# TENDED TO MARCH 15, 2019 Return of Private Foundation

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www irs gov/Form990PF for instructions and the latest information.

For calendar year 2017 or tax year beginning MA	Y 1, <u>20</u> 17	, and ending	APR 30, 2018	3
Name of foundation	-		A Employer identificatio	n number
MEDIRONIC COMMUNITIES FOUN	DATION_		41-1306950	o
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
710 MEDTRONIC PKWY			(763)505-2	2639
City or town, state or province, country, and ZIP or foreign MINNEAPOLIS, MN 55432	postal code		C If exemption application is p	pending, check here
G Check all that apply: Initial return	Initial return of a f	former public charity	D 1 Foreign organization	ns, check here
Final return	Amended return		}	
Address change	Name change		2 Foreign organizations m check here and attach c	eeting the 85% test, computation
H Check type of organization: X Section 501(c)(3) 6	exempt private foundation	NU	E If private foundation st	atus was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1	
I Fair market value of all assets at end of year   J Accoun	=	Accrual	F If the foundation is in a	a 60-month termination_
	Other (specify)	<del></del>	under section 507(b)(1	l)(B), check here 🕒 🗀
\$ 114,278,476. (Part I, colu	mn (d) must be on cash bas	IS.)		<del></del>
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 (cash basis only)
1 Contributions, gifts, grants, etc , received	80,073,462.		HARON/A	
2 Check if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	1,312,192.	1,184,763.		STATEMENT
4 Dividends and interest from securities	·	, ,		The second secon
5a Gross rents	CONTRACTOR AND PROPERTY AND A STREET AND A STREET	(	4551	
Net rental income or (loss)	WALLEY TO A TO A	10.4		
6a Net gain or (loss) from sale of assets not on line 10	-822,175.	50 92 50 5 mil		STATEMENT
b Gross sales price for all 171,684,939.	200 100 100 100 100 100 100 100 100 100			
7 Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain				74
9 Income modifications Gross sales less returns				
10a and allowances				s de la companya de El companya de la companya de l
b Less Cost of goods sold				
c Gross profit or (loss)  11 Other income	61,953.	0.		STATEMENT
12 Total. Add lines 1 through 11	80,625,432.	1,184,763.		KEN STATEMENT
13 Compensation of officers, directors, trustees, etc	592,025.	0.	<del></del>	592,02
14 Other employee salaries and wages	1,932,143.	0.		1,932,14
15 Pension plans, employee benefits	499,311.	0.	<del></del>	499,31
Ø 10- Local foca CTMT Λ	2,556.	0.		2,55
b Accounting fees STMT 5	6,695.	0.		6,69
c Other professional fees STMT 6	3,578,246.	1,964	FCEIVEU	2,830,99
g 17 Interest			REUL	101
18 Taxes STMT 7	6,272.	/0 ?	MAR 1 9 2019	\ <u>\si</u> \
19 Depreciation and depletion		15/	MAR	
17 Interest 18 Taxes STMT 7 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications		18	OGDENU	
21 Travel, conferences, and meetings	357,771.	<u>0[.</u>	OGD	<u>357,</u> 773
22 Printing and publications				<u> </u>
23 Other expenses STMT 8	449,173.	0.		449,173
Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications Other expenses Total operating and administrative expenses Add lines 13 through 23		4		a a=a a=!
expenses Add lines 13 through 23	7,424,192.	1,964.	8 8 C 8 C 7 T 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	6,670,673
25 Contributions, gifts, grants paid	34,905,719.	24. ON 10. O		34,905,719
26 Total expenses and disbursements	40 200 011	1 004		41 556 65
Add lines 24 and 25	42,329,911.	1,964:	OMINO STANDING COMMON VOLUMENTO	41,576,392
27 Subtract line 26 from line 12.	20 20 5 521		A Land Care of the	
Excess of revenue over expenses and disbursements	38,295,521.	1 100 500		
b Net investment income (if negative, enter -0-)		1,182,799.	10 Mar 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
c Adjusted net income (if negative, enter -0-)	A SAME SEED OF A MAN		:N/A	

E D	Partil Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only		Beginning of year	of year			
200	column should be for end-of year amounts only		(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	893,648.	31,482.			
	2	Savings and temporary cash investments	74,112,230.	88,688,770.	88,688,770.		
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable					
	`	Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
	١	disqualified persons					
	7	Other notes and loans receivable					
	'	Less: allowance for doubtful accounts	**************************************	Exercise Control of Co	DOMESTIC STATE OF THE PARTY OF		
٠,	8	Inventories for sale or use					
Assets		Prepaid expenses and deferred charges					
Ase	ı	Investments - U.S and state government obligations					
	l	Investments - corporate stock					
		Investments - corporate bonds STMT 11	0.	25,558,224.	25,558,224.		
		Investments land, buildings, and equipment basis					
	''	Less accumulated depreciation			STATE OF THE PROPERTY OF THE P		
	12	Investments - mortgage loans					
	13	Investments - other			<del></del>		
	14	Land, buildings, and equipment: basis			W. Table		
		Less accumulated depreciation	THE ROLL NUMBER OF THE PROPERTY OF THE PROPERT	1000*C490	27 K. 1.3 K		
	15	Other assets (describe )	-	-			
		Total assets (to be completed by all filers - see the					
		Instructions Also, see page 1, item I)	75.005.878.	114,278,476.	114.278.476.		
_	17	Accounts payable and accrued expenses	`				
	18	Grants payable					
	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
ij	21	Mortgages and other notes payable					
Ë		Other liabilities (describe WAGES AND SERVICES)	3,229,019.	3,974,302.			
			, ,				
	23	Total liabilities (add lines 17 through 22)	3,229,019.	3,974,302.			
		Foundations that follow SFAS 117, check here	, <u>, , , , , , , , , , , , , , , , , , </u>	,			
		and complete lines 24 through 26, and lines 30 and 31					
S	24	Unrestricted	71,776,859.	110,304,174.			
Š	25	Temporarily restricted	<u> </u>				
3ala		Permanently restricted					
ğ		Foundations that do not follow SFAS 117, check here					
Ē		and complete lines 27 through 31					
ò	27	Capital stock, trust principal, or current funds					
Net Assets or Fund Balance		Paid-in or capital surplus, or land, bldg., and equipment fund					
Ass	29	Retained earnings, accumulated income, endowment, or other funds	·				
let	30	Total net assets or fund balances	71,776,859.	110,304,174.			
~							
	31	Total liabilities and net assets/fund balances	75,005,878.	114,278,476.			
	art.		alances		•		
* TA	ai <u>tt</u>						
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		_		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	71,776,859.		
2	Enter	amount from Part I, line 27a		2	38,295,521.		
3	Other	increases not included in line 2 (itemize)	SEE ST	ATEMENT 10 3	231,794.		
4	Add I	ines 1, 2, and 3		4	110,304,174.		
		eases not included in line 2 (itemize)		5	0.		
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	110,304,174.		
					Form <b>990-PF</b> (2017)		

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Part IV Capital Gains	and Losses for Tax on In	vestment	Income							
(a) List and describe the kind(s) of property sold (tot country), tot country,					How acq - Purcha - Donati	ase '	) Date a (mo , d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)	
1a SALES & MATURI	TIES OF BONDS	•			P					_
b				_						_
C	···			-				<del></del> .		_
<u>d</u>			<del>.</del>	-					· - · -	_
e	(f) Depreciation allowed	(a) Cos	st or other basis	٦			(b) G:	ain or (loss	\ \	_
(e) Gross sales price	(or allowable)	plus e	xpense of sale	_		(	(e) plus	(f) minus	(g))	_
a 171,684,939.		1/	1,944,79	<del>/•</del>					-259,85 <u>8</u>	<u>•</u>
<u>b</u>		-							<del></del>	_
d		-		-				•••		_
e			····			_				_
	g gain in column (h) and owned by	the foundation	on 12/31/69.			(1) G	ains (C	ol. (h) gain	minus	_
	(j) Adjusted basis	<del>T</del>	cess of col. (ı)			còl. (l	k), but r	ot less tha	n -0-) <b>or</b>	
(i) FMV as of 12/31/69	as of 12/31/69	over	col. (j), if any			,	_08868	(from col. (		
a						<u>.</u>			-259,858	<u>•</u>
b								-		_
C	<del> </del>									_
d										
е		<u></u>		$\overline{}$						_
2 Capital gain net income or (net ca	pital loss) $ \begin{cases} & \text{If gain, also enter} \\ & \text{If (loss), enter -0} \end{cases} $	r in Part I, line I- in Part I, line	7 7	}	2				-259,858	<u>•</u>
3 Net short-term capital gain or (los		nd (6)		٦						
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	Column (C).			}	3			N/A		
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	nve	stme	nt Incon	ne			_
(For optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment in	come.	.)					
If analysis 40.40/d\/0\ analysis langua th	ve and black									
If section 4940(d)(2) applies, leave th	iis part dialik.									
Was the foundation liable for the sect			•	ıod?					Yes X No	)
If "Yes," the foundation doesn't qualif										_
1 Enter the appropriate amount in 6	each column for each year; see the ir	istructions der	ore making any er				I		(d)	_
Base period years Calendar year (or tax year beginnii			Net value of no		ritable-us				oùtión ratio vided by col. (c))	<u>.</u>
2016		2,250.				,597.			1.251034	
2015		9,637.				<u>,989.</u>			1.15005	
2014		6,971.			•	,729.			.972170	
2013		3,988.				,658. ,861.			1.654683 2.04843	_
2012	41,95	0,615.		13	,044	,001.			2.04043	<u>-</u>
7. Total of line 1. column (d)							2		7.076383	3
<ul><li>Total of line 1, column (d)</li><li>Average distribution ratio for the !</li></ul>	5-year hase neriod - divide the total i	on line 2 by 5 f	) or hy the numbe	er of v	/ears		-			-
the foundation has been in exister		on mic 2 by 5.0	, or by the number	J1 U1 y	70013		3		1.41527	7
	•								_	
4 Enter the net value of noncharitab	le-use assets for 2017 from Part X,	line 5					4	6	2,264,740	<u>.</u>
5 Multiply line 4 by line 3							5	8	8,121,854	•
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)						6		11,828	<u>-</u>
7 Add lines 5 and 6							7	8	8,133,682	<u>•</u>
B Enter qualifying distributions from	n Part XII, line 4						8_	4	1,576,392	•
	line 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 19	% tax rat	е				
See the Part VI instructions.									orm <b>990-PF</b> (201	
700704 04 00 40									-mm <b>334-FF</b> [7]]]	

R	art VI	Excise Tax Based on Investment Income (Section 4940	)(a), 49	940(b), 4940(	e), or 49	948 -	see ins	struct	tions)	_
18	Exempt	operating foundations described in section 4940(d)(2), check here 🕨 🔲 and e	nter "N/A	" on line 1.	<u> </u>					755 -AC
		ruling or determination letter: (attach copy of letter if nec			1				Ki, Ti	Ž.
t		c foundations that meet the section 4940(e) requirements in Part V, check here			}	_1		23	,656	•_
	of Part I,	line 27b								Ž
c	: All other	domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	6 of Part	I, line 12, col. (b).	J				erentalisteristeristeristeristeristeristerister	
2	Tax unde	er section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; other	hers, ent	er -0-)		2			0	<u> </u>
3	Add line:	s 1 and 2				3		23	,656	<u> </u>
4	Subtitle .	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	thers, en	ter -0-)		4			0	<u>.</u>
5	Tax base	ed on investment income Subtract line 4 from line 3 If zero or less, enter -0-				5		23	,656	<u> </u>
6	Credits/F	Payments:				14.4	F1 - 7:			
а	2017 est	imated tax payments and 2016 overpayment credited to 2017	6a	10	,000.					3
b	Exempt 1	foreign organizations - tax withheld at source	6b		0.					
C	Tax paid	with application for extension of time to file (Form 8868)	6c		0.					<b>第</b>
d	Backup v	withholding erroneously withheld	6d ·		0.		ile.			
7	Total cre	dits and payments Add lines 6a through 6d				7		10	,000	•
8	Enter any	y penalty for underpayment of estimated tax. Check here 🔲 if Form 2220 is atta	iched			8_			19	
9	Tax due	If the total of lines 5 and 8 is more than line 7, enter amount owed SE	E ST	ATEMENT	<b>13</b> ▶	9_	_	<u> </u>	,675	•
10	Overpay	ment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		i	<b>&gt;</b>	10				
		amount of line 10 to be. Credited to 2018 estimated tax		Ref	unded ►	11		_		_
Ρę	irt VIII	Statements Regarding Activities						363m / "N w		_
1a		ne tax year, did the foundation attempt to influence any national, state, or local legis	lation or	did it participate o	r intervene	ın	قِ		Yes No	_
		ical campaign?					-	_1a	X	
b		end more than \$100 during the year (either directly or indirectly) for political purpos				ition		1b	X	42.T
		swer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	of any ma	aterials published	or		i i			
		ed by the foundation in connection with the activities					Ĺ	<u> Karak</u>	47 LATE	
		oundation file Form 1120-POL for this year?					-	1c	X	<u> </u>
d		amount (if any) of tax on political expenditures (section 4955) imposed during the			•					9
		he foundation. > \$ (2) On foundation managers	_		0.					2-5.
е		reimbursement (if any) paid by the foundation during the year for political expendi	ture tax ı	mposed on found	ation		7			
	_	s.▶\$0.	200				É	<u> </u>	X	<u> </u>
2		oundation engaged in any activities that have not previously been reported to the IF	151				, <del>,</del>	2 	Latera City to	<u>دي</u>
2		attach a detailed description of the activities	octrumor	at articles of incor	noration o		2			22.5 22.5
J		oundation made any changes, not previously reported to the IRS, in its governing in or other similar instruments? If "Yes," attach a conformed copy of the changes	11511 1111111111	it, ai licies di ilicoi	puration, u	ı	Ŀ	3	X	_
Δa		oundation have unrelated business gross income of \$1,000 or more during the year	7					4a	$\frac{x}{x}$	
		nas it filed a tax return on Form 990-T for this year?				N	/A	4b		_
		e a liquidation, termination, dissolution, or substantial contraction during the year?				-•		5	X	_
		attach the statement required by General Instruction T					Ī		7. 7.	遠
6		equirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	ther:				ļ		益中華	BA 기급
		guage in the governing instrument, or								E. Za
		e legislation that effectively amends the governing instrument so that no mandatory	y directio	ns that conflict wi	th the state	law				33
	remain in	the governing instrument?					Γ	6	X.	_
7	Did the fo	oundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	lete Part	II, col. (c), and Pa	rt XV			7	Х	_
							7 3			
8a	Enter the	states to which the foundation reports or with which it is registered. See instruction	ns. 🕨							\$
	MN								*	
b	If the ans	wer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	ttorney G	eneral (or designa	ite)					
	of each s	tate as required by General Instruction G? If "No," attach explanation						8b	Х	_
9	Is the fou	indation claiming status as a private operating foundation within the meaning of sec	ction 494	2(j)(3) or 4942(j)	(5) for cale	ndar	à	GEE S		
	year 2017	7 or the tax year beginning in 2017? See the instructions for Part XIV   If "Yes," com	plete Par	t XIV			Ļ	9	X	
10	Did any p	ersons become substantial contributors during the tax year? If "Yes," attach a schedul	le listing th	eir names and addres	ses			10	X	_

Page 5

1.33	Statements Regarding Activities (continued)			
	,	302.5	Yes	No
11	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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address WWW.MEDTRONIC.COM/FOUNDATION			
14	The books are in care of ► THE FOUNDATION Telephone no. ► (763)		<u> 263</u>	<u>9</u> _
	Located at ► 710 MEDTRONIC PKWY, MINNEAPOLIS, MN ZIP+4 ►55	5432		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			·[_]
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16	00.001.000	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		#797K :(5)84.	
* <b>(3)</b> *	foreign country	- 112 A		
	art VIIBB* Statements Regarding Activities for Which Form 4720 May Be Required	[(#(tX +y- X/)		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	X 154	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		Alapana Alapana	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  X Yes No	\$ \$00.04 \$\$00.04		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	\$200 E	\$165.7 255.7	
	for the benefit or use of a disqualified person)?	56a.c1	مريم في ا دمريم مريم	
	(6) Agree to pay money or property to a government official? (Exception Check "No"	(8, 3° )	-, -, -, -, -, -, -, -, -, -, -, -, -, -	
	If the foundation agreed to make a grant to or to employ the official for a period after			1 (27 Tab
	termination of government service, if terminating within 90 days.)  Yes X No		લ્લા સ્ટિકેટ	
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	2/2 / VK	<u></u>	X
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	شَرِيُقَوْرِي	್ಷಾಯ್ನ್ನ್ನ್ •್ಷಾಯ್ನ್ನ್ನ್ನ್
_	Organizations relying on a current notice regarding disaster assistance, check here			
Ü	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	10	4 3×405	X
2		1c	Salvail.	74 3443
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		K TE	
٠	before 2017?  Yes X No	125 to 5		
	If "Yes," list the years	3, 3		
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	小拉拉	. 3.724	
Ī	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	125 scs	11.02 11.02	
	Statement - see instructions.)  N/A	2b		, 14AM
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			1,390
_			17.86% 17.86%	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			Z.
	during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017 ) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	2000 to 1		
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
		000	DE	/2017)

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40.00

157,834.

31,184

0. 8

Form 990-PF (2017)

MINNEAPOLIS,

MN 55432

Total number of other employees paid over \$50,000

(c) Compensation

BI MOKEDMIDE			
7630 BUSH LAKE ROAD, MINNEAPOLIS, MN 55439	CONSULTING	615	,100.
PYXERA GLOBAL - 1030 15 STREET NW, SUITE 730,			
WASHINGTON, DC 20005	CONSULTING	511	,533.
TUNHEIM PARTNERS INC - 1100 RIVERVIEW TOWER			
8009 34TH AVE, MINNEAPOLIS, MN 55425	CONSULTING	56	,908.
	7		
	7		
Total number of others receiving over \$50,000 for professional services		<b>•</b>	
Part IX-A   Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced.		Expense	es
1 NONE			
	· · · · · · · · · · · · · · · · · · ·		
	<del>-</del>	ļ	0.
2	· · · · · · · · · · · · · · · · · · ·		
		1	
3			
		I	
		I	
4			
		I	
		1	
Part IX-B   Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on l	ines 1 and 2.	Amount	i
1 NONE			
			0.
2			
			_
All other program-related investments. See instructions.			
3 NONE			

Form 990-PF (2017)

Total. Add lines 1 through 3

IP.	artX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	62,912,259.
	Average of monthly cash balances	1b	300,675.
	Fair market value of all other assets	1c	<del> </del>
d		1d	63,212,934.
_	Reduction claimed for blockage or other factors reported on lines 1a and		· · · · · · · · · · · · · · · · · · ·
•	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	63,212,934.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	948,194.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	62,264,740.
6	Minimum investment return Enter 5% of line 5	6	3,113,237.
IP.	art II Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	nd certain	
	foreign organizations, check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	3,113,237.
2a	Tax on investment income for 2017 from Part VI, line 5 23,656.		<del></del>
b			
¢	Add lines 2a and 2b	2c	23,656.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,089,581.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,089,581.
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	3,089,581.
P	art}XIII Qualifying Distributions (see instructions)	_	-
_	<del></del>		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		41 556 300
a		1a	41,576,392.
Ь	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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	41 556 300
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	41,576,392.
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	41,576,392.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies f	or the section

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4940(e) reduction of tax in those years.

MMUNITIES FOUNDATION Page 9 Part XIII Undistributed Income (see instructions) (d) (b) (c) Years prior to 2016 2016 2017 Corpus 1 Distributable amount for 2017 from Part XI, 3,089,581. line 7 2 Undistributed income, if any, as of the end of 2017 0. a Enter amount for 2016 only b Total for prior years: 0 . 3 Excess distributions carryover, if any, to 2017: 27,221,988. a From 2012 31,496,381. **b** From 2013 44,351,691. c From 2014 45,429,709. d From 2015 ,486,119. e From 2016 187,985,888. f Total of lines 3a through e 4 Qualifying distributions for 2017 from Part XII, line 4: ► \$ 41,576,392. 0. a Applied to 2016, but not more than line 2a b Applied to undistributed income of prior 0. years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 3,089,581. d Applied to 2017 distributable amount 38,486,811. e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 226,472,699 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0. line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0. amount - see instructions e Undistributed income for 2016 Subtract line 0. 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2012 27,221,988 not applied on line 5 or line 7 Excess distributions carryover to 2018 199,250,711 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 31,496,381. a Excess from 2013 44,351,691. b Excess from 2014 45,429,709. c Excess from 2015

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d Excess from 2016

e Excess from 2017

39,486,119.

38,486,811

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Part XV Supplementary Information			· · · · · · · · · · · · · · · · · · ·	
3 Grants and Contributions Paid During the Ye Recipient	ar or Approved for Future	Payment		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	**	
Paid during the year				
GEE AREA CUED GRANDWIN				
SEE ATTACHED STATEMENT				23,201,364.
<del></del>		-		
MEDTRONIC GLOBAL HEALTH FOUNDATION	,	PF	EXPANDING ACCESS TO	
710 MEDTRONIC PARKWAY			HEALTHCARE FOR THE	
MINNEAPOLIS, MN 55432			UNDERSERVED WORLDWIDE AND SUPPORTING HEALTHY	
			COMMUNITIES WHERE WE	11,704,355.
		-		
Total			<b>▶</b> 3a	34,905,719.
b Approved for future payment	<del></del>	1	- Gu	
,,				
NONE				
NONE				
		1		
			>	
		ĺ		
		1		
,				
Total		<u> </u>	<b>&gt;</b> 3b	0.
Total				0.

8	

Part XVI:A Analysis of Income-Produ				hy costion 512 512 511	<u> </u>
Enter gross amounts unless otherwise indicated	(a) Business	(b)	(C) Exclu- sion	by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			_		
b	_				
c	_				
d	_		+		
e			$\bot$		<u> </u>
f	-				
g Fees and contracts from government agencies				<del></del>	
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1,312,192.	- <u></u> -
4 Dividends and interest from securities	4 27 KY 80 J 80 J	541 S. 077 W.C	E "Y AIV NA	Par	MALESTON AND TO COMMITTEE THE COMMITTEE TO C
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal					
property	<u> </u>	<u> </u>		<u> </u>	
7 Other investment income	<u> </u>				
8 Gain or (loss) from sales of assets other			1 1	000 175	
than inventory	· · · - ·		14	-822,175.	<del></del>
9 Net income or (loss) from special events	<del></del>	<del></del>	+		<del></del>
10 Gross profit or (loss) from sales of inventory			+		
11 Other revenue:					
a REFUND OF PRIOR YEAR b GRANT	-		01	61,953.	
	-		-   01	01,933.	<del></del>
C			+-+		
d			++		<del></del>
e	- N. S.		• \$ \$ £ 5	551,970.	
13 Total Add line 12, columns (b), (d), and (e)			• • • •		551,970.
		,		13	331,270.
(See worksheet in line 13 instructions to verify calculations.)				<u> </u>	<del></del>
Relationship of Activities	to the Accom	plishment of E	xempt P	urposes	
Line No Explain below how each activity for which inc	nme is reported in c	olumn (e) of Part XVI	-A contribute	ed importantly to the accom	nlishment of
the foundation's exempt purposes (other than			71 00111110011	o importantly to the docum	pholiment of
					<del></del>
				-	
	· -				
					<del></del>
,					

Form **990-PF** (2017)

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Form 990-PF (2017)
Part XVII | Ir Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

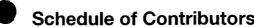
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)									res	NO
(0	ther tha	ın section 501(c)(3) organ	iizations) or in sectio	on 527, relatıng	g to political organizations?					
a Tr	ansfers	from the reporting founda	ation to a noncharita	ible exempt org	ganization of:					
(1	) Cash	l						1a(1)		_X_
(2	) Other	r assets						1a(2)		X_
b O	ther trar	isactions:								
(1	) Sales	of assets to a noncharital	ble exempt organiza	tion				1b(1)		X
•	•	hases of assets from a noi						1b(2)		Х
		al of facilities, equipment,		•				1b(3)		Х
•	•	bursement arrangements						1b(4)		Х
•	•	s or loan guarantees						1b(5)		X
•	•	ormance of services or me	mhershin or fundrau	eina enlicitatio	ne			1b(6)		X
•	•	f facilities, equipment, ma	· ·	-				1c		X
						wave chow the fair	market value of the goods, ot		ote	
		•		-			or sharing arrangement, sho		013,	
		s) the value of the goods,			su 1633 than fair market valu	ie in any transaction	or snaring arrangement, six	/VV 111		
(a) Line		(b) Amount involved			e exempt organization	(d) Description	n of transfers, transactions, and sh	aring area	n com on	
(4)		(b) Amount involved	(c) Name o	N/A	cxcmpt organization	(d) Description	Tor bansiers, transactions, and sin	a my are	ngemen	
				N/A	·		· · · · · · · · · · · · · · · · · · ·			
			<del></del>	<del></del>		<del></del>	·			
						<del></del>				
		<del></del>					<del></del>			
	_									
	L									
	$_{\perp}$ T		_							
2a Is	the four	ndation directly or indirect	ly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
		501(c) (other than section			, ,			Yes	X	No
		omplete the following sche	. , , , , ,							_
	- 00, 00	(a) Name of org			(b) Type of organization		(c) Description of relationship	p		
		N/A	· · · · · · · · · · · · · · · · · · ·							
				-	<u> </u>					
		<del></del>			<del></del>					
	Under	penalties of periury. I declare th	hat I have examined this	return, including	accompanying schedules and st	atements, and to the be	st of my knowledge			
Sign					taxpayer) is based on all information		as any knowledge May t	he IRS d with the	prepare	er
Here		X AM			12-17-19	PRESII		n below?	See ins	j
		natura at afficar or trustee	<del></del>		D-12-11		DENT X	」Yes		No
	1 Sign	fature of officer or trustee		Danasalafa	Date	Title	Chook C If DTIN			
		Print/Type preparer's nai		Preparer's si	( )/~~ //	Date	Check if PTIN			
Paid		LAWRENCE H	. MOHR,	Nanen	A Mu GH		self- employed	4 4 5		
_	226-	CPA		LAWREN		03/10/19	P00			
Prep		Firm's name <b>BAK</b> ]	ER TILLY	VIRCHO	W KRAUSE, LLI	?	Firm's EIN ► 39-08	599.	LÜ	
Use (	Uniy					<u> </u>	ļ			
		Firm's address ▶ 22!								
		MII	NNEAPOLIS	, MN 55	5402		Phone no. 612.87			
							For	m <b>990</b>	-PF	(2017)

# Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization





▶ Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

MEDTRONIC COMMUNITIES FOUNDATION 41-1306950 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions 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) filing 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 Paper,work Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

PF) (2



Name of organization

Employer identification number

# MEDTRONIC COMMUNITIES FOUNDATION

41-1306950

Part I	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	\$ <u>80,073,462</u> .	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Occupate Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash (Complete Part II for noncash contributions )			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash (Complete Part II for noncash contributions )			

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2 Name of organization

Employer identification number

# MEDTRONIC COMMUNITIES FOUNDATION

41-1306950

Partill	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				
		\$					

723453 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (20 Name of organization

Employer identification number

MEDTRO	NIC COMMUNITIES FOUNDAT	TION			41-1306950	
Part III	Exclusively religious, charitable, etc., contributor the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the	following line	entry, For organizations		
•	Use duplicate copies of Part III if additiona	al space is needed				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		·				
		(e) Transfer o	of gift			
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of trans	sferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held	
		(a) Tanada				
	(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of trans	sferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held	
-						
	<b>.</b>	(e) Transfer o		Jakiawah wa af faransa	of a very track the monoforce	
-	Transferee's name, address, ar	10 ZIP + 4		elationship of trans	sferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held	
	,					
	(e) Transfer of gift					
	Transferee's name, address, ar			elationship of trans	sferor to transferee	
				Cahadula D	(Earm 000 000-E7 or 000-DE) /2017	

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MEDIRONIC COMMONITIES FOR DATION	<del></del>			41-130093
FORM 990-PF GAIN OR (LOSS	S) FROM SALE	OF AS	SETS	STATEMENT 1
(A) DESCRIPTION OF PROPERTY			NNER DA'	
SALES & MATURITIES OF BONDS				
(B) (C) GROSS COST OR SALES PRICE OTHER BASIS	(D) EXPENSE SALE		(E) DEPREC.	(F) GAIN OR LOSS
171,684,939. 172,507,11	4.	0.	0.	-822,175
				1
CAPITAL GAINS DIVIDENDS FROM PART I	v			0
TOTAL TO FORM 990-PF, PART I, LINE	6A		_	-822,175
			=	
FORM 990-PF INTEREST ON SAVINGS AN	ID TEMPORARY	CASH	INVESTMENTS	STATEMENT 2
SOURCE	(A) REVENUE PER BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
ACCRUED INTEREST BOND PREMIUM AMORTIZATION INTEREST INCOME	-439,472. 0. 1,751,664.		0. -566,901. 1,751,664.	
TOTAL TO PART I, LINE 3	1,312,192.		1,184,763.	
	HER INCOME			STATEMENT 3
DESCRIPTION	(A) REVEN PER BO	UE	(B) NET INVEST- MENT INCOM	
REFUND OF PRIOR YEAR GRANT	6	1,953.		0.
TOTAL TO FORM 990-PF, PART I, LINE	11 6	1,953.		O.
	=======================================	<del> </del>	<del></del>	

FORM 990-PF	LEGAL	FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	2,556.	0.		2,556.
TO FM 990-PF, PG 1, LN 16A	2,556.	0.		2,556.
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	6,695.	0.		6,695.
TO FORM 990-PF, PG 1, LN 16B	6,695.	0.		6,695.
		SIONAL FEES	S	TATEMENT 6
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION OTHER PROFESSIONAL	EXPENSES PER BOOKS 3,547,936.	(B) NET INVEST- MENT INCOME	(C)	(D) CHARITABLE PURPOSES 2,802,653.
OTHER PROFESSIONAL MANAGEMENT FEES	EXPENSES PER BOOKS 3,547,936. 30,310.	(B) NET INVEST- MENT INCOME  0. 1,964.	(C) ADJUSTED	(D) CHARITABLE PURPOSES 2,802,653. 28,346.
OTHER PROFESSIONAL	EXPENSES PER BOOKS 3,547,936. 30,310.	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE PURPOSES 2,802,653. 28,346.
OTHER PROFESSIONAL MANAGEMENT FEES	EXPENSES PER BOOKS 3,547,936. 30,310.	(B) NET INVEST- MENT INCOME  0. 1,964.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 2,802,653. 28,346.
OTHER PROFESSIONAL MANAGEMENT FEES TO FORM 990-PF, PG 1, LN 16C	EXPENSES PER BOOKS 3,547,936. 30,310. 3,578,246.	(B) NET INVEST- MENT INCOME  0. 1,964.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 2,802,653. 28,346. 2,830,999.
OTHER PROFESSIONAL MANAGEMENT FEES  TO FORM 990-PF, PG 1, LN 16C  FORM 990-PF  DESCRIPTION  FEDERAL EXCISE TAXES	EXPENSES PER BOOKS  3,547,936. 30,310.  3,578,246.  TAX  (A) EXPENSES	(B) NET INVEST- MENT INCOME  0. 1,964.  1,964.  ES  (B) NET INVEST-	(C) ADJUSTED NET INCOME  S  (C) ADJUSTED	(D) CHARITABLE PURPOSES  2,802,653. 28,346.  2,830,999.  TATEMENT 7  (D) CHARITABLE
OTHER PROFESSIONAL MANAGEMENT FEES  TO FORM 990-PF, PG 1, LN 16C  FORM 990-PF	EXPENSES PER BOOKS  3,547,936. 30,310.  3,578,246.  TAX  (A) EXPENSES PER BOOKS  6,247.	(B) NET INVEST- MENT INCOME  0. 1,964.  1,964.  ES  (B) NET INVEST- MENT INCOME  0.	(C) ADJUSTED NET INCOME  S  (C) ADJUSTED	(D) CHARITAB PURPOSE  2,802,65 28,34  2,830,99  TATEMENT 7  (D) CHARITAB PURPOSE

FORM 990-PF	OTHER E	XPENSES	STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK CHARGES	247.	0.		247.	
DUES AND SUBSCRIPTIONS	191,555.	0.		191,555.	
EMPLOYEE RELATED EXPENSES	22,520.	0.		22,520.	
ADVERTISING	915.	0.		915.	
MEALS ONSITE	26,552.	0.		26,552.	
MISCELLANEOUS EXPENSES	2,957.	0.		2,957.	
OFFICE EXPENSE	204,427.	0.		204,427.	
TO FORM 990-PF, PG 1, LN 23	449,173.	0.		449,173.	

.....

FOOTNOTES

STATEMENT 9

ELECTION TO AMORTIZE BOND PREMIUM TAX YEAR ENDING 04/30/2018

TAXPAYER HEREBY MAKES THE BOND PREMIUM AMORTIZATION ELECTION PURSUANT TO CODE SEC. 171(C).

FUND BALANCES	STATEMENT 10
	AMOUNT
	231,794.
	231,794.
	STATEMENT 11
BOOK VALUE	FAIR MARKET VALUE
12,974,090. 12,584,134.	12,974,090. 12,584,134.
25,558,224.	25,558,224.
5	STATEMENT 12
BOY AMOUNT	EOY AMOUNT
3,229,019.	3,974,302.
3,229,019.	3,974,302.
	BOOK VALUE  12,974,090. 12,584,134.  25,558,224.  BOY AMOUNT  3,229,019.

372.

MEDTRONIC COMMUNITIES	DATION	<b>!</b> -			_	1-130632
FORM 990-PF	INTERE	EST AND PENA	LTIES		STA	TEMENT 13
TAX DUE FROM FORM 99 UNDERPAYMENT PENAL LATE PAYMENT INTER LATE PAYMENT PENAL	TY EST	VI ,	·			13,656 19 372 410
TOTAL AMOUNT DUE						14,457
FORM 990-PF	LA	TE PAYMENT	PENALTY		STA	TEMENT 14
DESCRIPTION	ľAG	'E AMOUI	NT BALAN	ICE I	MONTHS	PENALTY
TAX DUE DATE FILED	09/15 03/15		•	,656.	6	410
TOTAL LATE PAYMENT PE	ENALTY	•	•			410
FORM 990-PF	LA	TE PAYMENT	INTEREST	t	STAT	TEMENT 15
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTERES'
TAX DUE INTEREST RATE CHANGE DATE FILED	09/15/18 12/31/18 03/15/19	13,656.	13,656. 13,858. 14,028.	.060		202 170

TOTAL LATE PAYMENT INTEREST



PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS FORM 990-PF

STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
CAROL SURFACE 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	CHAIR BOARD OF 0.15	DIRECTORS 0.	0.	0.
JACOB A. GAYLE 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	VICE CHAIR BOAF 36.00			0.
WADE JONES 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	TREASURER 30.00	182,262.	35,377.	0.
BRAD LERMAN 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF	F DIRECTORS 0.	0.	0.
KAREN PARKHILL 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF	F DIRECTORS	0.	0.
GEOFF MARTHA 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF	F DIRECTORS	0.	0.
OMAR ISHRAK 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF	F DIRECTORS	0.	0.
ELLIE PIDOT 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF	F DIRECTORS	0.	0.
ROB CLARK 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF	F DIRECTORS 0.	0.	0.
BOB RYAN 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF	F DIRECTORS	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

592,026. 168,941.

0.

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT 17

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 18

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 19

#### 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