EXTENDED TO MARCH 15, 2018

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

mation about Form 990-PF and its separate instructions is at www.irs gov/form

	calendar year 2016 or tax year beginning MA	Y 1, 2016	, and ending	APR 30, 2017	Open to Fublic Inspection
	ame of foundation		, and onling	A Employer identification	number
	MEDTRONIC COMMUNITIES FOU	41-1306950			
	imber and street (or P O box number if mail is not delivered to street	B Telephone number	630		
` —	710 MEDTRONIC PKWY			(763)505-2	
	ty or town, state or province, country, and ZIP or foreigr MINNEAPOLIS, MN 55432	postal code		C If exemption application is po	ending, check here
<u> </u>	Check all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations	check here
چڙه ر	Final return	Amended return	officer public offacts		
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
Ĥ (Check type of organization: X Section 501(c)(3)	exempt private foundation	04	E If private foundation sta	
	Section 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)	
ام را	Fair market value of all assets at end of year 🚺 Accou	ntıng method: X Cash	Accrual	F If the foundation is in a	60-month termination
-10	from Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)	(B), check here
	\$ 75,005,878. (Part I, co				
, Pá	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
_		100,855,216.		N/A	(cash basis only)
3	1 Contributions, gifts, grants, etc., received 2 Check if the foundation is not required to attach Sch B	100,055,210.		11/12	
<i>il</i>	Interest on savings and temporary cash investments	563,720.	370,150.		STATEMENT 1
)7	4 Dividends and interest from securities		, = =		
	5a Gross rents				
	b Net rental income or (loss)			7.00 00000 0	
a	6a Net gain or (loss) from sale of assets not on line 10	-1,808.			
, and	b Gross sales price for all 13,526,147.				44 146 T. G. (3) 45
Revenue	7 Capital gain net income (from Part IV, line 2)		0.		
0.	o Net Short-term capital gain				
	9 Income modifications Gross sales less returns			\$\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\	
	10a and allowances				
	b Less Cost of goods sold c Gross profit or (loss)			KEUBIVELL	
	11 Other income		। ।		
	12 Total Add lines 1 through 11	101,417,128.	370,156.	MAR 0 5 2018 18	
	13 Compensation of officers, directors, trustees, etc	595,972.	10:	9	احتصف والمساحق
	14 Other employee salaries and wages	1,843,412.	٥.	OGDEN, UT	1,843,412.
	15 Pension plans, employee benefits	265,469.	0.		265,469.
S	16a Legal fees STMT 2	20,819.			20,819.
, de	16a Legal fees STMT 2 b Accounting fees STMT 3 c Other professional fees STMT 4	1,655.	0.		1,630.
Ä	c Other professional fees STMT 4	730,867.	0.		1,943,345.
Š	o 17 Interest		 		
1	18 Taxes		 	 	
ij	ច្ចា 19 Depreciation and depletion E 20 Occupancy				1900 - 2004, 180, 180, 1260
Ę	21 Travel, conferences, and meetings	416,564.	0.	 	416,564.
7	22 Printing and publications				
<u> </u>	23 Other expenses STMT 5	515,410.	207.		515,203.
<u>.</u>	24 Total operating and administrative				
9	17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions gifts grants paid	4,390,168.	207.	/ 428	5,602,414.
C	25 Contributions, gifts, grants paid	35,519,836.			35,519,836.
	26 Total expenses and disbursements.	20 010 001			41 100 050
	Add lines 24 and 25	39,910,004.	207.		41,122,250.
	27 Subtract line 26 from line 12:	61,507,124.			
	Excess of revenue over expenses and disbursements Not investment income (if negative enter -0-)	01,507,124.			
	b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)			N/A	
	- 1.6 6 10 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 110 11		* * <u>*********************************</u>		

Б	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
	ar c	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	635,801.	893,648.	893,648.
	2	Savings and temporary cash investments	14,353,946.	74,112,230.	74,112,230.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			7.75
	l	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	* * * * * * * * * * * * * * * * * * *		
	ļ ·	Less: allowance for doubtful accounts	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************	A
ß	8	Inventories for sale or use	- : :	•	
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			
	• •	Less accumulated depreciation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	12	Investments - mortgage loans			<u>-</u>
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	W # X 40 MM0 y	\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\fra
	15	Other assets (describe ▶	<u> </u>		
	16	Total assets (to be completed by all filers - see the			·
		instructions. Also, see page 1, item I)	14,989,747.	75,005,878.	75,005,878.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ä	21	Mortgages and other notes payable			
Ë	22	Other liabilities (describe WAGES AND SERVICES)	4,441,498.	3,229,019.	
	23	Total liabilities (add lines 17 through 22)	4,441,498.	3,229,019.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted	10,548,249.	71,776,859.	
auc	25	Temporarily restricted			
Bal	26	Permanently restricted			
힏		Foundations that do not follow SFAS 117, check here			
3		and complete lines 27 through 31.			
SO	27	Capital stock, trust principal, or current funds			
Net Assets or Fund Balance	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds	· ·		
Net	30	Total net assets or fund balances	10,548,249.	71,776,859.	
_					
	31	Total liabilities and net assets/fund balances	14,989,747.	75,005,878.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
			•		
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	10,548,249.
		amount from Part I, line 27a		2	61,507,124.
		r increases not included in line 2 (itemize)		3_	0.
		lines 1, 2, and 3		4	72,055,373.
		eases not included in line 2 (itemize)		PATEMENT 6 5	278,514.
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	71,776,859.
					Form 990-PF (2016)

	2010				
	2014	46,846,971.	48,187,729.		.972176
	2013	32,503,988.	19,643,658.		1.654681
Ξ	2012	27,950,615.	13,644,861.		2.048435
Ξ	2011	32,461,641.	42,165,752.		.769858
	Total of line 1, column (d)		-	2	6.595207
3	Average distribution ratio for the 5-year bathe foundation has been in existence if less	se period - divide the total on line 2 by 5, or by s than 5 years	the number of years	3	1.319041
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5					32,870,597.
5	Multiply line 4 by line 3			5	43,357,665.
6 Enter 1% of net investment income (1% of Part I, line 27b)					3,699.
7	Add lines 5 and 6			7	43,361,364.
8	Enter qualifying distributions from Part XII	, line 4		8	41,122,250.

Form 990-PF (2016)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

Form 990-PF (2016) MEDTRONIC COMMUNITIES FOUNDATION		<u>-1306950</u>	
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	948 -	see instru	ctions)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		-	
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	L		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	1		7,399.
of Part I, line 27b			~
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		0.
3 Add lines 1 and 2	3		7,399.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		7,399.
6 Credits/Payments:	錗,		
a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 11,152.			
b Exempt foreign organizations - tax withheld at source 6b	1.1		53.33
c Tax paid with application for extension of time to file (Form 8868)		7	
d Backup withholding erroneously withheld 6d 6d			
7 Total credits and payments. Add lines 6a through 6d	7	1	1,152.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		3,753.
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax 3,753. Refunded	11		0.
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	,	Yes No
any political campaign?		1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1 <u>b</u>	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or		
distributed by the foundation in connection with the activities		12	
c Did the foundation file Form 1120-POL for this year?		1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1,7%	
(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		- 1	
managers. ► \$0.		žvíx }	*8.4%
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	X
If "Yes," attach a detailed description of the activities			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r	-	1
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	18.	7 / 3 4a	<u> </u>
b If "Yes," has it filed a tax return on Form 990-T for this year?	T.	N/A 4b	X
Was there a liquidation, termination, dissolution, or substantial contraction during the year?			A
If "Yes," attach the statement required by General Instruction T.			
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
By language in the governing instrument, or By language in the governing instrument, or	love	4.2	
 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	iaw	(38: 28:	X
remain in the governing instrument?		6_	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		SH' M.	A
On Enter the states to which the foundation reports or with which it is registered (one instructions)			
8a Enter the states to which the foundation reports or with which it is registered (see instructions)		:3	
		. :	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		Chillian S	X
of each state as required by General Instruction G? If "No," attach explanation	adar	8b ≟285 4	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	iual		$\frac{x}{x}$
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	$\frac{\lambda}{x}$
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10 Form 99 0	

	TVIL-20 Statements Departing Activities	41 1300		Page 3
Lian	t VII-A Statements Regarding Activities (continued)		Ye	s No
11 A	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		.~	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11	х
	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory pr	vileges?	 	
	f "Yes," attach statement (see instructions)		12	x
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13 X	
	Vebsite address ► WWW.MEDTRONIC.COM/FOUNDATION		<u> </u>	
	he books are in care of THE FOUNDATION Telephone no.	(763)5	05-26	39
	ocated at ► 710 MEDTRONIC PKWY, MINNEAPOLIS, MN	ZIP+4 ▶55	432	
	section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	nd enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
	at any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Ye	s No
Se	ecurities, or other financial account in a foreign country?		16	X
S	ee the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	preign country			.*\&.@
	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	ile Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Ye	s No
	uring the year did the foundation (either directly or indirectly):	(च्य ा		
		s X No		
(2	2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	चि		
(2		s X No		
	Furnish goods, services, or facilities to (or accept them from) a disqualified person? Ye			
(4		s L No		
(0	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	s X No	138	
(6	Agree to pay money or property to a government official? (Exception. Check "No"	S LAL NO		
(-	If the foundation agreed to make a grant to or to employ the official for a period after			
		s X No		
b If a	any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	0 [22] 10		
	ction 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b	X
	ganizations relying on a current notice regarding disaster assistance check here			16
	d the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	fore the first day of the tax year beginning in 2016?		1c	X
	xes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	fined in section 4942(j)(3) or 4942(j)(5)):			
a At	the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1		
		s X No		
	Yes," list the years -,,,			
	e there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	luation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		<u> </u>	
	atement - see instructions.)	N/A	2b	<u> </u>
CITT	he provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
On Dud				
	the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	. .		
		s X No		
	Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons aft			
	by 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to distings accounted by the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to distings accounted by the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to distinguish the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to distinguish the first period approved by the Commissioner under section 4943(c)(7)) to distinguish the first period approved by the Commissioner under section 4943(c)(7)) to distinguish the first period approved by the Commissioner under section 4943(c)(7)) to distinguish the first period approved by the Commissioner under section 4943(c)(7)) to distinguish the first period approved by the Commissioner under section 4943(c)(7)) to distinguish the first period approved by the first period approved			
	holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C	N/A	3b	
70) 4a Did	rm 4720, to determine if the foundation had excess business holdings in 2016)	IV/ A		x
	l the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? I the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose	that	4a	 ^
	t not been removed from jeopardy before the first day of the tax year beginning in 2016?	mat	4b	X
	2. The state of the first day of the tax year beginning in 20 to:	For	m 990-P	

orm 990-PF (2016) MEDTRONIC COMMUNITIES FOU	NDATION		41-13069	50 Page 6
Part VII-B Statements Regarding Activities for Which Fo				
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s X No	1 1
(2) Influence the outcome of any specific public election (see section 4955); or		tly,	j]]]
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s X No]]]
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		X Ye	s No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, of	or educational nurnoses, or fo			
the prevention of cruelty to children or animals?	5, 0000mona, parposos, 5, 10		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the excentions described in			, , , , , , , , , , , , , , , , , , ,
section 53.4945 or in a current notice regarding disaster assistance (see instruc		Trogulations	<u> </u>	5b X
Organizations relying on a current notice regarding disaster assistance check he				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from		and		
	E STATEMENT 9	X Ye	s 🔲 No	
- Formal Cooperation, 100 and 5 and		<u></u> 16		
If "Yes," attach the statement required by Regulations section 53.4945- 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •		Š	
a personal benefit contract?	ay premiums on		s X No	
•	areanal hanafit contract?	re		6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	a Sonai Denenii Conti acti		1.5	00 21 (
If "Yes" to 6b, file Form 8870.	alter transaction?	□ v _*	s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax sh		Ye		
b If "Yes," did the foundation receive any proceeds or have any net income attribut Part VIII. Information About Officers, Directors, Truste		agers Highly	N/A	7b
Paid Employees, and Contractors	es, i dundation Man	agers, riigiliy		
List all officers, directors, trustees, foundation managers and their c	ompensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	account, other allowances
			- Componidation	
	(
SEE STATEMENT 8		453,213.	142.758.	0.
				
				
		,		
			li.	
Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, e	nter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
PAURVI BHATT - 710 MEDTRONIC	SR. DIRECTOR,	MEDTRONI		DN
PARKWAY, MINNEAPOLIS, MN 55432	40.00	245,293.	70,298.	0.
	DIRECTOR	<u> </u>		<u> </u>
PARKWAY, MINNEAPOLIS, MN 55432	32.00	221,204.	37,267.	0.
	SR. PHILANTHR			
PARKWAY, MINNEAPOLIS, MN 55432	32.00	192,978.	32,536.	0.
	SR. PHILANTHR			
PARKWAY, MINNEAPOLIS, MN 55432	36.00	187,451.	31,437.	0.
		OTRONIC CO		<u>-</u>
PARKWAY, MINNEAPOLIS, MN 55432	40.00	131,814.	22,212.	0.
TARKWAI, MINNEAFOLIS, MN 55452	±0.00	1, 0	<u> </u>	8

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	32,243,904.
b	Average of monthly cash balances	1b	32,243,904. 1,127,260.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	33,371,164.
е	Reduction claimed for blockage or other factors reported on lines 1a and		· · · · · · · · · · · · · · · · · · ·
	1c (attach detailed explanation) 1e 0.	2	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	33,371,164.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	500,567.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	32,870,597.
6_	Minimum investment return. Enter 5% of line 5	6	1,643,530.
Ŗ	art XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	ıd certaın	
	foreign organizations check here 🕨 🔛 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	1,643,530.
2a	Tax on investment income for 2016 from Part VI, line 5	₹₩₩ ₩₩₽₽₩	
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	7,399.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,636,131.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,636,131.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,636,131.
Į₽	art XII Qualifying Distributions (see instructions)	_	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes;	2.3	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	41,122,250.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	· · · · · · · · · · · · · · · · · · ·
3	Amounts set aside for specific charitable projects that satisfy the:	3 (
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	41,122,250.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	41,122,250.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for	the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2016)

MEDTRONIC C	OMMUNITIES FO	UNDATE		
Form 990-PF (2010)	e instructions)		(c)	(d) 2016
Part XIII Undistributed informs	(2)	(b)	2015	2016
	(a) Corpus	Years prior to 2015		1,636,131.
}	Обіри			1,630,1323
1 Distributable amount for 2016 from Part XI,				4
			0.	1
1106 7 2 Undistributed income, if any, as of the end of 2016	`			
a Enter amount for 2015 only	*.	0.		十二 海
b Total for prior years:	<u> </u>			
3 Excess distributions carryover, if any, to 2016:				
a From 2011 30, 210, 40	1			
b From 2012 27, 221, 381	.7			
cFrom 2013 31,450,591	.7			
d From 2014 45 429,709	·			
a From 2015	178,716,233			
f Total of lines 3a through e				0.
f Total of lines 3a through 4 Qualifying distributions for 2016 from Part XII, line 4: ► \$ 41,122,250 Part XII, line 4: ► \$ 41,000 from line 2a	<u>.</u>			
a Applied to 2015, but not more than line 2a				
a Applied to 2015, but not more as b Applied to undistributed income of prior			0.1	
years (Election required - see instructions)	7			1,636,131.
c Treated as distributions out of corpus		0.		1,630,133
	10.000			0.
oo ac dictribilialilis dilloui	39,486,11	9.		
- amount distributed out	IS JJ/	0.		
Excess distributions carryover applied to 2016 Excess distributions carryover applied to 2016 The same arriver appears in column (d), the same arriver appears in column (d).	unt			
(If an amount opportunit (a))				
s Enter the net total of each column as		- 3		
	218,202,3	34.		
indicated below. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 a Corpus Add lines 3f, 4c, and 4e Subtract line 5	ct		0.	
h Prior years' undistributed income.				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice	of			
undistributed income to which deficiency has been issued, or on which deficiency has been jay has been previous	usly		0.	
the section 4942(a) tax times			0.	
assessed d Subtract line 6c from line 6b. Taxable			0.	
				0.
Landonia Int. VIII. Dubina	ct line			
				<u>0.</u>
Leanne ter zero.	\$8897 \cdot			
lines 4d and 5 from line 1. This arrow	II (IIust			
	F .			
	ad by			
		0.		72
470(b)(1)(F)()(434E(9)(*/ \				1 1 1 1 1 1 1
		. 464	***	
may be required - see monted. 8 Excess distributions carryover from	30,216	5,3021		16.
not applied on line 5 or line 7 9 Excess distributions carryover to 2	187,98	5 888		, st
9 Excess distributions carry Subtract lines 7 and 8 from line 6a	187,30	,	***	
10 Analysis of line 9: a Excess from 2012 27, 22:	1,988.			
b Excess from 2013 31, 49	6,381.	- \(\frac{1}{2}\)	,	
c Excess from 2014	1,691. 9,709.	4,		Form 990-PF (2016)
d Excess from 2015	$\frac{9,703}{6,119}$.			
e Excess from 2016 39, 48	<u>V 1 </u>	9		COMMUNITIES FOU 56883

Form 990-PF (2016) MEDTRON	IC COMMUNIT	IES FOUNDAT	ION	41-13	06950 Page 1
RantXIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		-	▶ └		/
b Check box to indicate whether the found		ig foundation described ii		4942(j)(3) or 49	342(j)(5) <u> </u>
2 a Enter the lesser of the adjusted net	Tax year	41.0045	Prior 3 years	40.0040	
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					_
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				1	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
• •			/		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			,		
b "Endowment" alternative test - enter		/			
2/3 of minimum investment return]	
shown in Part X, line 6 for each year listed					
		/		 	·
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)		/			
(2) Support from general public and 5 or more exempt	/				
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	6				
Part XV Supplementary Info	rmation (Complet	te this part only if	f the foundation	had \$5,000 or mor	e in assets
at any time during t	he year-see instri	uctions.)			
1 Information Regarding Foundatio	n Managers:		-		
a List any managers of the foundation who	o have contributed more t	han 2% of the total contr	butions received by the	foundation before the close	e of any tax
year (but only if they have contributed n	nore than \$5,000). (See se	ection 507(d)(2).)	•		· · · · · · · · · · · · · · · · · · ·
NONE					
b List any managers of the foundation who	o own 10% or more of the	stock of a corporation (or an equally large portio	n of the ownership of a par	tnership or
other entity) of which the foundation has					unoromp or
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:	,	
		- · · · · · · · · · · · · · · · · · · ·	-	ot accept unsolicited reque	ete for funde If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations ur	nder other conditions, co	mplete items 2a. b. c. and o	d.
a The name, address, and telephone numb	· · · · · · · · · · · · · · · · · · ·				TEMENT 11
= 1.10 hamb, address, and telephone fluint	.c. or o man addition of th	ιο ροισσεί το πιιστιί αμβιίο	whole elone of annies	ood, DEE DIA	TT TATALAT
SEE STATEMENT 10					
b The form in which applications should b	e submitted and informat	ton and materials they sh	only include.		
	o submitted and mornat				
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kinds of institutions, or c	other factors:	
					200 55

Form 990-PF (2016)

623611 11-23-16

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b				· · · · · · · · · · · · · · · · · · ·	
c				· · · · · · · · · · · · · · · · · · ·	
d		······································			
e			1 1		
f					
g Fees and contracts from government agencies		-			
2 Membership dues and assessments					· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash		·		-	
investments	i		14	563,720.	
4 Dividends and interest from securities		",,-			
5 Net rental income or (loss) from real estate:	12/34/34				
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	ľ				
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	-1,808.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				
b					
C					
d					
e	_				
12 Subtotal. Add columns (b), (d), and (e)		0.		<u>561,9</u> 12.	
13 Total. Add line 12, columns (b), (d), and (e)				13	561,912.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	olishment of Exe	empt Pu	irposes	
Line No. Explain below how each activity for which in	come is reported in c	olumn (e) of Part XVI-A	contributed	importantly to the accord	plishment of
the foundation's exempt purposes (other that					•
					
					Form 990-PF (2016)

Form 990-PF (2				S FOUNDATION			<u>06950</u>	Pa	age 13
Part XVII	Information Re Exempt Organ		sfers To a	nd Transactions a	nd Relationsh	ips With Nonch	aritable		
1 Did the or	ganization directly or indi	rectly engage in any o	of the followin	g with any other organization	n described in secti	on 501(c) of		Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of:								, ,	
	, ,	ation to a noncharitat	ne exempt org	jamzanom or.			10(1)	 ^ 	X
(1) Cash							1a(1) 1a(2)	$\vdash -$	X
(2) Other assets b Other transactions:								7.1	A €.
		ble average organizat	ion				35/43		X
• •	of assets to a noncharital						1b(1) 1b(2)	\vdash	X
• •	nases of assets from a not al of facilities, equipment,		ganization				1b(3)	 	X
	bursement arrangements						1b(4)	├─	X
• •	s or loan guarantees						1b(5)		X
	rmance of services or me	mberchin or fundrais	una calicitatia	ne			1b(6)	 	X
• •	f facilities, equipment, ma	•	-				10(0)	t	X
_				dule. Column (b) should alv	wave chow the fair o	narket value of the good		L	
	-	•		ed less than fair market valu		_		, ocio,	
	I) the value of the goods,			o 1000 than law market valu	o in any transaction	or onaring arrangemen	1, 011017 111		
(a) Line no	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, a	nd sharing arr	angemer	
(-,	(-)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		 				
				· · · · · · · · · · · · · · · · · · ·	 				
					 				
				·			-		
									
								-	
									_
									_
									_
				· · · · · · · · · · · · · · · · · · ·					
				<u> </u>				-	
ın section	501(c) of the Code (other	r than section 501(c)		or more tax-exempt organia ion 527?	zations described		Yes	X] No
b If "Yes," co	omplete the following sch (a) Name of org			(b) Type of organization	<u> </u>	(c) Description of relation	nnohin		
	N/A	Janization		(b) Type of organization		(c) Description of relative	Justilb		
	N/A								
					. <u></u>				
									
									
Under	penalties of perjury, I declare t	that I have examined this	return, including	accompanying schedules and st	atements, and to the bes	st of my knowledge			
Sign Here	eller, this true, correct, and com	nplete Declaration of prej	parer (other than	taxpayer) is based on all information and taxpayer and taxpayer are taxpayed as taxpayed a	tion of which preparer ha	s any knowledge	return with the shown below	s prepare (see inst	r
Sign	nature of officer or trustee		/	Date	Title				
	Prvit/Type preparer's na	ame	Preparer's s		Date	Check if PT	IN		
	LAWRENCE H	. MOHR,	Lave	If Me GPA	2/21/18	self- employed			
Paid	CPA				<u> </u>	P	00447	603	_
Preparer Use Only	Firm's name ► BAK	ER TILLY	VIRCHO	W KRAUSE, LLI		Firm's EIN ► 39-			
USE OTHY	Firm's address ▶ 22	5 S 6 TH S	T #230	<u> </u>		 			
		NNEAPOLIS				Phone no. 612.	876.4	500	
								_	

Phone no. 612.876.4500 Form 990-PF (2016)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www urs gov/form990

OMB No 1545-0047

2016

Name of the organization

Employer identification number

	MEDTRONIC COMMUNITIES FOUNDATION	41-1306950				
Organization type (che	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, -	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ri	ule See instructions				
X For an organiz	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor.					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

MEDTRONIC	COMMUNITIES	FOUNDATIO	N

41-1306950

MEDIK	ONIC COMMONITUD TOOMDATION		1 1300330			
Partl	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	MEDTRONIC, INC. 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	\$ 100,855,216.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Occash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		 \$	Person Payroll Occash Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
623452 10-16		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)			

Name of organization

Employer identification number

MEDTRONIC COMMUNITIES FOUNDATION

41-1306950

Part II	Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			

lame of organ	Form 990, 990-EZ, or 990-PF) (2016) ization		Employer identification number			
redone ON	IC COMMUNITIES FOUNDAT	TON	41-1306950			
Part III	Explusively, religious charitable, etc., contri	butions to organizations described in	section 501(c)(7), (8), or (10) that total more than \$1,000 fo			
	the year from any one contributor. Complete co- completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ss for the year (Enter this info once)			
(a) No.	Use duplicate copies of Part III if additiona	space is needed				
from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
_						
-						
-		(e) Transfer of gift				
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
-						
-						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-						
-						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
-						
-						
(a) No.		<u></u>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-						
-						
		(e) Transfer of gift				
		(e) Italisier of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
-						
-						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Furpose of gift	(c) Ose of gift	(a) Bescription of now gift is need			
.						
	(e) Transfer of gift					
	<u>.</u>	- 4 71D - 4	Deletionabin of transferred to the conferred			
	Transferee's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee			

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CA	ASH II	NESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	ENUE NET INVESTMENT		(C) ADJUSTED NET INCOME	
ACCRUED INTEREST		3,570.			
INTEREST INCOME		0,150. 370,150.			
TOTAL TO PART I, LINE 3	=====	370,150.			
FORM 990-PF	LEGAL	FEES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	
LEGAL FEES	20,819.		0.		20,819.
TO FM 990-PF, PG 1, LN 16A	20,819.		0.		20,819.
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM	
ACCOINMING PEEC	4 655				
ACCOUNTING FEES	1,655.		0.		1,630.
TO FORM 990-PF, PG 1, LN 16B	1,655.		0.	5	1,630.
_	·				
TO FORM 990-PF, PG 1, LN 16B	·		0.		
TO FORM 990-PF, PG 1, LN 16B	1,655.		0. EES	(C) ADJUSTED NET INCOM	1,630. STATEMENT 4 (D) CHARITABLE
TO FORM 990-PF, PG 1, LN 16B	1,655. OTHER PROFES (A) EXPENSES	SIONAL FI (B) NET INVI MENT INC	0. EES	ADJUSTED	1,630. STATEMENT 4 (D) CHARITABLE
TO FORM 990-PF, PG 1, LN 16B FORM 990-PF DESCRIPTION OTHER PROFESSIONAL	1,655. OTHER PROFES (A) EXPENSES PER BOOKS 466,814.	SIONAL FI (B) NET INVI MENT INC	0. EES EST- COME	ADJUSTED	1,630. STATEMENT 4 (D) CHARITABLE PURPOSES 1,679,292.

FORM 990-PF	OTHER EXPENSES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES DUES AND SUBSCRIPTIONS EMPLOYEE RELATED EXPENSES ADVERTISING MEALS ONSITE MISCELLANEOUS EXPENSES	207. 300,577. 188,039. 10,278. 9,016. 7,293.	207. 0. 0. 0. 0.		0. 300,577. 188,039. 10,278. 9,016. 7,293.	
TO FORM 990-PF, PG 1, LN 23	515,410.	207.		515,203.	

FORM 990-PF OTHER DECREASES IN NET ASSETS OR F	UND BALANCES	STATEMENT 6
DESCRIPTION		AMOUNT
UNREALIZED GAINS & FOREIGN CURRENCY CONVERSION		278,514.
TOTAL TO FORM 990-PF, PART III, LINE 5		278,514.
FORM 990-PF OTHER LIABILITIES	**	STATEMENT 7
DESCRIPTION	BOY AMOUNT	EOY AMOUNT
WAGES AND SERVICES PAYABLE	4,441,498.	3,229,019.
TOTAL TO FORM 990-PF, PART II, LINE 22	4,441,498.	3,229,019.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				STATEMENT 8	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
CAROL SURFACE 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	CHAIR BOARD OF		0.	0.	
JACOB A. GAYLE 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	VICE CHAIR BOA		FORS 114,247.	0.	
WADE JONES 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	TREASURER 15.00	149,772.	28,511.	0.	
BRAD LERMAN 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD C	OF DIRECTORS 0.	0.	0.	
KAREN PARKHILL 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD C	OF DIRECTORS 0.	0.	0.	
GEOFF MARTHA 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD C	OF DIRECTORS 0.	0.	0.	
OMAR ISHRAK 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD C	OF DIRECTORS 0.	0.	0.	
GARY L. ELLIS 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD C	OF DIRECTORS 0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	453,213.	142,758.	0.	

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT 9

GRANTEE'S NAME

SEE ATTACHED STATEMENT

GRANTEE'S ADDRESS

SEE ATTACHED STATEMENT

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

PURPOSE OF GRANT

SEE ATTACHED STATEMENT

DATES OF REPORTS BY GRANTEE

SEE ATTACHED STATEMENT

ANY DIVERSION BY GRANTEE

SEE ATTACHED STATEMENT

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

GRANT APPLICATIONS SHOULD BE SUBMITTED USING THE FOUNDATION'S ONLINE SYSTEM

NAME OF GRANT PROGRAM

CHRONIC CARE, ACUTE CARE, NEGLECTED DISEASE, COMMUNITY ENGAGEMENT & OTHERS

FORM AND CONTENT OF APPLICATIONS

ORGANIZATIONS MUST APPLY FOR GRANTS USING THE FOUNDATION'S ONLINE APPLICATION SYSTEM. ADDITIONAL DOCUMENTS WILL BE REQUIRED WITH THE ONLINE APPLICATION. THE ONLINE APPLICATION PROCESS ALLOWS FOR THE ATTACHMENT OF REQUIRED DOCUMENTS IN AN ELECTRONIC FORMAT.

THE ADDITIONAL DOCUMENTS REQUIRED WITH THE ONLINE APPLICATION ARE AS FOLLOWS:

- PROJECT BUDGET FORM (A TEMPLATE WILL BE PROVIDED ONLINE)
- INTERIM/FINAL REPORT ON THE GRANT APPLICANT'S MOST RECENT GRANT FROM MEDTRONIC COMMUNITIES FOUNDATION (FKA MEDTRONIC FOUNDATION) (ONLY REQUIRED IF THE GRANT APPLICANT HAS PREVIOUSLY RECEIVED FUNDING FROM THE FOUNDATION)

ANY SUBMISSION DEADLINES

DEADLINES VARY. MOST PROGRAMS ARE DUE BETWEEN SEPTEMBER 15 - JANUARY 31.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION FUNDS:

- IN THE U.S.: 501(C)(3) ORGANIZATIONS (AN IRS DETERMINATION LETTER VERIFYING THE STATUS IS REQUIRED)
- OUTSIDE THE U.S.: ORGANIZATIONS REGISTERED AS NONPROFITS, OR IN SOME CASES, ORGANIZATIONS THAT FUNCTION AS NONPROFITS, WHICH COULD INCLUDE SCHOOLS AND GOVERNMENT INSTITUTIONS

THE FOUNDATION DOES NOT FUND:

- CONTINUING MEDICAL EDUCATION (CME) GRANTS
- 501(C)(3) TYPE 509(A)(3) SUPPORTING ORGANIZATIONS
- CAPITAL OR CAPITAL PROJECTS
- GENERAL OPERATING SUPPORT

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A - 2D (CONTINUATION)

STATEMENT 11

NAME OR DESCRIPTION OF GRANT PROGRAM

CHRONIC CARE, ACUTE CARE, NEGLECTED DISEASE, COMMUNITY ENGAGEMENT & OTHERS FORM AND CONTENT OF APPLICATIONS

- LIST OF OFFICERS, DIRECTORS AND THEIR AFFILIATIONS
- LATEST ANNUAL REPORT (ONLY REQUIRED IF AVAILABLE ELECTRONICALLY)
- FINANCIAL STATEMENT FROM THE GRANT APPLICANT'S MOST RECENTLY COMPLETED FISCAL YEAR (WHETHER AUDITED OR NOT)
- IRS DETERMINATION LETTER VERIFYING THE GRANT APPLICANT'S 501(C)(3) STATUS (ONLY REQUIRED FOR U.S. ORGANIZATIONS)

RESTRICTIONS AND LIMITATIONS ON AWARDS

- INDIVIDUALS, INCLUDING SCHOLARSHIPS FOR INDIVIDUALS
- LOBBYING, POLITICAL OR FRATERNAL ACTIVITIES
- LONG-TERM COUNSELING OR PERSONAL DEVELOPMENT
- PROGRAM ENDOWMENTS
- PURCHASE OF AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS)
- RELIGIOUS GROUPS FOR RELIGIOUS PURPOSES
- PRIVATE FOUNDATIONS
- RESEARCH

Statement of Expenditure Responsibility Pursuant to 53.4945-5(D)

Grantee:

Abt Associates Cambridge, MA

Date Paid:

Monthly

Grant Amount: \$3,009,224.54

Implementation Partner for HealthRise Program

Purpose: Date reports received & verified:

4/30/2015

Amount of grant spent by grantee:

\$3,009,224.54

Diversion:

Ongoing reports received

Grantee:

World Heart Federation Geneva, Switzerland

Date Paid:

04/09/2015, 01/07/2016

Grant Amount: \$543,742.00

Purpose:

RHD Program

Diversion:

Amount of grant spent by grantee: \$543,742 Ongoing reports received.

Grantee:

Juvenile Diabetes Research Foundation London, United Kingdom

Date Paid:

12/3/2013

Grant Amount: \$20,069.28 Purpose:

In Honor of Bakken Invitation Honoree George Dove

Amount of grant spent by grantee: \$20,069.28 Final Report: Final Report Received 5/23/2017

Grantee:

R2G Children's Foundation Saskatoon, Canada

Date Paid:

12/3/2013

Grant Amount: \$20,007.63

Purpose:

In honor of Bakken Invitation honoree Jennifer Jones

Final Report:

Amount of grant spent by grantee: \$20,007.63 Final Report Received 4/24/2017

Grantee:

Beijing Diabetes Prevention and Treatment Association Beijing, China

Date Paid:

03/18/2015

Grant Amount: \$50,000 over two years

Purpose:

Glycemic control action – out of hospital management project

Amount of grant spent by grantee: \$50,000

Final Report:

Final Report Received 4/21/2017

Grantee:

Black Dog Institute Randwick, Australia

Date Paid:

10/16/2014

Grant Amount: \$5,070.15

Purpose:

Research and community awareness programs.

Diversion:

To the knowledge of the foundation, no part of the grant has

been used for other than its intended purpose.

Grantee:

Bladder & Bowel Foundation

Kettering, United Kingdom

Date Paid:

11/06/2014

Statement of Expenditure Responsibility Pursuant to 53.4945-5(D)

Grant Amount: \$35,000

Purpose:

Equitable patient information project

Diversion:

To the knowledge of the foundation, no part of the grant has

been used for other than its intended purpose.

Grantee:

Cittadinanz Attiva Rome, Italy

Date Paid:

04/20/2015

Grant Amount: \$15,000

Purpose:

9th European Patients' Rights Day

Diversion:

To the knowledge of the foundation, no part of the grant has

been used for other than its intended purpose.

Grantee:

Covenant House Toronto Toronto, Ontario, Canada

Date Paid:

04/07/2015

Grant Amount: \$10,000

Purpose:

Direct program support

Diversion:

To the knowledge of the foundation, no part of the grant has

been used for other than its intended purpose.

Grantee:

Diabetes Association of Barbados St. Michael, Barbados

Date Paid:

04/20/2015

Grant Amount: \$20,000

Purpose:

In honor of Bakken Invitation honoree Krystal Boyea

Amount of grant spent by grantee:

\$20,000

Final Report:

Final report received 4/25/2017

Grantee:

Kardioklub SK Sliac, Slovak Republik

Date Paid:

02/20/2015

Grant Amount: \$20,095.25 Purpose:

In honor of Bakken Invitation honoree Igor Chamilla

Amount of grant spent by grantee: \$20,095.25

Final Report:

Final report received 4/18/2017

Grantee:

Meguminosono Shibukawa-shi, Gunma, Japan

Date Paid:

02/09/2015

Grant Amount: \$20,000

Purpose:

In honor of Bakken Invitation honoree Haruko Sato

Final Report:

Amount of grant spent by grantee: \$20,000

Final report received 5/21/2017

Grantee:

Moscow Diabetes Assn of People with Diabetes Moscow, Russia

Date Paid:

03/10/2015 Grant Amount: \$100,000

Purpose:

Our health in our hands

Amount of grant spent by grantee: \$100,000 Final Report:

Final report received 2/2/2017

Statement of Expenditure Responsibility Pursuant to 53.4945-5(D)

Grantee:

Parkinson Italia Onlus Milano, Italy

Date Paid:

02/09/2015

Grant Amount: \$20,000.00

Purpose:

In honor of Bakken Invitation honoree Lucilla Bossi

Amount of grant spent by grantee:

\$20,000.00

Final Report:

Final Report Received 6/30/17

Grantee:

Physicians for Human Rights Israel Jaffa- Tel Aviv, Israel

Date Paid:

04/20/2015

Grant Amount: \$20,000

Purpose:

In honor of Bakken Invitation honoree Joan Talkowsky

Amount of grant spent by grantee:

\$20,000

Final Report:

Received 4/21/2017

Grantee:

Sleeping Children Around the World

Toronto, Ontario, Canada

Date Paid:

04/20/2015

Grant Amount: \$20,000

Purpose:

In honor of Bakken Invitation honoree Rajnikant Reschamwala

Amount of grant spent by grantee:

\$20,000

Final Report:

Final report received 6/15/2017

Grantee:

Stichting Maatschappelijke Maastricht, Netherlands

Date Paid:

11/06/2014

Grant Amount: \$75,000

Purpose:

Scoring with Health

Amount of grant spent by grantee: Final Report:

\$75,000 Final report received 9/29/2017

Grantee:

Croi, The West of Ireland Cardiology Foundation Galway, Ireland

Date Paid:

02/19/2016

Grant Amount: \$20,000

Purpose:

In Honor of Bakken Invitation Honoree Vincent Browne and \$2,000 for Go Red Event - funds

for Croi Programs

Amount of grant spent by grantee: \$20,000

Final Report:

Final Report Received 4/19/2017

Grantee:

Parkinson Society Canada Toronto, Canada

Date Paid:

04/14/2016

Grant Amount: \$20,000

Purpose:

In Honor of Bakken Invitation Honoree David Simmonds

Amount of grant spent by grantee:

\$20,000

Final Report:

Final Report Received 4/21/2017

Medtronic Communities Foundation Form 990-PF

For the Year Ended April 30, 2017

Statement of Expenditure Responsibility Pursuant to 53.4945-5(D)

Grantee:

Asociación de Enfermos de Esófago de Barrett Salamanca, Spain

Date Paid:

04/14/2016

Grant Amount: \$20,000

Purpose:

In Honor of Bakken Invitation Honoree Juan Carlos Corredera

Amount of grant spent by grantee:

\$20,000

Final Report:

Final Report Received 4/17/2017

Grantee:

Uganda Heart Institute Kampala, Uganda

Date Paid:

04/04/2016

Grant Amount: \$20,000

Purpose:

In Honor of Bakken Invitation Honoree Thomas Okello

Diversion:

To the knowledge of the foundation, no part of the grant has

been used for other than its intended purpose.

Grantee:

Nepal Heart Foundation Lalitpur, Nepal

Date Paid:

04/04/2016

Grant Amount: \$20,000

Purpose:

In Honor of Bakken Invitation Honoreem Bhim Mahat

Amount of grant spent by grantee:

\$20,000

Final Report:

Final Report Received 4/14/2017

Grantee:

Beijing Diabetes Prevention and Treatment Association Beijing, China

Date Paid:

01/21/2016

Grant Amount: \$20,000

Purpose:

In Honor of Bakken Invitation Honoree Qi Zhang

Amount of grant spent by grantee:

\$20,000

Final Report:

Final Report Received 4/19/2017

Grantee:

Casa de Apoio às Crianças com Câncer São Vicente de Paulo Rio de Janeiro, Brazil

Date Paid:

03/28/2016

Grant Amount: \$20,000

Purpose: Diversion: In Honor of Bakken Inivitation Honoree Sheila Vasconcellos To the knowledge of the foundation, no part of the grant has

been used for other than its intended purpose.

Grantee:

Jordan Hashemite Charity Organization Amman, Jordan

Date Paid:

07/08/2015 Grant Amount: \$10,000

Purpose:

Impact Grant

Diversion:

To the knowledge of the foundation, no part of the grant has

been used for other than its intended purpose.

Grantee:

Japan Chronic Kanjya (patient) Speakers Bank Tokyo, Japan

Date Paid:

02/09/2016

Grant Amount: \$5,000

Purpose:

Impact Grant

Statement of Expenditure Responsibility Pursuant to 53.4945-5(D)

Final Report: Final report due 4/22/2018

Grantee: Japan Chronic Disease Self-Management Association Tokyo, Japan

Date Paid: 03/21/2016 Grant Amount: \$5,000

Purpose: Impact Grant

Amount of grant spent by grantee: \$5,000 Final Report: Final report received 4/21/2017

Grantee: Medtronic Global Health Foundation

Grant Amount: \$11,896,839.00

Purpose: Expanding access to healthcare for the underserved worldwide and supporting healthy

communities where we live and give.

Amount of grant spent by grantee: \$11,896,839.00 Final Report: Final report received 5/19/2017

NOTE: Individual grants listed here may have an immaterial difference due to timing between when Medtronic Global Health Foundation posts a grant to its trial balance and when the grants are paid.