

EXTENDED TO MARCH-15, 2019

## Return of Private Foundation

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

OMB No 1545-0052

2017

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue ServiceDo 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

MAY 1, 2017

, and ending

APR 30, 2018

Name of foundation

A Employer identification number

MEDTRONIC GLOBAL HEALTH FOUNDATION

81-2307516

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

B Telephone number

763-505-2639

710 MEDTRONIC PKWY

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

MINNEAPOLIS, MN 55432

G Check all that apply:

☐

Initial return

☐

Initial return of a former public charity

☐

Final return

☐

Amended return

☐

Address change

☐

Name change

H Check type of organization:

☒

Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust☐

Other taxable private foundation

I Fair market value of all assets at end of year  
(from Part II, col (c), line 16)

J Accounting method:

☐

Cash

☒

Accrual

☐ Other (specify)C If exemption application is pending, check here ☐D 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test,  
check here and attach computation ☐E If private foundation status was terminated  
under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination  
under section 507(b)(1)(B), check here ☐

## Part I 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

11,380,137.

N/A

2 Check ☐ if the foundation is not required to attach Sch. B3 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)

11 Other income

12 Total Add lines 1 through 11

11,380,137.

0.

13 Compensation of officers, directors, trustees, etc

0.

14 Other employee salaries and wages

0.

15 Pension plans, employee benefits

0.

16a Legal fees

b Accounting fees

c Other professional fees

STMT 1

159,503.

145,168.

17 Interest

18 Taxes

19 Depreciation and depletion

20 Occupancy

21 Travel, conferences, and meetings

162,251.

0.

162,251.

22 Printing and publications

23 Other expenses

24 Total operating and administrative  
expenses. Add lines 13 through 23

321,754.

0.

307,419.

25 Contributions, gifts, grants paid

10,956,265.

11,056,846.

26 Total expenses and disbursements  
Add lines 24 and 25

11,278,019.

0.

11,364,265.

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

102,118.

b Net investment income (if negative, enter -0-)

0.

c Adjusted net income (if negative, enter -0-)

N/A

<b>Part II</b>		<b>Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1	Cash - non-interest-bearing		550,435.	581,328.	581,328.
	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				
	7	Other notes and loans receivable ▶				
		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				
	b	Investments - corporate stock				
	c	Investments - corporate bonds				
<b>Liabilities</b>	11	Investments - land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation ▶				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation ▶				
	15	Other assets (describe ▶)				
	16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		550,435.	581,328.	581,328.
	17	Accounts payable and accrued expenses				
	18	Grants payable		100,581.		
<b>Net Assets or Fund Balances</b>	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶ <b>WAGES AND SERVICES</b> )		534,165.	548,500.	
	23	<b>Total liabilities</b> (add lines 17 through 22)		634,746.	548,500.	
<b>Part III</b>		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>				
	24	Unrestricted		-84,311.	32,828.	
	25	Temporarily restricted				
	26	Permanently restricted				
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/>				
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
<b>Part III</b>	30	<b>Total net assets or fund balances</b>		-84,311.	32,828.	
	31	<b>Total liabilities and net assets/fund balances</b>		550,435.	581,328.	

**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 30 (must agree with end-of-year figure reported on prior year's return)	1	-84,311.
2	Enter amount from Part I, line 27a	2	102,118.
3	Other increases not included in line 2 (itemize) ▶ <b>FOREIGN CURRENCY CONVERSION</b>	3	15,021.
4	Add lines 1, 2, and 3	4	32,828.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30	6	32,828.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b	NONE		
c			
d			
e			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a			
b			
c			
d			
e			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) If (loss), enter -0- in Part I, line 8		3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	11,346,429.	0.	.000000
2015			
2014			
2013			
2012			

2 Total of line 1, column (d)	2	.000000
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.000000
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	0.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0.
7 Add lines 5 and 6	7	0.
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions	8	11,364,265.

**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 ☐ and enter "N/A" on line 1.  
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 ☐ 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-)

**3** Add lines 1 and 2

**4** Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)

**5 Tax based on investment income** Subtract line 4 from line 3. If zero or less, enter -0-

**6 Credits/Payments:**

**a** 2017 estimated tax payments and 2016 overpayment credited to 2017

**b** Exempt foreign organizations - tax withheld at source

**c** Tax paid with application for extension of time to file (Form 8868)

**d** Backup withholding erroneously withheld

**7** Total credits and payments. Add lines 6a through 6d

**8** Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached

**9 Tax due** If the total of lines 5 and 8 is more than line 7, enter **amount owed**

**10 Overpayment** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**

**11** Enter the amount of line 10 to be: **Credited to 2018 estimated tax**

**Refunded**

**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?

**b** Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. 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.

**c** Did the foundation file **Form 1120-POL** for this year?

**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?

If "Yes," attach a detailed description of the activities.

**3** Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

**4a** Did the foundation have unrelated business gross income of \$1,000 or more during the year?

**b** If "Yes," has it filed a tax return on **Form 990-T** for this year?

N/A

**5** Was there a liquidation, termination, dissolution, or substantial contraction during the year?

If "Yes," attach the statement required by *General Instruction T*

**6** Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

• 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?

**7** Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

**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*? If "No," attach explanation

**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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

**10** Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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**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
- 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
- 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  
Website address **WWW.MEDTRONIC.COM/FOUNDATION**
- 14 The books are in care of **THE FOUNDATION** Telephone no. **763-505-2639**  
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 and enter the amount of tax-exempt interest received or accrued during the year **15** **N/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, 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

	Yes	No
11		X
12		X
13	X	
15		N/A
16		X

**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.

- 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? ☐ Yes ☒ No
- (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No
- (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☒ Yes ☐ No
- (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ 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)? ☐ Yes ☒ 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) ☐ Yes ☒ 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 **N/A**
- 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 2017? **1c** **X**
- 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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☒ No  
If "Yes," list the years
- 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.) **N/A**
- c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
- 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No
- 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**
- 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? **4a** **X**
- 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 2017? **4b** **X**

	Yes	No
1b		X
1c		X
2b		
3b		
4a		X
4b		X

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

5a During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☒ Yes ☐ 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?

☐ Yes ☒ 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

Organizations relying on a current notice regarding disaster assistance, check here

☐

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?

SEE STATEMENT 4

☒ Yes ☐ 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?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

☐ Yes ☒ No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

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

1 List all officers, directors, trustees, and 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
SEE STATEMENT 3		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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

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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	0.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	229,175.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	
<b>d</b>	Total (add lines 1a, b, and c)	<b>1d</b>	229,175.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	229,175.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) <b>STMT 5</b>	<b>4</b>	229,175.
<b>5</b>	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	0.
<b>6</b>	Minimum investment return. Enter 5% of line 5	<b>6</b>	0.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	0.
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5	<b>2a</b>	
<b>b</b>	Income tax for 2017. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	0.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	0.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	0.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	0.

**Part XII** Qualifying Distributions (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	11,364,265.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	<b>4</b>	11,364,265.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	0.
<b>6</b>	Adjusted qualifying distributions. Subtract line 5 from line 4	<b>6</b>	11,364,265.

**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.

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**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2017			0.	
a Enter amount for 2016 only			0.	
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part XII, line 4: <b>\$ 11,364,265.</b>			0.	
a Applied to 2016, 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 2017 distributable amount				0.
e Remaining amount distributed out of corpus	11,364,265.			
5 Excess distributions carryover applied to 2017 (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:	11,364,265.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,364,265.			
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 2016 Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				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)	11,364,265.			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018 Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

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

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2017	(b) 2016	(c) 2015	(d) 2014	

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).)

NONE

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.

NONE

**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.

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

**SEE STATEMENT 6**

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

c Any submission deadlines:

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

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

Recipient Name and address (home or business)	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
<b>a Paid during the year</b>				
SEE ATTACHED STATEMENT				11,056,846.
<b>Total</b>			<b>3a</b>	11,056,846.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>			<b>3b</b>	0.

Form 990-PF (2017)



## Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- |          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?   |     |    |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:   |     |    |
|          | (1) Cash   |     | X  |
|          | (2) Other assets   |     | X  |
| <b>b</b> | Other transactions   |     |    |
|          | (1) Sales of assets to a noncharitable exempt organization   |     | X  |
|          | (2) Purchases of assets from a noncharitable exempt organization   |     | X  |
|          | (3) Rental of facilities, equipment, or other assets   |     | X  |
|          | (4) Reimbursement arrangements   |     | X  |
|          | (5) Loans or loan guarantees   |     | X  |
|          | (6) Performance of services or membership or fundraising solicitations   |     | X  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees   |     | X  |
| <b>d</b> | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |     |    |

[illegible]

- 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Sign  
Here**

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

May the IRS discuss this return with the preparer shown below? See instr

☒ Yes ☐ No

Signature of officer or trustee

Date \_\_\_\_\_

Title

PRESIDENT

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

LAWRENCE H. MOHR,  
CPA

Preparer's signature

LAWRENCE H. MOHR.

Date \_\_\_\_\_

03/10/19

Check ☐ if  
self-employed

PTIN
------

P00447603

Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP

Firm's EIN ► 39-0859910

Firm's address ► 225 S 6TH ST #2300

MINNEAPOLIS, MN 55402

Phone no. 612.876.4500

Form **990-PF** (2017)

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

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Name of the organization

Employer identification number

MEDTRONIC GLOBAL HEALTH FOUNDATION

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 foundationCheck 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 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 Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

**MEDTRONIC GLOBAL HEALTH FOUNDATION****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
<u>1</u>	<u>MEDTRONIC COMMUNITIES FOUNDATION</u> <u>710 MEDTRONIC PARKWAY</u> <u>MINNEAPOLIS, MN 55432</u>	\$ <u>11,380,137.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

Employer identification number

**MEDTRONIC GLOBAL HEALTH FOUNDATION****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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



Name of organization

Employer identification number

MEDTRONIC GLOBAL HEALTH FOUNDATION

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 info once) ▶ \$

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**Medtronic Global Health Foundation  
Form 990-PF  
For the Year Ended April 30, 2018**

**81-2307516**

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

Grantee: Abt Associates Cambridge, MA  
Date Paid: Monthly  
Grant Amount: \$3,808,415.32  
Purpose: Implementation Partner for HealthRise Program  
Amount of grant spent by grantee: \$3,808,415.32  
Report: Reports received monthly

Grantee: Africa Health Business Limited  
Grant Amount: \$15,000  
Purpose: Africa Health Business Symposium  
Final Report: Due 12/31/2018

Grantee: Charities Aid Foundation America  
Grant Amount: \$840,159.52  
Purpose: Medtronic Global Health Foundation Opportunity Grants  
Amount of grant spent by grantee: \$697,152.00  
Interim Report: Received 11/20/2018

Grantee: Charities Aid Foundation America  
Grant Amount: \$575,775.00  
Purpose: Medtronic Global Health Foundation Opportunity Grants  
Amount of grant spent by grantee: \$460,000.00  
Interim Report: Received 11/20/2018

Grantee: Development Ex. Washington, DC  
Date Paid: 4/27/2018  
Grant Amount: \$60,000.00  
Purpose: Highlight unheard voices of patients, caregivers, and health workers  
Final Report: Due 12/31/2018

Grantee: Heart and Stroke Foundation of South Africa  
Date Paid: 4/6/2018  
Grant Amount: \$10,000.00  
Purpose: African Heart Network Conference  
Final Report: Received 6/13/2018

Grantee: International Alliance of Patients' Organizations London, UK  
Date Paid: 4/13/2018  
Grant Amount: \$15,000.00  
Purpose: Engaging Patients in the 8th Global Patients Congress Miami  
Final Report: Received 7/15/2018

Grantee: Impact Investing Exchange Singapore,  
Date Paid: 3/30/2018

**Medtronic Global Health Foundation  
Form 990-PF  
For the Year Ended April 30, 2018**

**81-2307516**

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

Grant Amount: \$125,000.00

Purpose: Engaging Patients in the 8th Global Patients Congress Miami

Final Report: Received 6/18/2018

Grantee: Matchboxology Johannesburg, South Africa

Date Paid: 4/13/2018

Grant Amount: \$7,500.00

Purpose: Can We Measuring Empathy For Better Outcomes in Global Health? A Roundtable Discussion

Final Report: Received 6/28/2018

Grantee: NCD Alliance Geneva, Switzerland

Date Paid: 4/27/2018

Grant Amount: \$50,000.00

Purpose: Expanding Access to Care, Supporting Global, Regional and Country level NCD Action

Final Report: Due 1/31/2019

Grantee: NCD Alliance Geneva, Switzerland

Date Paid: 4/27/2018

Grant Amount: \$50,000.00

Purpose: Supporting the Meaningful involvement of People Living with NCDs

Final Report: Due 4/1/2019

Grantee: Telethon Kids Institute Subiaco, Australia

Date Paid: 4/28/2017

Grant Amount: \$520,752.00

Purpose: RhEACH (Rheumatic Heart Disease. Evidence. Advocacy. Communication. Hope.)

Amount of grant spent by grantee: \$520,752.00

Final Report: Received 3/2/2018

Grantee: Telethon Kids Institute

Date Paid: 4/2/2018

Grant Amount: \$541,000.00

Purpose: RhEACH (Rheumatic Heart Disease. Evidence. Advocacy. Communication. Hope.)

Amount of grant spent by grantee:

Final Report: Due 4/1/2018

Grantee: Union for International Cancer Geneva, Switzerland

Date Paid: 04/07/2015

Grant Amount: \$242,223.00

Purpose: NCD Alliance Work

Amount of grant spent by grantee: \$242,223.00

Final Report: Received 4/19/2018

Grantee: World Heart Federation

Date Paid: 4/14/2017

**Medtronic Global Health Foundation  
Form 990-PF  
For the Year Ended April 30, 2018**

**81-2307516**

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

Grant Amount: \$227,833.00

Purpose: RHD Action

Amount of grant spent by grantee: \$227,833.00

Final Report: Received 3/2/2018

Grantee: World Heart Federation

Date Paid: 4/14/2017

Grant Amount: \$10,000.00

Purpose: RHD Action

Amount of grant spent by grantee: \$5,060.99

Interim Report: Received 3/2/2018

Final Report: Due 11/15/2019

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 1

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL	159,503.	0.		145,168.
TO FORM 990-PF, PG 1, LN 16C	159,503.	0.		145,168.

## FORM 990-PF

## OTHER LIABILITIES

## STATEMENT 2

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
WAGES AND SERVICES PAYABLE	534,165.	548,500.
TOTAL TO FORM 990-PF, PART II, LINE 22	534,165.	548,500.

FORM 990-PF

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

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CAROL SURFACE 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF DIRECTORS 0.15	0.	0.	0.
JACOB A. GAYLE 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	VICE CHAIR BOARD OF DIRECT 18.00	0.	0.	0.
WADE JONES 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	TREASURER 15.00	0.	0.	0.
BRAD LERMAN 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	CHAIR BOARD OF DIRECTORS 0.15	0.	0.	0.
KAREN PARKHILL 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF DIRECTORS 0.15	0.	0.	0.
GEOFF MARTHA 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF DIRECTORS 0.15	0.	0.	0.
OMAR ISHRAK 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF DIRECTORS 0.15	0.	0.	0.
ELLIE PIDOT 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF DIRECTORS 0.15	0.	0.	0.
ROB CLARK 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF DIRECTORS 0.15	0.	0.	0.
BOB RYAN 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEMBER BOARD OF DIRECTORS 0.15	0.	0.	0.

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

<u>0.</u>	<u>0.</u>	<u>0.</u>
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FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT  
PART VII-B, LINE 5C

STATEMENT 4

GRANTEE'S NAME

SEE ATTACHED STATEMENT

GRANTEE'S ADDRESS

SEE ATTACHED STATEMENT

GRANT AMOUNTDATE OF GRANTAMOUNT EXPENDEDPURPOSE OF GRANT

SEE ATTACHED STATEMENT

DATES OF REPORTS BY GRANTEE

SEE ATTACHED STATEMENT

ANY DIVERSION BY GRANTEE

SEE ATTACHED STATEMENT



FORM 990-PF

CASH DEEMED CHARITABLE EXPLANATION STATEMENT  
PART X, LINE 4

STATEMENT 5

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.

FORM 990-PF

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

STATEMENT 6

---

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

---

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

---

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 GLOBAL HEALTH 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
-