

Form 990-PF

Department of the Treasury
Internal Revenue Service

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.
- Go to www.irs.gov/Form990PF for instructions and the latest information.

2019

Open to Public
Inspection

For calendar year 2019, or tax year beginning 05-01-2019, and ending 04-24-2020

Name of foundation MEDTRONIC GLOBAL HEALTH FOUNDATION		A Employer identification number 81-2307516
Number and street (or P.O. box number if mail is not delivered to street address) 710 MEDTRONIC PKWY		Room/suite
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55432		B Telephone number (see instructions) (763) 505-2643
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ►\$ 2,495,584		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)		11,073,808		
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	11,073,808	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.		0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	1,769,281	0		2,359,623
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	70,300	0		36,700
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	1,839,581	0		2,396,323
	25 Contributions, gifts, grants paid	7,834,228			6,834,228
	26 Total expenses and disbursements. Add lines 24 and 25	9,673,809	0		9,230,551
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	1,399,999			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)				

	Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	652,327	95,584	95,584
	2 Savings and temporary cash investments			
	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 disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ► _____			
	Less: allowance for doubtful accounts ► _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ► _____			
Less: accumulated depreciation (attach schedule) ► _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment: basis ► _____				
Less: accumulated depreciation (attach schedule) ► _____				
15 Other assets (describe ► _____)	0	2,400,000	2,400,000	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	652,327	2,495,584	2,495,584	
Liabilities	17 Accounts payable and accrued expenses	49,748	33,600	
	18 Grants payable	540,594	1,000,000	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ► _____)	590,342	1,033,600	
	23 Total liabilities (add lines 17 through 22)			
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	61,985	1,461,984	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	61,985	1,461,984	
	30 Total liabilities and net assets/fund balances (see instructions)	652,327	2,495,584	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	61,985
2 Enter amount from Part I, line 27a	2	1,399,999
3 Other increases not included in line 2 (itemize) ► _____	3	0
4 Add lines 1, 2, and 3	4	1,461,984
5 Decreases 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, column (b), line 29	6	1,461,984

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	1	0
	Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% 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	0
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	0
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ►	Refunded	11

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 in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (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 managers. ► \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: <ul style="list-style-type: none">• By language in the governing instrument, or• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► MN			
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) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10		No

Part VII-A Statements Regarding Activities (continued)

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	Yes
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	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►FOUNDATION.MEDTRONIC.COM	13	Yes
14	The books are in care of ►THE FOUNDATION	Telephone no. ►(763) 505-2643	
Located at ►710 MEDTRONIC PKWY MINNEAPOLIS MN			ZIP+4 ►55432
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here. ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year. ► 15		
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions ► Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>	1b	No
c	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 2019?	1c	No
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)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2019 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 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(3) Provide a grant to an individual for travel, study, or other similar purposes?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b	No	
Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes," attach the statement required by Regulations section 53.4945–5(d). 				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	No	
If "Yes" to 6b, file Form 8870.				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000. ► 0				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
PUBLIC HEALTH INSTITUTE 555 12TH ST 10TH FLOOR OAKLAND, CA 94607	PROGRAM IMPLEMENTATION	885,363
UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE STE 300 SEATTLE, WA 98105	EVALUATE & VALIDATE PARTNER DATA	534,980
WEBER SHANDWICK 510 MARQUETTE AVE STE 13F MINNEAPOLIS, MN 55402	MARKETING AND COMMUNICATIONS	154,487
DEVEX 1341 CONNECTICUT AVE NW STE 2 WASHINGTON, DC 20036	THOUGHT LEADERSHIP SUPPORT	99,450
STANFORD UNIVERSITY 485 BROADWAY REDWOOD CITY, CA 94063	THOUGHT LEADERSHIP SUPPORT	80,000

Total number of others receiving over \$50,000 for professional services. ► 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 NONE		0
2		
3		
4		

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 IN MAY 2019, THE FOUNDATION MADE A \$2,400,000 DIRECT EQUITY PRI IN MEDTRONIC LABS PBC (LABS), BECOMING THE SOLE INVESTOR OF LABS. LABS DESIGNS HEALTHCARE DELIVERY SERVICE MODELS WITH AND FOR UNDERSERVED COMMUNITIES THAT INTEGRATE DIGITAL AND PRODUCT TECHNOLOGIES ACROSS THE PATIENT CARE CONTINUUM. IT PARTNERS WITH LOCAL TECH ENTREPRENEURS, HEALTHCARE PROVIDERS, NGOS (NON-GOVERNMENTAL ORGANIZATIONS), GOVERNMENTS, AND OTHER STAKEHOLDERS. THE FOUNDATION'S PRI IS ACCOUNTED FOR USING THE MEASUREMENT ALTERNATIVE, WHICH IS USED FOR CERTAIN EQUITY INVESTMENTS WITHOUT A READILY DETERMINABLE FAIR VALUE THAT DO NOT QUALIFY FOR THE EQUITY METHOD. UNDER THIS METHOD, THE FOUNDATION RECOGNIZES THE COST OF ITS INVESTMENT AS AN ASSET, ADJUSTS FOR ANY CHANGES RESULTING FROM OBSERVABLE PRICE CHANGES FOR IDENTICAL OR SIMILAR INVESTMENTS OF THE SAME ISSUER, AND EVALUATES THE INVESTMENT ANNUALLY FOR IMPAIRMENT. NO IMPAIRMENT OF THE INITIAL INVESTMENT WAS IDENTIFIED AS OF APRIL 24, 2020.		2,400,000
2		
3 		0
Total. Add lines 1 through 3 ►	2,400,000
All other program-related investments. See instructions.		

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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 0
b	Average of monthly cash balances.	1b 370,092
c	Fair market value of all other assets (see instructions).	1c 0
d	Total (add lines 1a, b, and c).	1d 370,092
e	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.	3 370,092
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 	4 370,092
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 0
6	Minimum investment return. Enter 5% of line 5.	6 0

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

Part XI organizations check here ► and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1 0
2a	Tax on investment income for 2019 from Part VI, line 5.	2a
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b
c	Add lines 2a and 2b.	2c 0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3 0
4	Recoveries of amounts treated as qualifying distributions.	4 0
5	Add lines 3 and 4.	5 0
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 0

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a 9,230,551
b	Program-related investments—total from Part IX-B.	1b 2,400,000
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
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4 11,630,551
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. See instructions.	5 0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6 11,630,551
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2019:			0	
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 11,630,551			0	
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.			0	
e Remaining amount distributed out of corpus	11,630,551			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:	11,630,551			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
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 assessed.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	11,630,551			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum 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			
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			

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

GRANT APPLICATIONS SHOULD BE SUBMIT
710 MEDTRONIC PKWY
MINNEAPOLIS, MN 55432
(763) 505-2643

- b The form in which applications should be submitted and information and materials they should include:

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 GLOBAL HEALTH FOUNDATION (ONLY REQUIRED IF THE GRANT APPLICANT HAS PREVIOUSLY RECEIVED FUNDING FROM THE FOUNDATION)

- c Any submission deadlines:

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

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total				► 3a 6,834,228
b Approved for future payment NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL & PREVENTION INC 600 PEACHTREE ST NE 1000 ATLANTA, GA 30308	N/A	PC	COVID 19 RESPONSE	1,000,000
Total				► 3b 1,000,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
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		0	0
13 Total. Add line 12, columns (b), (d), and (e).				13	0
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
PAURVI BHATT	PRESIDENT, VICE CHAIR 15.00	0	0	0
710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432				
HAL BECKHAM	TREASURER 5.00	0	0	0
710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432				
MARTHA HA	SECRETARY 0.20	0	0	0
710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432				
ADAM KRAUSS	ASSISTANT SECRETARY 2.00	0	0	0
710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432				
LIZ LUND	ASSISTANT SECRETARY 18.00	0	0	0
710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432				
CAROL SURFACE	CHAIR OF BOARD, DIRECTOR 0.20	0	0	0
710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432				
OMAR ISHRAK	BOARD DIRECTOR 0.20	0	0	0
710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432				
BRAD LERMAN	BOARD DIRECTOR 0.20	0	0	0
710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432				
KAREN PARKHILL	BOARD DIRECTOR 0.20	0	0	0
710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432				
GEOFF MARTHA	BOARD DIRECTOR 0.20	0	0	0
710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
AMERICARES88 HAMILTON AVE STAMFORD, CT 06902	N/A	PC	COVID-19 RESPONSE	800,000
BRAC USA110 WILLIAM ST 18TH FLOOR NEW YORK, NY 10038	N/A	PC	FEASIBILITY AND COVID 19 RESPONSE	299,998
CHILDREN'S HEARTLINK 5075 ARCADIA AVE EDINA, MN 55436	N/A	PC	ENGAGING FRONTLINE HEALTH WORKERS IN KERALA TO ENHANCE CHD PATIENT CARE CONTINUUM AND COVID 19 SUPPORT	119,500
Total			► 3a	6,834,228

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
DEVELOPMENT EX WASHINGTON DC 1701 RHODE ISLAND AVE NW WASHINGTON, DC 20036	N/A	NC	UNGA EVENT VIDEO PRODUCTION	5,000
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	N/A	PC	COVID-19 PANDEMIC RESPONSE IN THE U.S.	400,000
DUKE UNIVERSITY - DUKE CLINICAL RESEARCH INSTITUTE MORRIS ST DURHAM, NC 27701	N/A	PC	IMPROVE STROKE CARE PROGRAM	468,323
Total			► 3a	6,834,228

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
GRAMEEN AMERICA INC 5210 4TH AVE BROOKLYN, NY 11220	N/A	PC	FEASIBILITY AND COVID 19 RESPONSE	300,000
HEALTHFINDERS COLLABORATIVE INC 1415 TOWN SQUARE LN FARIBAULT, MN 55021	N/A	PC	FEASIBILITY AND COVID 19 RESPONSE	300,000
HEALTHFINDERS COLLABORATIVE INC 1415 TOWN SQUARE LN FARIBAULT, MN 55021	N/A	PC	GIVE THE GIFT OF HEALTH - HEALTHFINDERS ANNUAL FUNDRAISING GALA	5,000
Total			► 3a	6,834,228

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
IMPACT INVESTMENT EXCHANGE PTE LTD (IIX) 1 KING GEORGES AVE 05-00 REHAU BUILDING SINGAPORE 208557 SN	N/A	NC	WOMEN'S HEALTH IMPACT ASSESSMENT TOOLKIT	95,000
INTERNATIONAL MEDICAL CORPS 1313 L ST NW 220 WASHINGTON, DC 20005	N/A	PC	COVID 19 RESPONSE	200,000
KARNATAKA HEALTH PROMOTION TRUST RAJAJINAGAR INDL AREA BEHIND KSSIDC ADMIN OFFICE RAJAJINAGAR KARNATAKA 560044 IN	N/A	NC	FEASIBILITY AND COVID 19 RESPONSE	299,889
Total			► 3a	6,834,228

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MOTHERS2MOTHERS INTERNATIONAL INC 7441 SUNSET BLVD SUITE 205 LOS ANGELES, CA 90046	N/A	PC	FEASIBILITY AND COVID 19 REONSE	299,815
NORTHSIDE ACHIEVEMENT ZONE 2123 W BROADWAY AVE 100 MINNEAPOLIS, MN 55411	N/A	PC	ONE FUTURE LUNCHEON	10,000
RESEARCH TRIANGLE INSTITUTE 2 TW ALEXANDER DR RESEARCH TRIANGLE, NC 27709	N/A	PC	HEARTRESCUE GLOBAL - IMPLEMENTATION OF EXPANDING ACCESS TO ACUTE CVD CARE FOR SELECT POPULATIONS IN CHINA AND INDIA ADDING DEVELOPING AND DISSEMINATING POLICY BRIEFS ON HEARTRESCUE TOPICS AND INTEGRATING NEW PARTNER INTO THE GLOBAL PARTNERS TEAM.COVID	1,575,994
Total			► 3a	6,834,228

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SEED GLOBAL HEALTH 20 ASHBURTON PL BOSTON, MA 02108	N/A	PC	TRANSFORMING HEALTH WORKFORCE EDUCATION: INCREASING HEALTH EQUITY TO ACHIEVE UHC	5,000
US FUND FOR UNICEF 125 MAIDEN LN NEW YORK, NY 10038	N/A	PC	COVID-19 EMERGENCY RESPONSE	500,000
UNITED NATIONS FOUNDATION 1750 PENNSYLVANIA AVENUE NW 300 WASHINGTON, DC 20006	N/A	PC	COVID-19 SOLIDARITY RESPONSE FUND	500,000
Total			► 3a	6,834,228

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
UNIVERSITY OF WASHINGTON INSTITUTE FOR HEALTH METRICS AND EVALUATION IHME 2301 5TH AVE SEATTLE, WA 98121	N/A	PC	HEALTHRISE	618,209
WELLSHARE INTERNATIONAL 122 W FRANKLIN AVE MINNEAPOLIS, MN 55404	N/A	PC	BRIDGE TO HEALTH LUNCHEON	2,500
WOMEN IN GLOBAL HEALTH INC 30901 WIEGMAN CT HAYWARD, CA 94544	N/A	PC	HEROINES OF HEALTH 2020	30,000
Total			► 3a	6,834,228

TY 2019 All Other Program Related Investments Schedule

Name: MEDTRONIC GLOBAL HEALTH FOUNDATION

EIN: 81-2307516

Category	Amount
NONE	0

TY 2019 Cash Deemed Charitable Explanation Statement

Name: MEDTRONIC GLOBAL HEALTH FOUNDATION

EIN: 81-2307516

Explanation: THE SOLE CONTRIBUTOR TO MEDTRONIC GLOBAL HEALTH FOUNDATION IS THE MEDTRONIC COMMUNITIES FOUNDATION. AS MEDTRONIC COMMUNITIES FOUNDATION IS ALSO A NON-OPERATING PRIVATE FOUNDATION, A GRANT AGREEMENT HAS BEEN EXECUTED THAT REQUIRES MEDTRONIC GLOBAL HEALTH FOUNDATION TO EXPEND ALL OF THE MONEY CONTRIBUTED BY THE END OF THE TAX YEAR FOLLOWING THE CONTRIBUTION AND TO TREAT THE EXPENDITURES AS OUT OF CORPUS. ANY CASH AMOUNTS HELD AT YEAR-END HAVE ALREADY BEEN DESIGNATED FOR A CHARITABLE GRANT AND ARE AWAITING RECEIPT BY THE GRANTEE. AS SUCH, NONE OF THE ASSETS HELD BY MEDTRONIC GLOBAL HEALTH FOUNDATION ARE DEEMED AS HELD FOR NON-CHARITABLE USE.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Expenditure Responsibility Statement

Name: MEDTRONIC GLOBAL HEALTH FOUNDATION

EIN: 81-2307516

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
DEVELOPMENT EX WASHINGTON DC	1701 RHODE ISLAND AVE NW WASHINGTON, DC 20036	2019-09-15	5,000	PRODUCE A VIDEO FEATURING PATIENTS, THROUGH EXISTING FOOTAGE PROVIDED BY MEDTRONIC FOUNDATION AND A VIDEO INTERVIEW SHOT DURING THE UN GENERAL ASSEMBLY IN SEPTEMBER 2019. THE VIDEO WILL BE PUBLISHED AND PROMOTED THROUGH DEVEX SOCIAL MEDIA CHANNELS TO HIGHLIGHT ISSUES IN GLOBAL HEALTH.		NONE KNOWN	DUE 4/30/21		
IMPACT INVESTMENT EXCHANGE PTE LTD (IIX)	1 KING GEORGES AVE 05-00 REHAU BUILDING SINGAPORE 208557 SN	2019-07-25	95,000	WOMEN'S HEALTH IMPACT ASSESSMENT TOOLKIT.	95,000	NONE KNOWN	04/07/2020	2020-04-07	THE TOOLKIT WAS COMPLETED IN ADDITION TO A CASE STUDY ON MATERNAL HEALTH INITIATIVES. THIS INCLUDED TOOLKIT TESTING AND AN IMPACT ASSESSMENT REPORT ON MATERNITY CARE COALITION (MCC), CONSOLIDATION OF THE TOOLKIT METRICS BASED ON FEEDBACK RECEIVED, AND APPROVAL FOR PUBLICATION OF MATERIAL ON IIX WEBSITE FOR OTHER HEALTHCARE ECOSYSTEM PLAYERS TO MEASURE PATIENT-CENTRIC OUTCOMES.
KARNATAKA HEALTH PROMOTION TRUST	RAJAJINAGAR INDL AREA BEHIND KSSIDC ADMIN OFFICE RAJAJINAGAR KARNATAKA 560044 IN	2020-04-24	299,815	FEASIBILITY TO SCALE GRANT TO IMPROVED HEALTH OUTCOMES FOR UNDERSERVED POPULATIONS THROUGH THE WORK OF COMMUNITY HEALTH WORKERS TO ADDRESS NCD CARE IN INDIA		NONE KNOWN	DUE 4/30/2021		
TELETHON KIDS INSTITUTE	PERTH CHILDRENS HOSPITAL 15 HOSPITAL AVENUE NEDLANDS 6009 AS	2019-04-17	540,594	RHEACH (RHEUMATIC HEART DISEASE. EVIDENCE. ADVOCACY. COMMUNICATION. HOPE.) TO INCREASE THE CAPACITY OF POLICY MAKERS AND HEALTHCARE WORKERS TO PREVENT, IDENTIFY AND MANAGE RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE IN ENDEMIC COUNTRIES AND EXPLORE WAYS TO SUSTAIN THESE EFFORTS BEYOND MEDTRONIC FOUNDATION FUNDING.	540,594	NONE KNOWN	05/30/2020	2020-05-30	PRIORITIZED HIGH IMPACT AREAS ARTICULATED IN THE RHD ACTION PRIORITY PYRAMID TO FOSTER NEW OPPORTUNITIES FOR INTEGRATION AND DEEPEN SUPPORT FOR PEOPLE LIVING WITH RHD, THEIR FAMILIES, COMMUNITIES, AND CLINICIANS. USED TECHNICAL KNOWLEDGE AND EXPERIENCE TO ASSIST MEMBER STATES IN IMPLEMENTING PROGRAMS FOR THE PREVENTION AND CONTROL OF RF AND RHD. BROUGHT TOGETHER CLINICAL AND PUBLIC HEALTH EXPERTS WITH THE INSIGHTS OF PEOPLE LIVING WITH AND AFFECTED BY RHD FROM ACROSS THE WORLD TO SHARE BEST PRACTICES FOR PREVENTION AND TREATMENT.
TELETHON KIDS INSTITUTE	PERTH CHILDRENS HOSPITAL 15 HOSPITAL AVENUE NEDLANDS 6009 AS	2018-04-02	541,000	RHEACH (RHEUMATIC HEART DISEASE. EVIDENCE. ADVOCACY. COMMUNICATION. HOPE.) TO INCREASE THE CAPACITY OF POLICY MAKERS AND HEALTHCARE WORKERS TO PREVENT, IDENTIFY AND MANAGE RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE IN ENDEMIC COUNTRIES AND EXPLORE WAYS TO SUSTAIN THESE EFFORTS BEYOND MEDTRONIC FOUNDATION FUNDING.	541,000	NONE KNOWN	5/30/20	2020-05-30	SUPPORTED WHO AT THE GLOBAL AND REGIONAL LEVEL TO RESPOND EFFECTIVELY TO THE MOST PRESSING NEEDS OF COUNTRIES IN ADDRESSING RHD, WORKED IN PARTNERSHIP WITH SELECTED HIGH-RHD BURDEN COUNTRIES TO STRENGTHEN THEIR RF/RHD PREVENTION AND CONTROL EFFORTS, AND PRODUCED AND DISSEMINATED RESOURCES THAT CAN BE USED BY ANY RHD-ENDEMIC COUNTRY TO IMPROVE THEIR HEALTH WORKFORCE CAPACITY IN RF/RHD PREVENTION, DIAGNOSIS, AND MANAGEMENT.
DEVELOPMENT EX WASHINGTON DC	1701 RHODE ISLAND AVE NW WASHINGTON, DC 20036	2018-04-27	60,000	HIGHLIGHT UNHEARD VOICES OF PATIENTS, CAREGIVERS, AND HEALTH WORKERS FACING NCDS IN EMERGING MARKETS	60,000	NONE KNOWN	2/05/20	2020-02-05	THE FUNDS DROVE AN ONLINE GLOBAL CONVERSATION AROUND THE IMPACT OF NCDS IN THE DEVELOPING WORLD IN PARTNERSHIP WITH NGO'S, CORPORATIONS, AND AID AGENCIES WORKING TOGETHER TO ADDRESS THE CAUSES AND REPERCUSSIONS OF NCDS. INCREASED UNDERSTANDING AND HEALTH IMPLICATIONS OF NCDS IN DEVELOPING COUNTRIES; EXPLORED THE IMPLICATIONS OF THE IMPACT OF NCDS ON ECONOMIC AND SOCIETAL COSTS THROUGH EFFECTIVE JOURNALISM; HIGHLIGHTING INNOVATIVE SOLUTIONS AND ENCOURAGING A FUTURE-FORWARD OUTLOOK OF PROGRAMS AND SOLUTIONS TOWARD SOLVING CHALLENGES AROUND NCDS. AND, SEPARATELY, ENCOURAGING PRIVATE SECTOR COMMITMENTS TOWARD ACHIEVING THE SDGS AND IN PARTICULAR, THOSE FOCUSED ON HEALTHCARE OUTCOMES.

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
CHARITIES AID FOUNDATION OF AMERICA	225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	2021-04-24	575,775	MEDTRONIC GLOBAL HEALTH FOUNDATION OPPORTUNITY GRANTS	557,702	NONE KNOWN	1/8/21	2021-01-08	INTERIM REPORTS RECEIVED MONTHLY. THE CHARITIES AID FOUNDATION OF AMERICA IS A 501(C)(3) PUBLIC CHARITY THAT ADMINISTERS THE DONOR ADVISED FUND THROUGH WHICH MEDTRONIC GLOBAL HEALTH FOUNDATION ISSUES INTERNATIONAL GRANTS. INTERIM REPORTS OF DISBURSEMENTS ARE RECEIVED REGULARLY FROM THE GRANTEE. DETAIL IS AVAILABLE UPON REQUEST.

TY 2019 General Explanation Attachment

Name: MEDTRONIC GLOBAL HEALTH FOUNDATION

EIN: 81-2307516

General Explanation Attachment

Identifier	Return Reference	Explanation	
1	CHANGE IN ACCOUNTING PERIOD	FORM 990-PF, PAGE 1,	MEDTRONIC GLOBAL HEALTH FOUNDATION IS ELECTING TO ADOPT A 52/53 WEEK TAX YEAR, IN ORDER TO CORRESPOND WITH ITS AUDITED FINANCIAL STATEMENTS. THE 52/53 WEEK YEAR WILL END IN APRIL. THE TAX YEAR WILL ALWAYS END ON THE FINAL FRIDAY IN THE MONTH OF APRIL. FOR THE CURRENT TAX YEAR, THE TAX YEAR END DATE IS APRIL 24, 2020.

TY 2019 Other Assets Schedule

Name: MEDTRONIC GLOBAL HEALTH FOUNDATION**EIN:** 81-2307516

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PROGRAM RELATED INVESTMENTS	0	2,400,000	2,400,000

TY 2019 Other Expenses Schedule

Name: MEDTRONIC GLOBAL HEALTH FOUNDATION
EIN: 81-2307516

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MEMBERSHIP DUES	70,300	0		36,700

TY 2019 Other Professional Fees Schedule

Name: MEDTRONIC GLOBAL HEALTH FOUNDATION**EIN:** 81-2307516

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL	15,000	0		15,000
PROGRAM IMPLEMENTATION	885,363	0		1,475,705
RESEARCH AND CONSULTING	714,430	0		714,430
MARKETING AND COMMUNICATION	154,488	0		154,488

TY 2019 TransfersToControlledEntities

Name: MEDTRONIC GLOBAL HEALTH FOUNDATION
EIN: 81-2307516

Name	US / Foreign Address	EIN	Description	Amount
MEDTRONIC LABS PBC	710 MEDTRONIC PKWY MINNEAPOLIS, MN 55432	81-2904269	SEE PART IX-B FOR DESCRIPTION OF INVESTMENT IN PROGRAM RELATED INVESTMENT.	2,400,000
Total				2,400,000

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

► Attach to Form 990, 990-EZ, or 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

2019Name of the organization
MEDTRONIC GLOBAL HEALTH FOUNDATIONEmployer identification number
81-2307516**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**

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 other 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MEDTRONIC GLOBAL HEALTH FOUNDATION		Employer identification number 81-2307516	
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 COMMUNITIES FOUNDATION 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	\$ 11,073,808	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization MEDTRONIC GLOBAL HEALTH FOUNDATION		Employer identification number 81-2307516	
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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization MEDTRONIC GLOBAL HEALTH FOUNDATION		Employer identification number 81-2307516	
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional 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 of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. 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, and ZIP 4		Relationship of transferor to transferee
(a) No. 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, and ZIP 4		Relationship of transferor to transferee
(a) No. 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, and ZIP 4		Relationship of transferor to transferee