORT IS REQUESTED FOR YEAR ROUND PARTNERSHIP ON THREE VITAL EVENTS FOR MARCH OF DIMES - MARCH FOR BABIES, SIGNATURE CHEF EVENT, AND NURSE OF THE YEAR AWARDS 2016

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COMMUNITY HEALTH CHARITIES 121 HENNEPIN AVENUE SOUTH MINNEAPOLIS,MN 55401	13-6167225	501(C)(3)	41,970				COMMUNITY HEALTH CHARITIES PARTNERS WITH NEARLY 200 MINNESOTA EMPLOYERS YEAR-ROUND TO ENGAGE MORE THAN 260,000 EMPLOYEES WITH THE HEALTH CAUSES OF OUR 38 WELL KNOWN AND TRUSTED MEMBER HEALTH CHARITIES OUR MEMBERS INCLUDE HEALTH ORGANIZATIONS SUCH AS THE RONALD MCDONALD HOUSE, MARCH OF DIMES AND ST JUDE CHILDREN'S RESEARCH HOSPITAL
GREATER TWIN CITIES UNITED WAY 404 SOUTH EIGHTH STREET MINNEAPOLIS,MN 55404	41-1973442	501(C)(3)	33,030				THIS GRANT TO UNITED WAY'S ANNUAL FUND WOULD SUPPORT HUMAN SERVICES FOR MORE THAN 500,000 PEOPLE IN THE REGION LIVING AT OR NEAR POVERTY IT WOULD CREATE PATHWAYS OUT OF POVERTY THROUGH EDUCATION AND JOB TRAINING AND STRENGTHEN THE SAFETY NET TO PREVENT HUNGER, HOMELESSNESS, DOMESTIC VIOLENCE, AND HEALTH PROBLEMS
A CHANCE TO GROW 1800 SECOND STREET NE MINNEAPOLIS,MN 55418	41-1444113	501(C)(3)	30,000				WE WILL EXPAND THE MOBILE VISION PROGRAM SUPPORTED BY MEDICA LAST YEAR WITH HEAD START CENTERS IN MINNEAPOLIS AND RAMSEY COUNTIES TO PROVIDE EXAMS, GLASSES AND VISION CARE

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CORNERHOUSE INTERAGENCY CHILD ABUSE EVALUATION AND TRAINING CENTER 2502 10TH AVENUE SOUTH MINNEAPOLIS,MN 55404	41-1640731	501(C)(3)	30,000				THE REDESIGNED CORNERHOUSE HOME VISITING PROGRAM WILL PROVIDE SIX MONTHS OF INTENSIVE IN-HOME CRISIS COUNSELING, PARENT EDUCATION, AND ADVOCACY SERVICES FOR CHILDREN AND FAMILIES RECOVERING FROM THE TRAUMA OF ABUSE
LAKES & PINES COMMUNITY ACTION COUNCIL INC 1700 MAPLE AVE EAST MORA,MN 55051	41-0900982	501(C)(3)	30,000				THE DENTAL DAYS PROGRAM BRINGS DENTAL CARE PROFESSIONALS INTO THE COMMUNITY WHERE THERE ARE VERY FEW OR NO DENTAL CARE PROFESSIONALS THAT WILL ACCEPT STATE ASSISTED DENTAL CARE
CHURCHES UNITED IN MINISTRY 102 W SECOND STREET DULUTH,MN 55802	41-1227969	501(C)(3)	30,000				SERVICES AND INTERVENTIONS FOR RECENTLY HOMELESS PARENTS AND THEIR CHILDREN AGED 0 TO 5, TO SUPPORT EARLY CHILDHOOD HEALTH, WITH A SPECIAL EMPHASIS ON CHILDREN FROM PRE-BIRTH TO AGE 1

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PACT FOR FAMILIES COLLABORATIVE (PUTTING ALL COMMUNITIES TOGETHER) 2200 23RD ST NE SUITE 2030 WILLMAR,MN 56201	41-1857830		30,000				PROJECT SUCCEED (SUPPORTING AND UNDERSTANDING CHILDREN'S COGNITIVE AND EMOTIONAL EARLY DEVELOPMENT) INTENDS TO INCREASE THE CAPACITY FOR PARENTS AND PROFESSIONALS TO RESPOND TO THE SOCIAL AND EMOTIONAL NEEDS OF CHILDREN
CHILDREN'S DENTAL SERVICES 636 BROADWAY STREET NE MINNEAPOLIS,MN 55413	41-0857929	501(C)(3)	30,000				CDS WILL IMPLEMENT AN INNOVATIVE, EVIDENCED-BASED MEDICAL/DENTAL SERVICES INTEGRATION PROJECT 1,000 LOW-INCOME CHILDREN AND PREGNANT WOMEN WILL RECEIVE MEDICAL AND DENTAL SERVICES IN NORTH MINNEAPOLIS AND NORTHWEST HENNEPIN COUNTY
ST DAVID'S CENTER FOR CHILD & FAMILY DEVELOPMENT 3395 PLYMOUTH ROAD MINNETONKA,MN 55305	41-1429208	501(C)(3)	30,000				THE PROJECT EXPANDS ST DAVID'S CENTER'S CHILDREN'S MENTAL HEALTH SERVICES INTO FAMILY SERVING AGENCIES AND CLASSROOM SETTINGS IN CARVER COUNTY AND THE ROBBINSDALE AREA

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THE FAMILY PARTNERSHIP 414 SOUTH 8TH STREET MINNEAPOLIS,MN 55404	41-0693858	501(C)(3)	30,000				DEMONSTRATE A MODEL CURRENTLY UNAVAILABLE IN HIGH-QUALITY EARLY LEARNING/CHILDCARE FOR POVERTY-STRICKEN CHILDREN THERAPY GROUPS IN CLASSROOMS FOR PRESCHOOLERS IMPEDED BY ADVERSITY, ENHANCE PARENTAL NURTURING AND BEHAVIOR MANAGEMENT, MEASURE OUTCOMES
WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVENUE MINNEAPOLIS,MN 55405	41-0711618	501(C)(3)	30,000				WASHBURN CENTER'S DAY TREATMENT PROGRAM EXPANSION WILL PROVIDE EARLY MENTAL HEALTH INTERVENTION AND HELP CHILDREN AGES THREE TO NINE DEVELOP THE SOCIAL, EMOTIONAL AND BEHAVIORAL SKILLS NEEDED TO BE SUCCESSFUL
SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVENUE SOUTH MINNEAPOLIS,MN 55404	41-1759477	501(C)(3)	25,000				FUNDING TO EXPAND EARLY CHILDHOOD PROGRAMMING FOR FAMILIES EXPERIENCING HOMELESSNESS STAFF WILL WORK ONE-ON-ONE WITH FAMILIES TO ENCOURAGE HEALTHY DEVELOPMENT AND POSITIVE RELATIONSHIPS

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BETTER FUTURES MINNESOTA 2620 MINNEHAHA AVENUE SOUTH MINNEAPOLIS,MN 55406	45-0550557	501(C)(3)	10,000				FURTHER DEVELOP AND ASSESS BETTER FUTURES' MENTAL HEALTH AND SUBSTANCE ABUSE INTEGRATED CARE STRATEGY FOR PARTICIPANTS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS AND CO-OCCURRING BEHAVIORAL HEALTH CONDITIONS
AMERICAN RED CROSS 1201 WEST RIVER PARKWAY MINNEAPOLIS,MN 55454	53-0196605	501(C)(3)	10,000				THE HEROES BREAKFAST IS A FUNDRAISING/RECOGNITION EVENT TO HONOR AND ACKNOWLEDGE LOCALINDIVIDUALS WHO HAVE GONE ABOVE AND BEYOND THE CALL OF DUTY WITH A HEROIC ACT TO SAVE LIVES SEVEN INDIVIDUALS ARE HONORED THROUGH DISTINCT AWARDS FOR THEIR ACTS OF BRAVERY
AMERICAN HEART ASSOCIATION 4701 WEST 77TH STREET MINNEAPOLIS,MN 55435	13-5613797	501(C)(3)	7,500				HEART DISEASE IS THE NO 1 KILLER OF WOMEN, CAUSING 1 IN 3 DEATHS EACH YEAR GO RED FOR WOMEN IS THE AMERICAN HEART ASSOCIATION'S SOLUTION TO SAVE WOMEN'S LIVES BY EDUCATING AND CONNECTING MILLIONS OF WOMEN OF ALL AGES FUNDS PROVIDE EDUCATION AND RESEARCH FOR WOMEN

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BRIDGES OF HOPE PO BOX 742 BRAINERD,MN 56401	72-1538846	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION 2500 VALLEYHIGH DRIVE NW ROCHESTER,MN 55901	41-1497753	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
ELY COMMUNITY RESOURCE INC 40 N 1ST AVE E ELY,MN 55731	41-1333048	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION

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LIGHT THE LEGACY 619 WEST ST GERMAIN SUITE 216 ST CLOUD,MN 56301	47-2673813	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
ACCESS NORTH CENTER FOR INDEPENDENT LIVING OF NORTHEASTERN MINNESOTA 1309 EAST 40TH STREET HIBBING,MN 55746	41-1425959	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
LUTHERAN SOCIAL SERVICE OF MINNESOTA 2485 COMO AVENUE ST PAUL,MN 55108	41-0872993	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION

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CENTRAL MN TASK FORCE ON BATTERED WOMEN PO BOX 367 ST CLOUD,MN 56302	41-1344743	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
LEISURE EDUCATION FOR EXCEPTIONAL PEOPLE INC 929 N 4TH ST MANKATO,MN 56001	41-1403190	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
BOYS & GIRLS CLUB OF ROCHESTER 1026 EAST CENTER STREET ROCHESTER,MN 55904	41-1945875	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION

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LUTHERAN SOCIAL SERVICE OF MINNESOTA 2485 COMO AVENUE ST PAUL,MN 55108	41-0872993	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
NORTH SHORE HORIZONS INC 127 7TH STREET TWO HARBORS,MN 55616	41-1451736	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
ADVOCACY AND INCLUSION MATTER OF WEST CENTRAL MINNESOTA 200 SW 4TH STREET SUITE 25 WILLMAR,MN 56201	41-6038594	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION

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WEST CENTRAL INDUSTRIES INC PO BOX 813 / 1300 22ND ST SW WILLMAR,MN 56201	41-0872939	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
GENERATIONS HEALTH CARE INITIATIVES 130 W SUPERIOR ST SUITE 700 DULUTH,MN 55802	41-2000473	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
INTERFAITH CAREGIVERS--FAITH IN ACTION IN FARIBAULT CO 415 SOUTH GROVE STREET SUITE 5 BLUE EARTH,MN 56031	26-1554757	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION

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ARC MIDSTATE PO BOX 251 ST CLOUD,MN 56302	23-7577023	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
CHILDREN'S DENTAL HEALTH SERVICES UNITED WAY BUILDING ROCHESTER,MN 55902	20-3677586	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
OUR SAVIOR'S LUTHERAN CHURCH 4831 GRAND AVE DULUTH,MN 55807	41-0907199		5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION

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YWCA OF MANKATO 127 SOUTH 2ND STREET SUITE 200 MANKATO,MN 56001	41-0711619	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
PROJECT LULU 2109 MINNESOTA AVENUE DULUTH,MN 55802	46-0856629	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
WEST CENTRAL INITIATIVE 1000 WESTERN AVE FERGUS FALLS,MN 56537	36-3453471	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION

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WELLSPRING FAITH IN ACTION 108 8TH ST S SUITE 7 ST JAMES,MN 56081	71-0949569	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
NORTHLAND FOUNDATION 202 WEST SUPERIOR STREET SUITE 610 DULUTH,MN 55802	41-1554455	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
THIRD STREET CLINIC 360 DIVISION AVENUE SUITE 200 GRAND FORKS,ND 58201	45-0433253	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION

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GRANITE FALLS LIVING AT HOMEBLOCK NURSE PROGRAM 752 PRENTICE STREET GRANITE FALLS,MN 56241	41-1971745	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
FAMILY RESOURCE CENTER ST CROIX VALLEY INC 857 MAIN ST BALDWIN,WI 54002	39-1943404	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
ASSUMPTION COMMUNITY SERVICES INC 615 1ST ST N COLD SPRING,MN 56320	80-0276405	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION

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MONTICELLO CHRISTIAN SOCIAL SERVICES INC PO BOX 1220 MONTICELLO,MN 55362	41-1668149	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
RANGE RESPITE PROJECT INC 1309 20TH STREET SOUTH VIRGINIA,MN 55792	41-1726790	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
KNUTE NELSON FOUNDATION 420 12TH AVENUE EAST ALEXANDRIA,MN 56308	41-1451486	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION

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FAMILY HEALTHCARE CENTER 301 NP AVENUE FARGO,ND 58102	45-0430628	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
CARE CLINIC 1407 W 4TH ST RED WING,MN 55066	27-0540451	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
PEARL BATTERED WOMEN'S RESOURCE CENTER 210 2ND AVENUE SW SUITE 104 MILACA,MN 56353	41-1706195	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
PROJECT CARE FREE CLINIC 3112 6TH AVENUE EAST HIBBING,MN 55746	27-3176137	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
HELPING HANDS OUTREACH 101 PLYMOUTH STREET HOLDINGFORD,MN 56340	01-0697213	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
VINE FAITH IN ACTION 421 EAST HICKORY STREET MANKATO,MN 56001	41-1802861	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
WOMEN'S HEALTH CENTER OF DULUTH PA 32 EAST FIRST STREET SUITE 300 DULUTH,MN 55802	41-1444270	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
HERO HEALTHCARE EQUIPMENT RECYCLING ORGANIZATION 5012 53RD STREET SOUTH SUITE C FARGO,ND 58104	45-0457109	501(C)(3)	5,000				SUPPORT HEALTH-RELATED PROGRAMMING CORE TO THE ORGANIZATION'S MISSION
ISD 47 SAUK RAPIDSRICE 30 S 4TH AVENUE SAUK RAPIDS,MN 56379	41-6000219		5,000				THRIVE WILL PROVIDE A TWO DAY TRAINING AND FOLLOW UP CONSULTATION FOR PROFESSIONALS TO ADDRESS NEEDS OF CHILDREN AGE THREE TO THIRD GRADE WHO HAVE EXPERIENCED TRAUMA OR TOXIC STRESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ASCENSION PLACE INC 1803 BRYANT AVENUE NORTH MINNEAPOLIS,MN 55411	41-1396238	501(C)(3)	5,000				THE PROJECT WILL SUPPORT CHILDREN'S HEALTHY DEVELOPMENT VIA INDOOR AND OUTDOOR EXPERIENCES THAT CONTRIBUTE TO DEVELOPING LANGUAGE, FINE AND GROSS MOTOR SKILLS, CREATIVITY, COGNITIVE SKILLS, BRAIN DEVELOPMENT AND PROBLEM SOLVING
PARTNERSHIP RESOURCES INC 1069 10TH AVENUE SE MINNEAPOLIS,MN 55414	41-0837660	501(C)(3)	5,000				GRANT FUNDS WILL SUPPORT THE THIRD REHABILITATES MINNEAPOLIS-ST PAUL DISABILITIES FILM FESTIVAL (RFF) SPECIFICALLY, FUNDS WILL ALSO HELP WITH THE MINNESOTA WORKERS OF ALL ABILITIES CHALLENGE FUNDS WILL BE USED TO PROMOTE, EVALUATE, AND FACILITATE THE CHALLENGE AS THE KEY COMPONENT OF THE ONE TO TWO DAY FESTIVAL
AMERICAN CANCER SOCIETY MIDWEST DIVISION MENDOTA HEIGHTS,MN 551201158	41-0724036	501(C)(3)	10,000				THE AMERICAN CANCER SOCIETY MAKING STRIDES AGAINST BREAST CANCER WALK IS A POWERFUL EVENT TO RAISE AWARENESS AND FUNDS TO END BREAST CANCER IT IS THE LARGEST NETWORK OF BREAST CANCER AWARENESS EVENTS IN THE NATION, UNITING NEARLY 300 COMMUNITIES TO FINISH THE FIGHT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 ON MENTAL ILLNESS - MINNESOTA 800 TRANSFER ROAD SUITE 31 ST PAUL,MN 55114	41-1317030	501(C)(3)	5,000				THE NAMIWALK IS THE LARGEST AWARENESS RAISING ANTI-STIGMA WALK IN THE STATE AND ONE OF THE LARGEST ACROSS THE COUNTRY PEOPLE FROM ALL WALKS OF LIFE COME TOGETHER DEMONSTRATING SUPPORT FOR PEOPLE WHOSE LIVES ARE IMPACTED BY MENTAL ILLNESSES
ALZHEIMER'S ASSOCIATION MINNESOTA - NORTH DAKOTA 7900 WEST 78TH STREET SUITE 100 MINNEAPOLIS,MN 55439	41-1361624	501(C)(3)	5,000				SPONSOR THE WALK TO END ALZHEIMER'S, THE WORLD'S LARGEST EVENT TO RAISE AWARENESS AND FUNDS FOR ALZHEIMER'S CARE, SUPPORT AND RESEARCH WALK TO END ALZHEIMER'S UNITES THE ENTIRE COMMUNITY - FAMILIES, FRIENDS, CO-WORKERS, SOCIAL GROUPS AND MORE IN A DISPLAY OF STRENGTH AND DEDICATION IN THE FIGHT AGAINST DEMENTIA

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on 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 directors, trustees, officers, including 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	MEDICA FOUNDATION, THE FILING ORGANZATION DOES NOT PAY COMPENSATION ALL COMPENSATION IS PAID BY MEDICA HEALTH PLANS, A RELATED ORGANIZATION WHEN ESTABLISHING COMPENSATION MEDICA HEALTH PLANS USES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEY/STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINE 4B	THE FOLLOWING RECEIVED A SUPPLEMENT NONQUALIFIED RETIREMENT PLAN PAYMENT FROM MEDICA HEALTH PLANS, A RELATED ORGANIZATION DAVID TILFORD $ 60,239 JAMES P JACOBSON $ 12,232 MARY QUIST $ 14,936 GLENN E ANDIS $ 16,238 TIMOTHY D THULL $ 41,166 DEBBY S KNUTSON $ 10,317 MARK L BAIRD $119,990 JANA L JOHNSON $ 13,468 JOHN W NAYLOR $ 50,865 DANNETTE M COLEMAN $ 11,975 RICHARD H SYKORA $ 7,801 BARBARA LYNCH $ 6,400 GEOFFREY J BARTSH $ 2,745
PART I, LINE 6	MANAGEMENT INCENTIVE COMPENSATION INCLUDES COMPONENTS RELATED TO OPERATING EARNINGS OF MEDICA HEALTH PLANS
SCHEDULE J, PART II	SCHEDULE J, PART II, COLUMN (F), COMPENSATION IN COLUMN (B) REPORTED AS DEFERRED IN PRIOR FORM 990 COLUMN (F) INCLUDES AMOUNTS VESTED IN THE CURRENT YEAR, WHICH WERE PREVIOUSLY REPORTED IN COLUMN (C) OF PRIOR YEARS' 990'S, AS RETIREMENT AND DEFERRED COMPENSATION

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARK L BAIRD TREASURER/CFO & SVP	(I)	0	0	0	0	0	0	0
	(II)	393,715	446,274	280,003	20,538	-25,216	-1,165,746	253,153
1JAMES P JACOBSON SECRETARY/SVP	(I)	0	0	0	0	0	0	0
	(II)	280,785	296,199	58,128	19,213	-26,296	-680,621	34,948
2ROBERT LONGENDYKE EXECUTIVE DIRECTOR/MHP SVP	(I)	0	0	0	0	0	0	0
	(II)	286,104	272,579	59,730	20,538	-22,595	-661,546	32,842
3DAVID TILFORD PRESIDENT/CEO	(I)	0	0	0	0	0	0	0
	(II)	803,980	1,287,906	202,848	19,213	-17,913	-2,331,860	172,111
4GLENN E ANDISSVP	(I)	0	0	0	0	0	0	0
	(II)	326,901	343,403	73,225	20,538	-25,858	-789,925	46,395
5DEBBY S KNUTSONSVP	(I)	0	0	0	0	0	0	0
	(II)	271,866	257,327	55,430	19,213	-12,000	-615,836	29,476
6JANA L JOHNSONSVP	(I)	0	0	0	0	0	0	0
	(II)	286,751	313,106	63,448	20,538	-24,822	-708,665	38,481
7TIMOTHY D THULLSVP	(I)	0	0	0	0	0	0	0
	(II)	301,450	293,235	112,299	19,213	-25,220	-751,417	53,951
8JOHN W NAYLORSVP	(I)	0	0	0	0	0	0	0
	(II)	369,515	522,755	135,586	55,054	-28,805	-1,111,715	110,669
9DANNETTE M COLEMANSVP	(I)	0	0	0	0	0	0	0
	(II)	299,239	248,366	55,569	20,538	-9,313	-633,025	20,945
10MARK WERNER MDSVP	(I)	0	0	0	0	0	0	0
	(II)	155,088	336,465	35,807	39,088	-9,926	-576,374	0
11RICHARD H SYKORA GM/VP	(I)	0	0	0	0	0	0	0
	(II)	239,971	211,535	46,490	20,538	-22,884	-541,418	22,288
12BARBARA LYNCHVP	(I)	0	0	0	0	0	0	0
	(II)	244,155	167,219	46,530	14,307	-21,506	-493,717	0
13ANDREW E DAVISVP	(I)	0	0	0	0	0	0	0
	(II)	279,992	176,227	20,381	37,703	-1,695	-515,998	0
14GEOFFREY J BARTSHVP	(I)	0	0	0	0	0	0	0
	(II)	238,609	222,796	28,990	36,340	-27,294	-554,029	6,278
15MARY QUISTVP	(I)	0	0	0	0	0	0	0
	(II)	248,542	154,384	45,587	20,538	-22,972	-492,023	0

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
MEDICA FOUNDATION	41-1812461

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	MEDICA'S TAX ADVISORS COMPLETE THE RETURN, MEDICA'S CONTROLLER AND FINANCE MANAGER REVIEW THE RETURN BEFORE IT IS SIGNED BY THE CFO A COPY OF FORM 990 WILL ALSO BE PRESENTED TO THE BOARD OF DIRECTORS
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	MEDICA FOUNDATION DOES NOT HAVE ANY EMPLOYEES ALL COMPENSATION IS PAID BY MEDICA HEALTH PLANS, A RELATED ORGANIZATION MEDICA HEALTH PLANS USES THE FOLLOWING PROCESS TO DETERMINE COMPENSATION THE PERSONNEL AND COMPENSATION COMMITTEE, AS DESCRIBED IN THE CHARTER, REVIEWS AND OBTAINS THE BOARD'S APPROVAL FOR TOTAL COMPENSATION FOR THE PRESIDENT/CEO THE COMMITTEE 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 PERFORMANCE 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 SUBSIDIARIES, 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 THE COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES
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 FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMEN TS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 61 04(D)

990 Schedule O, Supplemental Information

Return Reference	Explanation
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, MEDICA RESEARCH INSTITUTE, MEDICA AFFILIATED SERVICS, MEDICA INSURANCE COMPANY, MEDICA SELF-INSURED, AND MEDICA HEALTH MANAGEMENT) THE AVERAGE HOURS PER WEEK REPORTED IN PART VII ARE THE TOTAL HOURS PER WEEK FOR ALL MEDICA ORGANIZATIONS

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on 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" on 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		No
(2)MEDICA HEALTH PLANS OF WISCONSIN 401 CARLSON PARKWAY MINNETONKA, MN 55305 41-1843804	HEALTH COVERAGE	MN	501(C)(4)		MEDICA HOLDING COMPANY		No
(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		No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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) 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	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
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**	**Yes**	
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MEDICA HEALTH PLANS	C	4,000,000	ACTUAL AMOUNT
(2)MEDICA HEALTH PLANS	N	179,573	ACTUAL AMOUNT
(3)MEDICA HEALTH PLANS	O	257,397	ACTUAL AMOUNT
(4)MEDICA HEALTH PLANS	P	94,065	ACTUAL AMOUNT

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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 sections 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation