

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

**B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
Children's Health Care  
% BRENDA MCCORMICK VP & CFO  
Doing business as  
Children's Hospitals & Clinics of MN  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
2525 Chicago Avenue South  
City or town, state or province, country, and ZIP or foreign postal code  
Minneapolis, MN 554041844

**D** Employer identification number  
41-1754276

**E** Telephone number  
(612) 813-6000

**G** Gross receipts \$ 1,322,049,911

**F** Name and address of principal officer  
Marc Gorelick President CEO  
2525 Chicago Avenue South  
Minneapolis, MN 554041844

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ www.childrensmn.org

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1995

**M** State of legal domicile MN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
CHILDREN'S HOSPITALS AND CLINICS OF MN CHAMPIONS THE SPECIAL NEEDS OF CHILDREN

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	13
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5,865
<b>6</b> Total number of volunteers (estimate if necessary)	1,957
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	2,271,587
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	34,503,534	29,335,746
<b>9</b> Program service revenue (Part VIII, line 2g)	807,048,767	875,635,934
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,830,358	46,580,961
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,652,968	2,598,840
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	909,035,627	954,151,481
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,718,809	2,062,252
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	482,381,931	496,477,949
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	338,064,812	370,508,176
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	823,165,552	869,048,377
<b>19</b> Revenue less expenses Subtract line 18 from line 12	85,870,075	85,103,104
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,312,673,145	1,352,722,146
<b>21</b> Total liabilities (Part X, line 26)	384,464,842	368,768,842
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	928,208,303	983,953,304

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2019-11-10  
BRENDA MCCORMICK VP & CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: \_\_\_\_\_  
Preparer's signature: \_\_\_\_\_  
Date: 2019-11-11  
Check  if self-employed  
PTIN: P01413237  
Firm's name: ▶ KPMG LLP  
Firm's EIN: ▶ \_\_\_\_\_  
Firm's address: ▶ 4200 WELLS FARGO CTR 90 S 7TH  
Minneapolis, MN 55402  
Phone no: (612) 305-5000

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA CHAMPIONS THE SPECIAL HEALTH NEEDS OF CHILDREN AND THEIR FAMILIES WE ARE COMMITTED TO IMPROVING CHILDREN'S HEALTH BY PROVIDING FAMILY CENTERED PEDIATRIC SERVICES WE ADVANCE THESE EFFORTS THROUGH RESEARCH AND EDUCATION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 749,932,920 including grants of \$ 2,062,252 ) (Revenue \$ 868,600,488 )  
See Additional Data

**4b** (Code ) (Expenses \$ 4,373,483 including grants of \$ ) (Revenue \$ 1,382,476 )  
See Additional Data

**4c** (Code ) (Expenses \$ 4,668,206 including grants of \$ ) (Revenue \$ 60,657 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 758,974,609

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: BRENDA MCCORMICK VP CFO 2525 Chicago Avenue South Minneapolis, MN 55404 (612) 813-6000.







**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	15,117,130		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	14,218,616		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____		1,083,776		
<b>h Total.</b> Add lines 1a-1f . . . . .		29,335,746			

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> Patient Service Revenue		621400	537,413,142	537,413,142		
	<b>b</b> Medicare/Medicaid payment		621400	244,771,194	244,771,194		
	<b>c</b> Pharmacy Revenue		621400	1,933,808			1,933,808
	<b>d</b> Parking		812930	3,153,166		371,842	2,781,324
	<b>e</b> Lab Revenue		621500	87,870,502	87,365,163	505,339	
	<b>f</b> All other program service revenue			494,122	494,122		
<b>g Total.</b> Add lines 2a-2f . . . . .			875,635,934				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			32,808,007		1,394,406	31,413,601	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		1,449,034						
		<b>b</b> Less rental expenses	1,499,496					
		<b>c</b> Rental income or (loss)	-50,462	0				
	<b>d</b> Net rental income or (loss) . . . . .			-50,462			-50,462	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		372,962,649	7,209,239					
		<b>b</b> Less cost or other basis and sales expenses	363,013,193	3,385,741				
		<b>c</b> Gain or (loss)	9,949,456	3,823,498				
	<b>d</b> Net gain or (loss) . . . . .			13,772,954			13,772,954	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	0					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	0				
<b>c</b> Net income or (loss) from fundraising events . . . . .				0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0						
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0					
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> Cafeteria		722514	2,224,203			2,224,203		
<b>b</b> Marketplace		453220	389,162			389,162		
<b>c</b> Vending machines		722514	27,272			27,272		
<b>d</b> All other revenue . . . . .			8,665			8,665		
<b>e Total.</b> Add lines 11a-11d . . . . .			2,649,302					
<b>12 Total revenue.</b> See Instructions . . . . .			954,151,481	870,043,621	2,271,587	52,500,527		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	343,352	343,352		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	1,718,900	1,718,900		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	15,001,616	5,559,114	9,442,502	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	376,022,109	334,835,401	41,186,708	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	27,902,121	25,957,827	1,944,294	
<b>9</b> Other employee benefits	51,200,500	45,139,602	6,060,898	
<b>10</b> Payroll taxes	26,351,603	23,120,125	3,231,478	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	4,919,141	3,852,071	1,067,070	
<b>b</b> Legal	1,674,142	138,114	1,536,028	
<b>c</b> Accounting	614,444	30,430	584,014	
<b>d</b> Lobbying	195,867		195,867	
<b>e</b> Professional fundraising services See Part IV, line 17	0			
<b>f</b> Investment management fees	5,909,971	5,909,971		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	88,146,779	78,851,561	9,295,218	
<b>12</b> Advertising and promotion	1,268,672	92,492	1,176,180	
<b>13</b> Office expenses	8,836,720	7,667,074	1,169,646	
<b>14</b> Information technology	17,455,041		17,455,041	
<b>15</b> Royalties	0			
<b>16</b> Occupancy	14,871,678	13,445,372	1,426,306	
<b>17</b> Travel	1,824,013	1,356,687	467,326	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	2,615,638	2,414,933	200,705	
<b>20</b> Interest	8,362,603	8,362,603		
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	43,234,588	33,743,691	9,490,897	
<b>23</b> Insurance	2,657,407	2,657,407		
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Medical Supplies	85,071,557	85,071,557		
<b>b</b> MNCare Tax	15,867,274	15,867,274		
<b>c</b> Medicaid Surcharge	10,635,846	10,635,846		
<b>d</b> Temp Labor	10,389,164	9,510,948	878,216	
<b>e</b> All other expenses	45,957,631	42,692,257	3,265,374	
<b>25</b> Total functional expenses. Add lines 1 through 24e	869,048,377	758,974,609	110,073,768	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	21,676,670	<b>1</b>	10,436,685
	<b>2</b> Savings and temporary cash investments . . . . .	9,294,775	<b>2</b>	23,121,432
	<b>3</b> Pledges and grants receivable, net . . . . .	1,089,915	<b>3</b>	1,053,972
	<b>4</b> Accounts receivable, net . . . . .	123,361,714	<b>4</b>	176,297,231
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	6,797,848	<b>8</b>	7,785,560
	<b>9</b> Prepaid expenses and deferred charges . . . . .	12,524,735	<b>9</b>	14,437,643
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 786,051,025		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 448,865,098	355,979,615	<b>10c</b> 337,185,927
	<b>11</b> Investments—publicly traded securities . . . . .	394,904,463	<b>11</b>	285,164,431
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	248,365,702	<b>12</b>	357,861,576
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	20,406,163	<b>13</b>	21,263,834
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	118,271,545	<b>15</b>	118,113,855
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,312,673,145	<b>16</b>	1,352,722,146	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	107,361,397	<b>17</b>	117,967,519
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	1,951,262	<b>19</b>	1,316,372
	<b>20</b> Tax-exempt bond liabilities . . . . .	217,158,419	<b>20</b>	203,127,527
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	143,647	<b>23</b>	96,158
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .	57,850,117	<b>25</b>	46,261,266
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	384,464,842	<b>26</b>	368,768,842
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	858,150,535	<b>27</b>	912,443,775
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	70,057,768	<b>29</b>	71,509,529
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	928,208,303	<b>33</b>	983,953,304	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,312,673,145	<b>34</b>	1,352,722,146	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	954,151,481
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	869,048,377
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	85,103,104
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	928,208,303
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-32,874,482
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	3,516,379
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	983,953,304

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1754276

**Name:** Children's Health Care

Form 990 (2018)

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**Form 990, Part III, Line 4a:**

HOSPITAL PROGRAM SERVICES FAMILIES LOOK TO CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA FOR THE FINEST IN PEDIATRIC CARE WITH TWO PEDIATRIC HOSPITAL FACILITIES AND 430 STAFFED BEDS, WE CHAMPION THE SPECIAL HEALTH NEEDS OF CHILDREN AND THEIR FAMILIES AND ARE COMMITTED TO PROVIDING HIGH-QUALITY, FAMILY CENTERED PEDIATRIC SERVICES THE LEAPFROG GROUP'S ANNUAL LIST OF TOP HOSPITALS NAMED CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA'S MINNEAPOLIS AND ST PAUL HOSPITALS AS TWO OF THE TOP TEN PEDIATRIC HOSPITALS IN THE COUNTRY FOR QUALITY AND EFFICIENCY SEE SCHEDULE

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**Form 990, Part III, Line 4b:**

EDUCATION MANY EFFORTS TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN AND YOUTH REQUIRE LONG-TERM INVESTMENT IN THEIR FUTURE CHILDREN'S PROVIDES EDUCATION AND TRAINING PROGRAMS FOR PROVIDERS, HEALTH CARE STUDENTS, AND OTHER HEALTH PROFESSIONALS IN THE FOLLOWING AREAS 1) COMMUNITY MEDICAL EDUCATION FOR COMMUNITY PHYSICIANS DURING THE 2018 CALENDAR YEAR, CHILDREN'S PROVIDED TRAINING TO 406 AFFILIATED RESIDENTS AND FELLOWS, AND HOSTED 293 MEDICAL STUDENT & 380 RESIDENT ROTATIONS AT CHILDREN'S MINNEAPOLIS, CHILDREN'S ST PAUL, OR BOTH LOCATIONS SEE SCHEDULE O

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**Form 990, Part III, Line 4c:**

RESEARCH CHILDREN'S HAS 465 OPEN RESEARCH STUDIES, OF WHICH 187 ARE ACTIVELY RECRUITING CLINICAL TRIALS IN 2018 CHILDREN'S RECEIVED ABOUT \$23 MILLION FROM INDUSTRY CONTACTS AND FEDERAL STATE AND FOUNDATION SPONSORS TYPES OF STUDIES AND TRIALS CONDUCTED AT CHILDREN'S ARE INVESTIGATOR-INITIATED STUDIES, EXTERNAL MULTI-CENTER TRIALS, OBSERVATIONAL STUDIES, REGISTRIES, AND SUPPORTIVE SERVICES SUCH AS CASE MANAGEMENT CHILDREN'S HAD ONGOING RESEARCH IN EMERGENCY/TRAUMA, CYSTIC FIBROSIS, DIABETES AND ENDOCRINOLOGY, CARDIOVASCULAR AND CRITICAL CARE, PAIN AND PALLIATIVE CARE, INTEGRATIVE MEDICINE, GENETICS, CANCER AND BLOOD DISORDERS, AND NEONATOLOGY ENT AND REHAB SEE SCHEDULE O

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Marc Gorelick MD ..... President & CEO	50 0 ..... 0 0	X		X				955,459	0	36,090
Stephen Nelson MD ..... Staff Physician	50 0 ..... 0 0	X						510,677	0	48,984
Martin L Bassett ..... Board Chair	1 0 ..... 0 0	X		X				0	0	0
Gary Blackford ..... Vice Chair	1 0 ..... 0 0	X		X				0	0	0
Bruce P Shay ..... Treasurer	1 0 ..... 0 0	X		X				0	0	0
Alvin Abraham ..... Board Member	1 0 ..... 0 0	X						0	0	0
J Hayes Batson ..... Board Member	1 0 ..... 0 0	X						0	0	0
Russell Becker ..... Board Member	1 0 ..... 0 0	X						0	0	0
Matt Furman ..... Board Member	1 0 ..... 0 0	X						0	0	0
Kelly Lemieux MD ..... Board Member	1 0 ..... 0 0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lynn Littlejohn ..... Board Member	1 0 ..... 0 0	X						0	0	0
Paul H Marvin ..... Board Member	1 0 ..... 0 0	X						0	0	0
Bonnie Speer McGrath ..... Board Member	1 0 ..... 0 0	X						0	0	0
Richard Migliori MD ..... Board Member	1 0 ..... 0 0	X						0	0	0
Tom Tefft ..... Board Member	1 0 ..... 0 0	X						0	0	0
Maria Christu ..... Chief Legal Officer	50 0 ..... 0 0			X				513,905	0	46,023
Roxanne Fernandes ..... CNO, VP Patient Care Svcs	50 0 ..... 0 0			X				500,120	0	170,063
Jeffrey Young ..... Chief Information Officer	50 0 ..... 0 0			X				439,442	0	41,795
Carol Wilcox ..... VP Diagnostic/Therapeutic Svcs	50 0 ..... 0 0			X				317,718	0	19,413
Bjorn Gunnerud ..... VP, Marketing & Communications	50 0 ..... 0 0			X				348,999	0	135,312

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
Jennifer Olson Market ..... VP Business Dev and Strategy	50 0 ..... 0 0			X				463,310	0	38,107
Trevor Sawallish ..... SVP Clinical Ops & COO	50 0 ..... 0 0			X				523,405	0	40,953
Emily Chapman MD ..... CMO and VP Medical Affairs	50 0 ..... 0 0			X				462,725	0	44,551
Anupam Kharbanda MD ..... Chief of Critical Care Service	50 0 ..... 0 0			X				381,364	0	18,894
Rebecca Wortalewicz ..... Acting VP, Finance and CFO	50 0 ..... 0 0			X				318,258	0	41,419
Nancy Mendelsohn MD ..... Chief of Specialty Pediatrics	50 0 ..... 0 0			X				316,352	0	36,965
Pamela Gigi Chawla MD ..... Chief of General Pediatrics	50 0 ..... 0 0			X				367,142	0	19,379
Tracy Pfliefer ..... VP Ops Mother Baby Clin Svc	50 0 ..... 0 0			X				217,584	0	20,921
Stuart Winter MD ..... Chief Research Officer	50 0 ..... 0 0			X				350,995	0	44,708
Clark Smith MD ..... Chief of Services Pediatrics	50 0 ..... 0 0			X				286,896	0	57,219

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nancy Stevens ..... Interim CHRO	50 0 ..... 0 0			X				256,779	0	30,588
James Leste ..... VP Support Operations	50 0 ..... 0 0			X				284,682	0	37,316
Monica Schiller ..... VP Ambulatory Services	50 0 ..... 0 0			X				231,032	0	36,559
Pamala VanHazinga ..... CNO, VP Patient Care Svcs	50 0 ..... 0 0			X				313,599	0	42,543
Susan Slocum ..... Chief Investment Officer	50 0 ..... 0 0			X				243,209	0	29,132
Susan Sencer ..... Chief of Specialty Pediatrics	50 0 ..... 0 0			X				294,840	0	145,393
Anna Youngerman ..... Chief Value Officer	50 0 ..... 0 0			X				215,035	12,641	33,372
Phil Kibort ..... VP Medical Affairs and CMO	0 0 ..... 50 0			X				0	356,271	107,303
Gloria Drake ..... Sr Dir Clin SVCS-Perioperative	50 0 ..... 0 0				X			228,519	53,477	39,544
Alice Chernich ..... Sr Dir Clinical Serv-Neonatal	50 0 ..... 0 0				X			156,564	0	19,346

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kathleen Penson ..... Sr Dir Clin Svcs-Critical Care	50 0 ..... 0 0				X			202,686	0	34,796
Claudia Hines ..... Sr Dir Clin Svcs - Pediatrics	50 0 ..... 0 0				X			167,196	0	31,451
Joseph Petronio MD ..... Surgical Dir, Peds Neurosurg	50 0 ..... 0 0					X		959,914	0	34,454
Meysam Kebraei MD ..... Staff Physician	50 0 ..... 0 0					X		883,089	0	42,568
Barbara Malone MD ..... Medical Director	50 0 ..... 0 0					X		730,664	0	36,662
Albert Tu MD ..... Staff Physician	50 0 ..... 0 0					X		812,835	0	23,759
Kyle Halvorson MD ..... Staff Physician	50 0 ..... 0 0					X		717,396	0	36,146
Robert Bonar JR ..... Former President & CEO	0 0 ..... 0 0						X	656,379	0	0
Todd Ostendorf ..... Former VP, Finance and CFO	0 0 ..... 0 0						X	372,847	0	0
Theresa Pesch ..... Former President, Foundation	0 0 ..... 0 0						X	40,946	368,521	186,921

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Health Care

Employer identification number

41-1754276

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		



**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1754276

**Name:** Children's Health Care

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Children's Health Care	<b>Employer identification number</b> 41-1754276
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		No	
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		140,000
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		55,867
<b>j</b> Total Add lines 1c through 1i			195,867
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Form 990 Sch C Part II-B Line 1B, Line 1G, Line 1I	CHILDREN'S RETAINS A LOBBYIST TO ASSIST DIRECTLY WITH LOBBYING EFFORTS AT THE STATE LEVEL CHILDREN'S PUBLIC POLICY DIRECTOR IS ALSO RESPONSIBLE FOR LOBBYING ACTIVITIES ON THE CITY, STATE, AND FEDERAL LEVEL THOSE RESPONSIBILITIES INCLUDE PROVIDING TESTIMONY AT THE STATE CAPITOL, MAINTAINING RELATIONSHIPS, EDUCATING LEGISLATORS AND STAFF, AND WORKING WITH OUR REGULATORY AGENCIES WITH RESPECT TO FEDERAL LOBBYING EFFORTS, CHILDREN'S SENIOR DIRECTOR OF CHILD HEALTH POLICY, PUBLIC POLICY DIRECTOR, AND CEO WILL OCCASIONALLY TRAVEL TO WASHINGTON TO MEET WITH FEDERAL LAWMAKERS THIS IS GENERALLY DONE IN A COLLABORATION WITH INDUSTRY ORGANIZATIONS, SUCH AS NACHRI, WHO INDIRECTLY PROVIDE FEDERAL LOBBYING SUPPORT ON BEHALF OF CHILDREN'S CHILDREN'S IS A MEMBER OF THE CHILDREN'S HOSPITAL ASSOCIATION (CHA) \$36,664 OF MEMBERSHIP DUES PAID TO CHA RELATE TO LOBBYING ACTIVITIES Children's IS A MEMBER OF THE MINNESOTA HOSPITAL ASSOCIATE (MHA) \$6,072 OF MEMBERSHIP DUES PAID TO MHA RELATE TO LOBBYING ACTIVITIES CHILDREN'S IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATE (AHA) \$13,131 OF MEMBERSHIP DUES PAID TO AHA RELATE TO LOBBYING ACTIVITIES

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
Children's Health Care

**Employer identification number**  
41-1754276

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	158,713,414	144,734,538	39,136,928	41,329,339	39,959,574
<b>b</b> Contributions . . . . .	2,744,579	937,139	100,571,581	211,366	1,216,110
<b>c</b> Net investment earnings, gains, and losses	-543,182	19,761,540	6,528,600	-1,037,098	1,904,157
<b>d</b> Grants or scholarships . . . . .	5,795,868	6,719,803	1,502,571	1,366,679	1,750,502
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	155,118,943	158,713,414	144,734,538	39,136,928	41,329,339

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 70 000 %
  - b** Permanent endowment ▶ 22 000 %
  - c** Temporarily restricted endowment ▶ 8 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   | Yes        |           |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>  | Yes        |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>Yes</b> | <b>No</b> |
| <b>3b</b>  | Yes        |           |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		13,325,460		13,325,460
<b>b</b> Buildings . . . . .		437,677,262	206,847,767	230,829,495
<b>c</b> Leasehold improvements		16,877,574	3,888,851	12,988,723
<b>d</b> Equipment . . . . .		312,738,091	232,803,982	79,934,109
<b>e</b> Other . . . . .		5,432,638	5,324,498	108,140
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				337,185,927

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) INVESTMENTS CARRIED AT N A V	357,861,576	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	357,861,576	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) EXECUTIVE BENEFIT PLANS	6,709,879
(2) PHYSICIAN RELOCATION LOANS REC	610,000
(3) PHARMACEUTICAL SERVICE DEPOSIT	3,041,859
(4) FACILITY DEPOSIT	123,255
(5) UNITED SHARED SERVICE ARRNGMT	11,205,834
(6) INVESTMENT IN MOTHER/BABY	24,050,344
(7) OTHER	863,155
(8) BENEFICIAL INT IN NA OF FDTN	71,509,529
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	118,113,855

**Part X Other Liabilities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
RSVP RETIREMENT PLAN	1,891,815
EXECUTIVE BENEFITS LIABILITY	4,344,670
MN CARE TAX PAYABLE	4,585,336
POST-RETIREMENT BENEFITS	2,383,062
WORKERS COMP LIABILITY	1,868,707
INTERCOMPANY PAYABLE	18,567,653
LONG TERM DEFERRED REVENUE	12,162,232
OTHER	457,791
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	46,261,266

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1754276

**Name:** Children's Health Care

### Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) EXECUTIVE BENEFIT PLANS	6,709,879
(1) PHYSICIAN RELOCATION LOANS REC	610,000
(2) PHARMACEUTICAL SERVICE DEPOSIT	3,041,859
(3) FACILITY DEPOSIT	123,255
(4) UNITED SHARED SERVICE ARRNGMT	11,205,834
(5) INVESTMENT IN MOTHER/BABY	24,050,344
(6) OTHER	863,155
(7) BENEFICIAL INT IN NA OF FDTN	71,509,529

**Form 990, Schedule D, Part X, - Other Liabilities**

1 (a) Description of Liability	(b) Book Value
RSVP RETIREMENT PLAN	1,891,815
EXECUTIVE BENEFITS LIABILITY	4,344,670
MN CARE TAX PAYABLE	4,585,336
POST-RETIREMENT BENEFITS	2,383,062
WORKERS COMP LIABILITY	1,868,707
INTERCOMPANY PAYABLE	18,567,653
LONG TERM DEFERRED REVENUE	12,162,232
OTHER	457,791

## Supplemental Information

Return Reference	Explanation
Form 990 Sch D Part V Line 4	EFFECTIVE NOVEMBER 1, 2016, THE CHILDREN'S BOARD OF DIRECTORS DESIGNATED \$100 MILLION OF UNRESTRICTED INVESTMENTS FOR ENDOWMENT TO SUPPORT PROGRAMS AT CHILDREN'S HEALTH CARE. THE MAJORITY OF PERMANENT ENDOWMENT FUNDS ARE HELD BY CHILDREN'S HEALTH CARE FOUNDATION, A RELATED ORGANIZATION. THE INTENDED USE OF THE FUNDS IS TO SUPPORT THE PROGRAMS AT CHILDREN'S HEALTH CARE. THERE ARE ALSO TWO ENDOWMENT FUNDS THAT ARE HELD AND ADMINISTERED BY US BANK, AN UNRELATED ORGANIZATION, WHICH ARE ALSO USED TO SUPPORT THE PROGRAMS AT CHILDREN'S HEALTH CARE. REFER TO PART III, LINE 4 FOR A DESCRIPTION OF THE PROGRAMS OF CHILDREN'S HEALTH CARE.

## Supplemental Information

Return Reference	Explanation
Form 990 Sch D Part X Line 2	THE IRS HAS DETERMINED THAT CHILDREN'S AND ITS SUBSIDIARIES ARE EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE IRC CHILDREN'S BELIEVES THAT IT CONTINUES TO MEET THE REQUIREMENTS OF THE IRC TO SUSTAIN ITS TAX-EXEMPT STATUS IN ACCORDANCE WITH ASC SUBTOPIC 740-10, INCOME TAXES OVERALL, CHILDREN S RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THERE ARE NO FEDERAL INCOME TAX EXPENSES, PENALTIES, OR INTEREST RECOGNIZED IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS AND NO UNRECOGNIZED TAX BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017 CHILDREN'S IS NOT SUBJECT TO AN INCOME TAX EXAMINATION FOR YEARS BEFORE 2015



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
Children's Health Care

**Employer identification number**  
41-1754276

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total					45,343,650
<b>b</b> Total from continuation sheets to Part I					
<b>c</b> Totals (add lines 3a and 3b)					45,343,650

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1754276

**Name:** Children's Health Care

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Self Insurance	124,164
Central America and the Caribbean			Investments	N/A	9,784,331

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments	N/A	1,057,222
Central America and the Caribbean			Investments	N/A	6,498,946

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments	N/A	5,400,163
Central America and the Caribbean			Investments	N/A	348,255



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments	N/A	13,431,517
Central America and the Caribbean			Investments	N/A	8,690,779

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments	N/A	8,273

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 Children's Health Care

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Employer identification number**  
 41-1754276

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>275</u> %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1)			765,723		765,723	0.090 %
<b>b</b> Medicaid (from Worksheet 3, column a)			365,613,918	274,782,354	90,831,564	10.730 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			366,379,641	274,782,354	91,597,287	10.820 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			13,881,916	3,135,622	10,746,294	1.270 %
<b>f</b> Health professions education (from Worksheet 5)			7,840,708	2,832,596	5,008,112	0.590 %
<b>g</b> Subsidized health services (from Worksheet 6)			57,903,530	42,653,280	15,250,250	1.800 %
<b>h</b> Research (from Worksheet 7)			6,374,635	3,843,299	2,531,336	0.300 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			60,665		60,665	0.010 %
<b>j Total</b> Other Benefits			86,061,454	52,464,797	33,596,657	3.970 %
<b>k Total</b> Add lines 7d and 7j			452,441,095	327,247,151	125,193,944	14.790 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			30,000		30,000	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			16,000		16,000	
9 Other						
<b>10 Total</b>			46,000		46,000	

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	10,148,995
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	2,537,249
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME).	5	197,009
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	271,962
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-74,953
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Children's Health Care

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>REFER TO SECTION C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 17</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>REFER TO SECTION C</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Children's Health Care

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>275</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>Refer to Section C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>Refer to Section C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>Refer to Section C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

Children's Health Care

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			



**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Children's Health Care

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No



**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
<b>1</b> Children's Clinics - Woodwinds 1825 Woodwinds Drive Suite 400 Woodbury, MN 55125	Specialty and Rehabilitation Clinic
<b>2</b> Children's - Maple Grove 7767 Elm Creek Blvd Suite 300 Maple Grove, MN 55369	Specialty and Rehabilitation Clinic
<b>3</b> Children's Rehab Clinic 5950 Clearwater Drive Suite 500 Minnetonka, MN 55343	ENT and Rehabilitation Clinic
<b>4</b> Children's - Roseville 1835 W County Rd C Roseville, MN 55113	Specialty and Rehabilitation Clinic
<b>5</b> Children's - Minnetonka 6060 Clearwater Drive Suite 204 Minnetonka, MN 55343	Specialty Clinic - Diabetes and Endocrinology
<b>6</b> Children's Sleep Center 310 North Smith Ave Suite 480 St Paul, MN 55404	Specialty Clinic- Sleep Disorders
<b>7</b> Center for the Treatment of Eating Dsrdr 910 E 26th Street Suite 410 Minneapolis, MN 55404	Specialty Clinic - Eating Disorders
<b>8</b> Children's Specialty Clinic 360 Sherman Street St Paul, MN 55102	Specialty Clinic - Psychological Services
<b>9</b> Children's Heart Clinic 2530 Chicago Avenue S Suite 500 Minneapolis, MN 55404	Heart Disease cardiovascular clinic
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Form 990 Sch H Part I Line 3c	FEDERAL POVERTY GUIDELINES ARE THE PRIMARY MEASUREMENT USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. HOWEVER, POLICY EXCEPTIONS MAY BE GRANTED FOR FAMILIES WHO HAVE MEDICAL DEBT EXCEEDING 10 PERCENT OF THEIR INCOME OR HAVE OTHER SPECIFIC DOCUMENTED NEEDS WHERE THEY ARE NOT ABLE TO PAY ALL OR A PORTION OF THEIR BALANCE. MEDICAID ELIGIBILITY MAY ALSO BE USED TO DETERMINE ELIGIBILITY.
Form 990 Sch H Part I Line 6a	CHILDREN'S INCLUDES INFORMATION ON COMMUNITY BENEFIT EXPENDITURES IN THE ORGANIZATION'S ANNUAL REPORT. THE 2016 ANNUAL REPORT IS AVAILABLE ONLINE AT <a href="https://www.childrensmn.org/downloads/2017/06/2016-childrens-mn-annual-report-pdf">HTTPS://WWW.CHILDRENSMN.ORG/DOWNLOADS/2017/06/2016-CHILDRENS-MN-ANNUAL-REP-ORT-PDF</a> . COMMUNITY BENEFIT NUMBERS AS WELL AS COMMUNITY HEALTH NEEDS ASSESSMENT INFORMATION ARE ALSO AVAILABLE ON THE COMMUNITY HEALTH SECTION OF THE WEBSITE <a href="http://www.childrensmn.org/community">HTTP://WWW.CHILDRENSMN.ORG/COMMUNITY</a> .

990 Schedule H, Suplemental Information

Form and Line Reference	Explanation
Form 990 Sch H Part I Line 7	<p>SUBSIDIZED HEALTH SERVICES BENEFITS INCLUDE THE FOLLOWING PROGRAMS</p> <p>ECMO (EXTRACORPOREAL MEMBRANE OXYGENATION) IS A LIFESAVING TREATMENT FOR THE MOST CRITICALLY ILL BABIES, CHILDREN AND TEENS</p> <p>ECMO TAKES OVER TEMPORARILY WITH A MECHANICAL BLOOD PUMP AND ARTIFICIAL LUNG WHEN A CHILD'S HEART OR LUNG IS NOT FUNCTIONING</p> <p>THE ECMO PROGRAM AT CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA IS THE LARGEST AND OLDEST IN THE STATE</p> <p>\$1,193,252 THE INFANT APNEA PROGRAM INCLUDES PEDIATRIC SPECIALISTS WHO UNDERSTAND THE SCIENCE BEHIND A BABY'S BREATHING PROCESS</p> <p>OUR TEAM OF PULMONARY, NEONATOLOGY AND NURSE EXPERTS PROVIDES COMPREHENSIVE EVALUATIONS, FAMILY EDUCATION, ONGOING MANAGEMENT AND SUPPORT TO FAMILIES OF INFANTS DIAGNOSED WITH APNEA OR GASTROESOPHAGEAL REFLUX (GER), A REGURGITATION OF FOOD THAT CAN INTERFERE WITH BREATHING</p> <p>\$485,031 THE HOSPITALIST PROGRAM IS A TEAM ON THE GENERAL MEDICAL/SURGICAL UNITS 24/7 THAT ARE AMONG THE FIRST FACES A CHILD SEES</p> <p>THE HOSPITALISTS CONFER WITH THE REFERRING DOCTOR AND THE PATIENT'S PEDIATRICIAN TO GATHER INFORMATION AND PLAN FOR FIRST-RATE CARE</p> <p>\$1,984,251 THE EATING DISORDERS CLINIC USES LEADING EVIDENCE-BASED TREATMENTS TO PATIENTS OF ALL AGES AND WITH ALL TYPES OF EATING DISORDERS</p> <p>THE CENTER FOR THE TREATMENT OF EATING DISORDERS IS THE ONLY HOSPITAL-BASED PROGRAM IN THE TWIN CITIES TO OFFER IMMEDIATE ACCESS FOR MEDICAL STABILIZATION</p> <p>\$540,212 THE CLEFT AND CRANIOFACIAL CLINIC IS ONE OF THE PREMIER PROGRAMS IN THE REGION DEDICATED EXCLUSIVELY TO DIAGNOSING AND TREATING CLEFT AND CRANIOFACIAL DISORDERS IN BABIES, CHILDREN, ADOLESCENTS AND YOUNG ADULTS</p> <p>THEY TREAT A WIDE RANGE OF CONDITIONS, FROM CLEFT LIPS TO ABNORMAL HEAD SHAPES, USING STATE-OF-THE-ART TECHNOLOGIES FOR 21ST CENTURY CARE</p> <p>\$781,811 THE DEVELOPMENT PEDIATRIC CLINIC ADDRESSES CONCERNS ABOUT YOUR CHILD'S DEVELOPMENTAL, BEHAVIORAL, SOCIAL OR LEARNING CHALLENGES</p> <p>THE PROGRAM APPROACHES BEHAVIORAL AND DEVELOPMENTAL CONDITIONS, SUCH AS AUTISM AND DOWN SYNDROME, FROM ALL ANGLES</p> <p>\$506,822 PSYCHOLOGICAL SERVICES MEETS WITH CHILDREN FOR OUTPATIENT THERAPY, PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL ASSESSMENTS, AND CONSULTATION TO OUTPATIENT AND INPATIENT MEDICAL SERVICE</p> <p>\$1,315,592 HOME HEALTH CARE ALLOWS KIDS TO RECEIVE THESE SERVICES NOT AT A HOSPITAL BEDSIDE, BUT AT HOME WITH THEIR FAMILIES</p> <p>EDUCATION IS ALSO A BIG PART OF A HOME CARE NURSES' ROLE AND THEY ARE ALWAYS AVAILABLE TO ANSWER ANY QUESTIONS OR PROVIDE ASSISTANCE</p> <p>\$765,726 MIDWEST CHILDREN'S RESOURCES CENTER (MCRC) OFFERS MEDICAL EVALUATIONS AND CASE MANAGEMENT IN ALLEGED CHILD ABUSE CASES, SERIOUS NEGLECT AND WITNESS TO VIOLENCE</p> <p>EVERY YEAR, MORE THAN 1,100 CHILDREN AGES 0 TO 18 VISIT US</p> <p>MCRC RECEIVES REFERRALS FROM LAW ENFORCEMENT, EMERGENCY DEPARTMENTS, PRIMARY PHYSICIANS, CHILD PROTECTION SERVICES, PARENTS, SELF-REFERRALS AND A VARIETY OF COMMUNITY AGENCIES</p> <p>\$131,650 THE GENETICS CLINIC HELPS FAMILIES UNDERSTAND GENETIC CONDITIONS, LIKE CHROMOSOMAL DISORDERS AND SINGLE-GENE DISORDERS</p> <p>WITH ONE OF THE LARGEST GENETICS PROGRAMS IN THE REGION, WE SEE MORE THAN 2,000 CHILDREN AND TEENS EVERY YEAR AND WE ARE THE ONLY GENETICS CLINIC IN MINNESOTA THAT FOCUSES ENTIRELY ON CARING FOR KIDS WITH GENETIC CONDITIONS</p> <p>\$1,134,120 THE NEUROLOGY CLINIC PROVIDES EXPERT DIAGNOSIS AND TREATMENT FOR KIDS' BRAIN AND NERVOUS SYSTEM CONDITIONS LIKE BRAIN TUMORS, EPILEPSY, HEAD TRAUMA, CEREBRAL PALSY AND OTHERS</p> <p>\$446,046 THE NEUROSURGERY CLINIC USES CUTTING EDGE SURGICAL TECHNIQUES AND TECHNOLOGY TO TREAT TUMORS, EPILEPSY AND OTHER BRAIN AND NERVOUS SYSTEM CONDITIONS</p> <p>WE PERFORM HUNDREDS OF SURGERIES EACH YEAR ON BABIES, KIDS AND TEENS</p> <p>THAT MAKES US ONE THE MOST EXPERIENCED PEDIATRIC NEUROSURGERY CENTERS ANYWHERE</p> <p>\$2,059,728 THE RHEUMATOLOGY CLINIC USES ADVANCED TOOLS TO DIAGNOSE THESE COMPLEX CONDITIONS, ALLEVIATE PAIN AND RESTORE FUNCTION IN KIDS AND TEENS</p> <p>\$70,451 PSYCHIATRIC SERVICES PROVIDES ASSESSMENT AND CONSULTATION TO CHILDREN</p> <p>THEY CAN ALSO PRESCRIBE AND MANAGE MEDICATIONS USED TO TREAT EMOTIONAL AND BEHAVIORAL PROBLEMS</p> <p>\$935,492 THE SEDATION AND PROCEDURAL SERVICES (SPS) UNIT PROVIDES A BROAD RANGE OF SCHEDULED AND UNSCHEDULED SERVICES INCLUDING, NON-SURGICAL PROCEDURES, DIAGNOSTIC TESTING, MINIMAL, MODERATE, AND DEEP SEDATION, NURSE-ONLY VISITS, AND VASCULAR ACCESS SERVICES FOR THE HOSPITAL SITES</p> <p>THE SPS UNITS ADMIT SCHEDULED AND UNSCHEDULED MEDICAL AND SURGICAL OBSERVATION STATUS PATIENTS AND CARE FOR INPATIENT OVERFLOW VOLUME IN TIMES OF HIGH CENSUS</p> <p>\$1,764,404 THE DIABETES AND ENDOCRINE CLINIC DIAGNOSES AND TREATS ALL KINDS OF ENDOCRINE DISORDERS IN CHILDREN AND TEENS, INCLUDING GROWTH DISORDERS, ABNORMALLY EARLY OR DELAYED PUBERTY AND DISEASES OF THE THYROID, PITUITARY AND ADRENAL GLANDS</p> <p>\$412,866 OUR INFECTIOUS DISEASE PROGRAM HAS EXPERTISE WITH BACTERIAL, VIRAL, FUNGAL AND PARASITIC INFECTIONS AND EVALUATES CHILDREN WITH RECURRENT FEVERS FOR POSSIBLE PERIODIC FEVER SYMPTOMS</p> <p>WE ARE ALSO KNOWN FOR OUR MINNESOTA PERINATAL AND PEDIATRIC HIV PROGRAM</p> <p>\$722,796</p>
Form 990 Sch H Part II	<p>CHILDREN'S PROVIDED THE FOLLOWING COMMUNITY BUILDING ACTIVITIES IN 2018</p> <p>Career Readiness</p> <p>Cristo Rey Jesuit High School</p> <p>Children's is one of the pioneer organizations in the Twin Cities that is involved in the Cristo Rey School initiative</p> <p>This program provides college preparatory schooling to inner city minority students as well as targeted work-study opportunities</p> <p>Children's has provided work-study and mentor opportunities to students since 2007</p> <p>The goal of this initiative is to provide real-life work experiences that will broaden our minority talent pool while allowing students to earn a portion of the cost of their education</p> <p>In 2018, Children's assisted 2 students</p> <p>Project SEARCH</p> <p>Children's partnered with the Minneapolis Public Schools Transitions Plus program to launch Project SEARCH in 2011</p> <p>We are the first healthcare organization to launch Project SEARCH in the 5 state areas</p> <p>PS is a unique business-led transition program for students with disabilities to work, explore careers and develop transferable job skills, with the goal of working in a competitive environment</p> <p>Designed as an unpaid internship program, Project SEARCH places students in real situations where they learn all aspects of gaining and maintaining a job</p> <p>This process of immersion facilitates the teaching and learning of new work skills on-site</p> <p>Individualized job development and placement occurs based on the student's experiences, strengths, and skills</p> <p>A series of job rotations allow students to find positions that best suit their preferences</p> <p>Students receive support with accommodations, adaptations, and on-the-job coaching via Minneapolis school employees</p> <p>Children's worked with 8 Project Search students in 2018</p> <p>Project for Pride in Living</p> <p>PPL helps low-income people achieve self-sufficiency through housing, employment training, support services and education</p> <p>Children's partners with and provides financial support to PPL in their Train to Work initiative, which has trained hundreds of people to meet entry-level staffing needs of Children's and other major area healthcare partners</p> <p>Train to Work offers training in healthcare-specific details, such as medical terminology and electronic health records, as well as a job shadowing internship that has been an essential component of the program's success</p> <p>The internship gives participants hands-on experience in healthcare and gives employers an opportunity to observe potential employees</p> <p>In 2018, Children's sponsored 4 PPL interns</p> <p>Community Support</p> <p>Children's provided a number of donations to community-based organizations in 2018 to support their work in supporting community health through their mission</p> <p>The work of these organizations varied, both in scope and specific focus, but broadly worked to address the many social conditions that impact health</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Form 990 Sch H Part III Line 2	BAD DEBT IS DEFINED AS THE UNPAID OBLIGATION FOR CARE PROVIDED TO PATIENTS WHO HAVE BEEN DETERMINED TO BE ABLE TO PAY, BUT HAVE NOT DEMONSTRATED A WILLINGNESS TO PAY THE AMOUNTS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY ARE DETERMINED BY A PATIENT'S WILLINGNESS TO PAY WITH A DOCUMENTED INABILITY TO PAY PER MEASURES ESTABLISHED BY OUR POLICY BAD DEBT IS ESTIMATED BY APPLYING THE RATIO OF PATIENT CARE COST TO CHARGES, AS CALCULATED ON FORM 990, SCHEDULE H, WORKSHEET 2, TO THE ACTUAL PATIENT CHARGES
Form 990 Sch H Part III Line 3	THE ORGANIZATION ESTIMATES THAT TWENTY-FIVE PERCENT OF BAD DEBT EXPENSES ARE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY (BUT WERE EITHER UNWILLING OR UNABLE TO PROVIDE SUFFICIENT INFORMATION TO MAKE A DETERMINATION OF THEIR ELIGIBILITY WHILE IN OUR CARE) THE ESTIMATE OF TWENTY-FIVE PERCENT IS BASED ON A REVIEW OF ACCOUNTS CLASSIFIED AS BAD DEBT AND MANAGEMENT JUDGMENT Form 990 Sch H Part III Line 4 Effective January 1, 2018, Children's adopted ASU 2014-09 using a modified retrospective method of application to all contracts existing on January 1, 2018 For Children's hospital operations and ambulatory care segments, the adoption of ASU 2014-09 resulted in changes to our presentation for and disclosure of revenue primarily related to uninsured or underinsured patients Prior to the adoption of ASU 2014-09, a significant portion of our provision for uncollectible accounts related to self-pay patients, as well as co-pays, co-insurance amounts and deductibles owed to us by patients with insurance Under ASU 2014-09, the estimated uncollectible amounts due from these patients are generally considered implicit price concessions that are a direct reduction to net patient service revenue, with a corresponding reduction in the amounts presented separately as provision for uncollectible accounts For the year ended December 31, 2018, Children's recorded approximately \$23,574 of implicit price concessions as a direct reduction of net patient service revenue that would have been recorded as provision for uncollectible accounts prior to the adoption of ASU 2014-09 THE GROSS CHARGE EXPENSE IS \$23,574,224, BUT CHC ESTIMATES THE COST TO BE \$10,148,995 OF THAT, CHC STILL CONSIDERS 25% (\$2,537,249) OF IT ELIGIBLE FOR CHARITY CARE BUT NO RESPONSE RECEIVED

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Form 990 Sch H Part III Line 8	<p>THE ORGANIZATION PRIMARILY SERVES PEDIATRIC PATIENTS AND DOES NOT GENERATE SIGNIFICANT MEDICARE REVENUES THE ORGANIZATION FILES A MEDICARE COST REPORT ANNUALLY FORM 990, SCHEDULE H, WORKSHEET 3 - UNREIMBURSED MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS WAS USED TO CALCULATE THE COSTS ASSOCIATED WITH MEDICARE CHARGES REPORTED IN PART III, LINE 6 THE ORGANIZATION DOES NOT REPORT ANY AMOUNTS FROM PART III, LINE 7 AS COMMUNITY BENEFIT</p>
Form 990 Sch H Part III Line 9b	<p>WHEN COLLECTING MEDICAL DEBT, CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA TREATS ITS PATIENT FAMILIES WITH HONOR, DIGNITY, AND RESPECT, DEMONSTRATES COMPASSION, AND ARE GOOD STEWARDS OF HEALTH CARE RESOURCES THERE IS A ZERO TOLERANCE FOR ABUSIVE, HARASSING, OPPRESSIVE, FALSE, DECEPTIVE, OR MISLEADING LANGUAGE OR COLLECTIONS CONDUCT BY CHILDREN'S EMPLOYEES AND CONTRACTORS WHO COLLECT MEDICAL DEBT FROM PATIENT FAMILIES THIS POLICY APPLIES BROADLY TO ALL PATIENT FAMILIES WE SERVE COMPONENTS OF CHILDREN'S COLLECTION POLICY INCLUDE DURING THE PRE-REGISTRATION, REGISTRATION, OR ADMISSION PROCESS, CHILDREN'S ATTEMPTS TO IDENTIFY AND INFORM PATIENT FAMILIES WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE OR DISCOUNTED CARE THROUGH THE UNINSURED DISCOUNT OR FINANCIAL ASSISTANCE POLICY IN ADDITION, ALL FAMILIES ARE PROVIDED WITH A PLAIN LANGUAGE SUMMARY OF OUR FINANCIAL ASSISTANCE POLICY AT REGISTRATION INFORMATION ON OUR FINANCIAL ASSISTANCE POLICY IS POSTED IN EACH CLINIC AND REGISTRATION AREA, OUR WELCOME CENTER AND ON OUR WEBSITE ALL CHILDREN'S EMPLOYEES AND CONTRACTED STAFF WHO HAVE DIRECT CONTACT WITH PATIENTS ARE EDUCATED ON AN ANNUAL BASIS OF CHILDREN'S FINANCIAL ASSISTANCE POLICIES THE EDUCATION INFORMS STAFF OF PROGRAMS AVAILABLE AND HOW A PATIENT FAMILY MAY OBTAIN MORE INFORMATION AND SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE A COPY OF THE FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY IS included on the back of each HOSPITAL PATIENT STATEMENT EXPLAINING THE PROCESS and phone numbers to contact for questions FOR OBTAINING FINANCIAL ASSISTANCE FOR ALL PATIENT FAMILIES The LOCATION ON CHILDREN'S WEBSITE WHERE THE POLICIES AND APPLICATIONS RESIDE IS ALSO REFERENCED IF A PATIENT FAMILY INDICATES THE NEED FOR FINANCIAL ASSISTANCE DURING THE REGISTRATION PROCESS OR THROUGHOUT THE COLLECTION PROCESS, FINANCIAL ASSISTANCE INFORMATION IS PROVIDED TO THE FAMILY BY STAFF ALL PATIENTS WHO ARE REGISTERED AS SELF-PAY ARE OFFERED THE FINANCIAL ASSISTANCE INFORMATION AT THE TIME OF REGISTRATION ALL CORRESPONDENCE SEEKING COLLECTION OF MEDICAL DEBTS CONTAIN A REFERENCE TO THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THE FINAL NOTICE PRIOR TO BAD DEBT PLACEMENT INCLUDE THE REQUIRED LANGUAGE RELATED TO EXTRAORDINARY COLLECTION EFFORTS MINNESOTA HOSPITAL PROVIDERS HAVE JOINTLY DEVELOPED CONSISTENT COLLECTION GUIDELINES SET OUT IN FORMAL AGREEMENTS WITH THE MINNESOTA ATTORNEY GENERAL'S OFFICE THIS AGREEMENT IS CONSISTENT WITH CHILDREN'S COLLECTION POLICY THE AUDIT COMMITTEE OF OUR BOARD OF DIRECTORS ANNUALLY REVIEWS THIS POLICY AND ALL POLICIES CONCERNING COLLECTION OF MEDICAL DEBT, UNINSURED DISCOUNT, AND CHARITY CARE THE AUDIT COMMITTEE ALSO REVIEWS THE RESULTS OF AN ANNUAL AUDIT RELATED TO THESE AREAS IN ACCORDANCE WITH THE MINNESOTA ATTORNEY GENERAL'S AGREEMENT</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Form 990 Sch H Part VI Line 2	<p>IN 2016, CHILDREN'S COMPLETED ITS SECOND COMMUNITY HEALTH NEEDS ASSESSMENT, AS REQUIRED UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010 (PPACA) THE CHNA AND ACCOMPANYING IMPLEMENTATION STRATEGY WERE APPROVED BY THE CHILDREN'S BOARD OF DIRECTORS AT ITS BOARD MEETING THE COMPLETE DOCUMENTS ARE AVAILABLE TO THE PUBLIC AT <a href="http://www.childrensmn.org/community">HTTP //WWW CHILDRENSMN ORG/COMMUNITY</a> IN CONDUCTING THE ASSESSMENT, CHILDREN'S CONSIDERED THE FOLLOWING TOPICS AND DATA DEMOGRAPHICS, ECONOMIC ISSUES THAT AFFECT CHILDREN, COMMUNITY ISSUES, HEALTH STATUS INDICATORS, HEALTH ACCESS INDICATORS, HEALTH DISPARITIES INDICATORS AND AVAILABILITY OF HEALTHCARE FACILITIES AND RESOURCES IN ADDITION TO THE CHNA PROCESS, CHILDREN'S ALSO REGULARLY ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITY IN THE FOLLOWING WAYS A BOARD OF DIRECTORS THE ORGANIZATION'S GOVERNING BODY, COMPRISED PRIMARILY OF COMMUNITY MEMBERS WHO RESIDE LOCALLY, PROVIDES GOVERNANCE OVERSIGHT AND INPUT ON THE HEALTH CARE SERVICES CHILDREN'S PROVIDES TO THE LOCAL COMMUNITY B CHILDREN'S EMPLOYED PHYSICIANS, INDEPENDENT PHYSICIANS WHO PROVIDE CARE AT CHILDREN'S, AND NUMEROUS CLINICAL CARE PROVIDERS ASSESS COMMUNITY NEEDS DAILY THROUGH THE PEDIATRIC CARE PROVIDED THROUGHOUT THE COMMUNITY C COMMUNITY PARTNERSHIPS/RELATIONSHIPS CHILDREN'S ADVOCACY AND HEALTH POLICY DEPARTMENT HAS DEVELOPED A CORE STRATEGY BASED ON ACTIVE AND SUBSTANTIVE ENGAGEMENT OF THE COMMUNITY, IN ITS VARYING FORMS THIS INCLUDES COLLABORATION WITH COMMUNITY-BASED ORGANIZATIONS AND LEADERS, ALIGNED NON-PROFITS, SERVICE DELIVERY AGENCIES AND ASSOCIATIONS WE ALSO ENGAGE IN LOCAL AND STATE GOVERNMENT-DRIVEN INITIATIVES AROUND CHILD HEALTH ISSUES THROUGH THESE PARTNERSHIPS CHILDREN'S GAINS INSIGHT AND SUPPORTS PROGRESS ON A NUMBER OF KEY ISSUES IMPACTING CHILDREN, INCLUDING EARLY CHILDHOOD DEVELOPMENT, CHILDHOOD ASTHMA, MENTAL HEALTH, PREMATURE BIRTH, TOBACCO CONTROL, EQUITY AND THE SOCIAL CONDITIONS THAT IMPACT HEALTH D THE FAMILY ADVISORY COUNCIL THIS DIVERSE GROUP OF FAMILIES WHOSE CHILDREN ARE PRESENT OR PAST PATIENTS OF CHILDREN'S REGULARLY PROVIDES INPUT ON THE SERVICES PROVIDED AT CHILDREN'S COUNCIL MEMBERS REPRESENT A WIDE RANGE OF INPATIENT AND OUTPATIENT EXPERIENCES TO HELP ENHANCE THE QUALITY OF CHILD AND FAMILY CARE EXPERIENCES AT CHILDREN'S COUNCIL RESPONSIBILITIES INCLUDE - DEVELOP, IMPLEMENT AND EVALUATE SERVICE AND FACILITY STANDARDS - COMMUNICATE WITH MANAGEMENT ABOUT THE RECOMMENDATIONS AND CONCERNS EXPRESSED BY PARENTS, FAMILY MEMBERS, PARENT ASSOCIATIONS AND OTHERS - ADVISE ON POLICY REVIEW, PROMOTE FAMILY-CENTERED CARE AND SUPPORT PROGRAM DEVELOPMENT E YOUTH ADVISORY COUNCIL THIS IS A DEDICATED GROUP OF PATIENTS, AGES 10 TO 18, WHO HELP HOSPITAL STAFF, LEADERS, CLINICIANS AND PARENTS UNDERSTAND WHAT IS IMPORTANT TO CHILDREN, TEENS AND SIBLINGS DURING HOSPITAL STAYS, CLINIC VISITS AND EMERGENCY CARE THE YAC BRINGS A VALUABLE PERSPECTIVE AND VOICE TO CHILDREN'S BY PARTICIPATING IN ACTIVITIES THAT PROMOTE DISCUSSION AND THOUGHT ABOUT HEALTH CARE SERVICES FOR PEDIATRIC AND YOUNG ADULT PATIENTS THE COUNCIL ALSO BRINGS GREAT PERSPECTIVE TO LET OTHER CHILDREN KNOW HOW TO MAKE THEIR STAY AT CHILDREN'S A MORE COMFORTABLE AND POSITIVE EXPERIENCE F OTHER METHODS INCLUDE AND ARE NOT LIMITED TO PARTNERSHIPS AND PROJECTS WITH THIRD PARTY-PAYERS AND OTHER COMMUNITY PHYSICIANS AND HOSPITALS, MONITORING AND REPORTING OF INFECTIOUS DISEASE DATA, DISASTER READINESS EFFORTS, RESEARCH AND EDUCATION, SUPPORT GROUPS, AND OTHERS</p>
Form 990 Sch H Part VI Line 3	<p>COMPONENTS OF CHILDREN'S COLLECTION POLICY INCLUDE DURING THE PRE-REGISTRATION, REGISTRATION, OR ADMISSION PROCESS, CHILDREN'S WILL ATTEMPT TO IDENTIFY AND INFORM PATIENT FAMILIES WHO MAY BE ELIGIBLE FOR CHARITY CARE OR DISCOUNTED CARE THROUGH THE UNINSURED DISCOUNT OR CHARITY CARE POLICY ALL CHILDREN'S EMPLOYEES AND CONTRACTED STAFF WHO HAVE DIRECT CONTACT WITH PATIENTS WILL BE EDUCATED ON AN ANNUAL BASIS OF CHILDREN'S FINANCIAL ASSISTANCE POLICIES THE EDUCATION WILL INFORM STAFF OF PROGRAMS AVAILABLE AND HOW A PATIENT FAMILY MAY OBTAIN MORE INFORMATION AND SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE A FINANCIAL ASSISTANCE APPLICATION WILL BE SENT WITH THE INITIAL LETTER EXPLAINING THE PROCESS FOR OBTAINING FINANCIAL ASSISTANCE TO ALL SELF-PAY PATIENT FAMILIES IF A PATIENT FAMILY INDICATES THE NEED FOR FINANCIAL ASSISTANCE DURING THE REGISTRATION PROCESS, FINANCIAL ASSISTANCE INFORMATION IS PROVIDED TO THE FAMILY BY THE REGISTRATION STAFF ALL CORRESPONDENCE SEEKING COLLECTION OF MEDICAL DEBTS WILL CONTAIN A REFERENCE TO THE AVAILABILITY OF FINANCIAL ASSISTANCE MINNESOTA HOSPITAL PROVIDERS HAVE JOINTLY DEVELOPED CONSISTENT COLLECTION GUIDELINES SET OUT IN FORMAL AGREEMENTS WITH THE MINNESOTA ATTORNEY GENERAL'S OFFICE THIS AGREEMENT IS CONSISTENT WITH CHILDREN'S COLLECTION POLICY THE BOARD OF DIRECTORS (AUDIT COMMITTEE) PERFORMS AN ANNUAL REVIEW OF THIS POLICY AND ALL POLICIES CONCERNING COLLECTION OF MEDICAL DEBT, UNINSURED DISCOUNT, AND CHARITY CARE THE AUDIT COMMITTEE SHALL ALSO REVIEW THE RESULTS OF AN ANNUAL AUDIT RELATED TO THESE AREAS IN ACCORDANCE WITH THE MINNESOTA ATTORNEY GENERAL'S AGREEMENT</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Form 990 Sch H Part VI Line 4	<p>Children's Hospitals and Clinics of Minnesota serves the five-state area of the upper Midwest (Minnesota, North Dakota, South Dakota, Iowa, and Wisconsin) In 2018, Children's served patients from 100 percent of Minnesota counties and 64 percent of the total counties in the five-state area In support of a highly diverse patient population, Children's provided interpreter services for 70 languages with the most frequent languages being Spanish, Somali, and Hmong Children's also serves a disproportionate share of economically disadvantaged patients with approximately 44 percent of net patient revenues from government programs in 2018 The Minneapolis campus is located within the Phillips-Powderhorn neighborhood home to one of the most ethnically diverse communities in Minnesota</p>
Form 990 Sch H Part VI Line 5	<p>AS A TAX-EXEMPT ORGANIZATION, CHILDREN'S MAINTAINS AN OPEN MEDICAL STAFF AND IS GOVERNED BY A VOLUNTEER, COMMUNITY BOARD CHILDREN'S PROVIDES A BROAD SPECTRUM OF BENEFITS TO THE COMMUNITIES IT SERVES THAT WOULD OTHERWISE BE UNAVAILABLE OR INSUFFICIENT TO MEET PATIENT DEMAND CHILDREN'S DOES THIS FOR THE EXPRESS PURPOSE OF IMPROVING THE HEALTH STATUS OF CHILDREN IN THE COMMUNITY THESE SERVICES AND DONATIONS ACCOUNT FOR A MEASURABLE PORTION OF THE HOSPITAL'S COSTS AND HELP TO PROMOTE HEALTHY LIFESTYLES, COMMUNITY DEVELOPMENT, HEALTH EDUCATION AND AFFORDABLE ACCESS TO CARE EXAMPLE PROGRAMS INCLUDE - PORTICO HEALTHNET CHILDREN'S IS ONE OF THE LOCAL HOSPITALS AND HEALTH PLANS IN THE TWIN CITIES THAT ADVISES PORTICO HEALTHNET ON ISSUES RELATED TO PROGRAM SERVICES AND ALSO PROVIDES FUNDING FOR MEDICAL SERVICES TO PARTICIPANTS PORTICO HEALTHNET IS A NONPROFIT HEALTH AND HUMAN SERVICES ORGANIZATION THAT SERVES THE COMMUNITY BY ASSISTING CHILDREN, PARENTS AND INDIVIDUALS WHO ARE UNINSURED WITH APPLICATIONS TO HEALTH CARE PROGRAMS AND BY OFFERING A PRIMARY AND PREVENTIVE HEALTH CARE ACCESS PROGRAM FOR PEOPLE INELIGIBLE FOR PUBLIC PROGRAMS - THE EMERGENCY MEDICAL SERVICES FOR CHILDREN RESOURCE CENTER PROVIDES TECHNICAL ASSISTANCE TO AGENCIES TO IMPROVE PEDIATRIC EMERGENCY CARE THE EMSC WORKS TO REDUCE CHILD MORBIDITY AND MORTALITY DUE TO TRAUMA AND CRITICAL ILLNESS AND IS THE ONLY STATEWIDE PROGRAM THAT FOCUSES ON IMPROVING PEDIATRIC COMPONENTS OF MEDICAL CARE - THE SIMULATION CENTER IS A MOTOR COACH OUTFITTED WITH SIMULATION EQUIPMENT AND STAFFED WITH CHILDREN'S TRAINERS THAT TRAVELS THROUGHOUT THE MIDWEST TO TRAIN STAFF FROM HOSPITALS IN THE BEST PRACTICES WHEN RESPONDING TO PEDIATRIC OR NEONATAL MEDICAL EMERGENCIES - PERINATAL HIV PREVENTION PROGRAM OPTIMAL PRENATAL CARE FOR WOMEN WITH HIV IS ESSENTIAL IN PREVENTING TRANSMISSION OF THE DISEASE TO INFANTS CHILDREN'S INFECTION PREVENTION DEPARTMENT WORKS WITH HIV POSITIVE PREGNANT WOMEN TO HELP THEM GET THIS CARE BY BUILDING RELATIONSHIPS WITH MEDICAL PROVIDERS THROUGHOUT THE STATE TO REFER EXPECTING MOTHERS INTO THE PROGRAM - THE ADVOCACY AND HEALTH POLICY DEPARTMENT AT CHILDREN'S PROMOTES THE HEALTH OF THE COMMUNITY THROUGH ACTIVE AND INTENTIONAL ENGAGEMENT WITH THE COMMUNITY TO BUILD PARTNERSHIPS THAT CAN SUPPORT THE HEALTH AND WELL BEING OF CHILDREN IN MINNESOTA</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form 990 Sch H Part VI Line 7	LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT MN

**Additional Data****Software ID:****Software Version:****EIN:** 41-1754276**Name:** Children's Health Care**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	Children's Health Care 2525 Chicago Avenue South Minneapolis, MN 55404 <a href="http://www.childrensmn.org/">http //www childrensmn org/</a> 356144	X	X	X	X		X	X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990 Sch H Part V Line 5	OVER THE COURSE OF 2016, WE HEARD FROM PEOPLE WITHIN AND OUTSIDE OF CHILDREN'S ABOUT THEIR PERSPECTIVES ON HEALTH AND WELL-BEING, INCLUDING MORE THAN 800 PEOPLE AT COMMUNITY EVENTS AND PRIMARY CARE CLINICS, 42 COMMUNITY STAKEHOLDERS, AND 195 CHILDREN'S MINNESOTA EMPLOYEES AND CLINICIANS BUILDING OFF OF THE DATA AND PROCESS USED FOR OUR 2013 CHNA, THE ENTIRE ASSESSMENT PROCESS WAS GUIDED BY THE COMMUNITY ADVISORY COMMITTEE (CAC), A DIVERSE GROUP OF COMMUNITY STAKEHOLDERS, INCLUDING LOCAL ADVOCATES AND REPRESENTATIVES OF COMMUNITY ORGANIZATIONS AND SYSTEMS SERVING CHILDREN AND FAMILIES HEALTH TOPICS CONSIDERED THROUGH THIS ASSESSMENT PROCESS WERE EXPANDED TO INCLUDE COMMUNITY CONDITIONS AND OTHER FACTORS THAT CONTRIBUTE TO HEALTH, SUCH AS POVERTY, EDUCATION AND HOUSING THE TOP HEALTH PRIORITIES WERE DETERMINED THROUGH CRITERIA RECOMMENDED BY THE CAC THAT VALUED QUANTITATIVE AND QUALITATIVE DATA AND DREW ON THE EXPERIENCE AND EXPERTISE OF COMMITTEE MEMBERS A MORE DETAILED DESCRIPTION OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND STAKEHOLDERS INTERVIEWED IS AVAILABLE IN THE FULL CHNA REPORT AT <a href="https://www.childrensmn.org/support-childrens/community-health-engagement/community-health-needs-assessment/">HTTPS //WWW CHILDRENSMN ORG/SUPPORT-CHILDRENS/COMMUNITY-HEALTH-ENGAGEMENT/ COMMUNITY-HEALTH-NEEDS-ASSESSMENT/</a> IN ADDITION, CHILDREN'S ACTIVELY PARTICIPATES IN SEVERAL COMMUNITY HEALTH COALITIONS AND MAINTAINS ONGOING CONTACT WITH MANY OF THESE REPRESENTATIVES

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990 Sch H Part V Line 7A	<a href="https://www.childrensmn.org/downloads/2016/12/childrens-minnesota-chna-report_2016.pdf">HTTPS //WWW CHILDRENSMN ORG/DOWNLOADS/2016/12/CHILDRENS-MINNESOTA-CHNA-REP ORT_2016 PDF</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990 Sch H Part V Line 10A	<a href="https://www.childrensmn.org/downloads/2017/04/childrens-minnesota-implementation-strategy-2017-2019.pdf">HTTPS //WWW CHILDRENSMN ORG/DOWNLOADS/2017/04/CHILDRENS-MINNESOTA-IMPLEMENTATION-STRATEGY_2017-2019 PDF</a>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990 Sch H Part V Line 11	<p>THE 2016 CHNA IDENTIFIED SIX ISSUES AS BEING THE MOST IMPORTANT FOR CHILDREN'S MINNESOTA TO FOCUS IN ORDER TO SUPPORT THE HEALTH AND WELL-BEING OF CHILDREN AND THEIR FAMILIES THE IDENTIFIED FOCUS AREAS INCLUDE BOTH HEALTH STATUS INDICATORS SUCH AS ASTHMA AND MENTAL HEALTH AND WELL BEING, AS WELL AS SOCIAL DETERMINANTS OF HEALTH INCLUDING ACCESS TO RESOURCES, INCOME AND EMPLOYMENT, EDUCATION, AND STRUCTURAL RACISM CHILDREN'S CONTINUES TO PROVIDE THE FOLLOWING SERVICES TO ADDRESS THE SIGNIFICANT NEEDS IDENTIFIED IN ITS CHNA, INCLUDING ACCESS TO RESOURCES AND CARE - COMMUNITY CONNECT CHILDREN'S MINNESOTA LAUNCHED THE COMMUNITY CONNECT PROGRAM IN SEPTEMBER OF 2017 COMMUNITY CONNECT FOCUSES ON SUPPORTING FAMILIES' SOCIAL SUPPORT NEEDS BY EMPOWERING FAMILY DECISION-MAKING, RESPECTING CULTURAL TRADITIONS AND STRENGTHS, IMPROVING ACCESS TO SOCIAL SUPPORT RESOURCES AND DELIVERING MORE EQUITABLE CARE A TOTAL OF 2,083 FAMILIES MET WITH A COMMUNITY CONNECT RESOURCE NAVIGATOR FROM SEPTEMBER 2018-DECEMBER 2018 FAMILIES WERE SCREENED FOR SOCIAL NEEDS WHICH INCLUDE THE FOLLOWING FOOD, EMPLOYMENT/INCOME, EDUCATION, HOUSING, TRANSPORTATION, HOUSEHOLD GOODS ONCE FAMILIES WERE SCREENED AND INDICATED A NEED, OUR NAVIGATORS WORKED TO CONNECT THEM WITH COMMUNITY-BASED ORGANIZATIONS AND RESOURCES - HEALTHCARE LEGAL PARTNERSHIP CHILDREN'S MINNESOTA LAUNCHED THE HEALTHCARE LEGAL PARTNERSHIP (HLP) IN OCTOBER 2017 THE PROGRAM SUPPORTS TWO ATTORNEYS BASED ON OUR ST PAUL AND MINNEAPOLIS HOSPITAL CAMPUSES THESE DEDICATED LAWYERS COLLABORATE WITH HEALTH CARE TEAMS TO IDENTIFY, PREVENT, AND REMEDY HEALTH-HARMING FACTORS THAT ARE ROOTED IN LEGAL PROBLEMS DURING 2018, THE HEALTHCARE LEGAL PARTNERSHIP PROVIDED SERVICES IN 250 CASES ACROSS MULTIPLE LEGAL ISSUES INCLUDING HOUSING, BENEFITS, FAMILY LAW, AND IMMIGRATION - FOOD SECURITY IN 2018, CHILDREN'S FOOD PANTRY PROVIDED 1,297 INDIVIDUAL MEALS IN PARTNERSHIP WITH MATTER, A COMMUNITY-BASED NONPROFIT WHOSE MISSION INCLUDES EXPANDING ACCESS TO HEALTHY FOOD, 573 SETS OF MATTERBOXES (TAKE-HOME GROCERIES) WERE DISTRIBUTED TO PATIENT FAMILIES - FAMILY RESOURCE CENTER IN 2018, THE TOTAL NUMBER OF VISITS TO CHILDREN'S FAMILY RESOURCE CENTERS IN ST PAUL AND MINNEAPOLIS WAS 42,308 FAMILY RESOURCE CENTER STAFF PROVIDED HANDS-ON HELP AND SUPPORT FOR 15,053 FAMILY ENCOUNTERS - WHICH INCLUDES AMENITY DISBURSEMENTS (MEAL COUPONS, PARKING VOUCHERS, CAB VOUCHERS, BUS PASSES, PERSONAL CARE ITEMS), CONSUMER HEALTH RESEARCH/REFERENCE REQUESTS, NOTARY TRANSACTIONS, TECHNOLOGY SUPPORT, ETC EFFECTIVE 1-10-18, A NEW FAMILY-FRIENDLY AMENITIES DISBURSEMENT PROCESS WAS IMPLEMENTED ALLOWING FAMILIES TO RECEIVE UP TO 7 DAYS-WORTH OF MEALS/PARKING AT A TIME (VS 2), REDUCING THE NUMBER OF STAFF-MEDIATED ENCOUNTERS AS WELL - FINANCIAL COUNSELING CHILDREN'S FINANCIAL RESOURCE CENTER HELPED 4,487 PATIENTS IN 2018 APPOINTMENTS FOCUSED ON HELPING INDIVIDUALS AND FAMILIES WITH MA APPLICATIONS, ANSWERING QUESTIONS ABOUT SSI AND TEFRA APPLIC</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990 Sch H Part V Line 11	<p>ATIONS, AND ASSISTING WITH APPLICATIONS FOR CHILDREN'S FINANCIAL ASSISTANCE - INTERPRETER SERVICES OVERALL, THE TOTAL NUMBER OF INTERPRETED ENCOUNTERS FOR 2018 WAS 100,092 IN A TOTAL OF 70 LANGUAGES THE TOP THREE LANGUAGES INTERPRETED AT CHILDREN'S ARE SPANISH, SOMALI AND Hmong - SIBLING PLAY AREA THE SIBLING PLAY AREA IS A CREATIVE SPACE ESPECIALLY DESIGNED FOR THE BROTHERS AND SISTERS OF PATIENTS IT PROVIDES SIBLINGS OF PATIENTS A UNIQUE PLACE TO PLAY DURING APPOINTMENT AND WAIT TIMES, SURGERIES OR PROCEDURES IN 2018, THE SIBLING PLAY AREA WAS USED BY 7,607 PEOPLE AND 4,012 CHILDREN - HEALTH EQUITY THE CHILDREN'S MINNESOTA CAMPUS IS LOCATED IN THE HEART OF ONE OF THE LARGEST AND MOST VIBRANT URBAN COMMUNITIES IN THE COUNTRY RECOGNIZING THE CRITICAL ROLE CULTURE AND TRADITIONS PLAY IN A CHILD'S HEALTH AND WELL-BEING, WE'VE PARTNERED WITH COMMUNITY ORGANIZATIONS TO HELP PROVIDE A MORE CULTURALLY RESPONSIVE AND RESPECTFUL APPROACH TO HEALTH CARE SPECIFIC HEALTH EQUITY PROGRAMS AND PARTNERSHIPS INCLUDE - HEALTH EQUITY COUNCIL A CROSS-DISCIPLINARY, CROSS-HIERARCHICAL GROUP OF APPROXIMATELY 20-25 CHILDREN'S STAFF (PLANS TO INVOLVE FAMILIES/COMMUNITY MEMBERS IN THE FUTURE) THAT FOCUSES ON BUILDING EQUITY PRACTICES INTO THE CULTURE OF CHILDREN'S AND IDENTIFYING AND ADDRESSING POLICIES, PRACTICES AND BEHAVIOR THAT MAINTAIN OR EXACERBATE INEQUITIES FOR PATIENTS, FAMILIES AND EMPLOYEES - HEALTH EQUITY INDEX IN 2018 CHILDREN'S WORKED TO DEVELOP A HEALTH EQUITY INDEX WHICH WILL BE IMPLEMENTED IN 2019 AS ONE OF THE METRICS INCLUDED IN MANAGEMENT AND EXECUTIVE INCENTIVE PLANS - QUALITY-EQUITY ALIGNMENT IN PARTNERSHIP WITH THE QUALITY TEAM, THE EQUITY TEAM HAS WORKED TO AFFIRM EQUITY AS A CORE ELEMENT OF CHILDREN'S QUALITY PROGRAM INCLUDING RE-SHAPING THE ORGANIZATION'S PERSPECTIVE ON HOW AND WHERE TO FOCUS QUALITY IMPROVEMENT EFFORTS SPECIFIC EFFORTS INCLUDE THE DEVELOPMENT OF A RESPECT AND DIGNITY SERVICE LEARNING REPORT AND TOOLS FOR CONDUCTING ROOT CAUSE ANALYSES THROUGH AN EQUITY LENS - AMERICAN INDIAN COMMUNITY COLLABORATIVE - "THE FIRST GIFT" "THE FIRST GIFT", IN PARTNERSHIP WITH CHILDREN'S MINNESOTA AND THE MINNEAPOLIS AMERICAN INDIAN CENTER, TWO RIVERS ART GALLERY, CONTINUES TO GROW AS A TRANSFORMATIVE PROGRAM THAT CONNECTS TRADITIONAL KNOWLEDGE, COMMUNITY HEALING AND POSITIVE STORYTELLING/NARRATIVES, TO PROMOTE HEALTHY AMERICAN INDIAN BABIES TRADITIONALLY, THE FIRST GIFT IS A PAIR OF MOCCASINS GIVEN TO A BABY AS A PART OF "THE FIRST GIFT" PROGRAM AT CHILDREN'S, AMERICAN INDIAN COMMUNITY MEMBERS GATHER TO MAKE AND DISTRIBUTE MOCCASINS TO AMERICAN INDIAN BABIES IN THE SPECIAL CARE NURSERY (SCN) AND THE NEONATAL INTENSIVE CARE UNIT IN 2018 MORE THAN 100 COMMUNITY MEMBERS INVOLVED IN THE FIRST GIFT PARTNERSHIP GAVE MORE THAN 50 FAMILIES AT CHILDREN'S AND IN THE COMMUNITY THEIR "FIRST GIFT" - AMERICAN INDIAN VOLUNTEER COHORT IN 2018, THE AMERICAN INDIAN VOLUNTEER COHORT CONTINUED TO RECRUIT AND RETAIN COMMUNITY VOLUNTEERS THIS CO</p>



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990 Sch H Part V Line 11	<p>HORT SPECIFICALLY AIMS TO RECRUIT AMERICAN INDIAN COMMUNITY MEMBERS TO COME TO CHILDREN'S TO HOLD BABIES IN OUR SPECIAL CARE NURSERY (SCN) THIS COHORT WAS DESIGNED TO CREATE A MORE INCLUSIVE, REPRESENTATIVE, AND CULTURALLY AWARE ENVIRONMENT FOR CHILDREN'S PATIENTS AND FAMILIES - EQUITY WORK GROUPS OVER THE LAST TWO YEARS, THE CHILDREN'S HEALTH EQUITY SPECIALIST HAS LED A COLLABORATION WITH THE CHILDREN'S SOCIAL WORK DEPARTMENT - WITH INVOLVEMENT FROM EXTERNAL SOCIAL WORKERS WHO WORK WITH THE AMERICAN INDIAN COMMUNITY - TO IDENTIFY OPPORTUNITIES FOR MORE EQUITABLE CARE/EXPERIENCE, TEACH AND IMPLEMENT EQUITY PRACTICES, PROVIDE TOOLS FOR EQUITY CASE REVIEWS AND COLLECT DATA ON PROCESSES THAT ARE SUSCEPTIBLE TO BIASED DECISION-MAKING THIS MODEL IS NOW BEING CONSIDERED FOR IMPLEMENTATION WITH NURSING IN 2019 - MIDWEST REGIONAL CHILDREN'S ADVOCACY CENTER (MRCAC) PARTNERSHIP IN 2018, MRCA C CONTINUED TO PARTNER WITH THE CHILDREN'S MINNESOTA ADVOCACY DEPARTMENT TO CREATE AND LEAD AN EFFORT FOCUSED ON IMPROVING ACCESS TO AND QUALITY OF CARE FOR AMERICAN INDIAN CHILDREN AND FAMILIES IMPACTED BY ABUSE CHILDREN'S HAS STARTED WORKING IN CONCERT WITH CHILD ADVOCACY STATE CHAPTERS IN ND, SD, MN, WI, MI TO ASSESS GAPS IN CULTURALLY RESPONSIVE CARE FOR AMERICAN INDIAN CHILDREN THE WORK BEGAN IN THE URBAN AND AMERICAN INDIAN POPULATIONS LIVING IN MINNEAPOLIS AND ST PAUL BY IDENTIFYING KEY STAKEHOLDERS RESPONDING TO CHILDHOOD TRAUMA IN THE COMMUNITY MATERNAL AND CHILD HEALTH - PERINATAL HIV PREVENTION (ADULT) CHILDREN'S PROVIDED CARE COORDINATION TO 39 HIV POSITIVE PREGNANT WOMEN IN 2018 CHILDREN'S PROVIDED MEDICAL CASE MANAGEMENT SERVICES FOR 34 HIV INDIVIDUALS AND THEIR FAMILIES IN 2018 - PERINATAL HIV PREVENTION (INFANT) CHILDREN'S PROVIDED CARE COORDINATION AND SURVEILLANCE FOR 48 HIV EXPOSED INFANTS IN 2018 CHILDREN'S ALSO PROVIDED EMERGENCY CONSULTATION AND ASSISTANCE ON PERINATAL HIV PREVENTION TO FOUR DIFFERENT HEALTH CARE SYSTEMS ACROSS THE STATE AND PRESENTED THE PROGRAM TO THE MINNESOTA DEPARTMENT OF HEALTH'S HIV/STI/TB DIVISION</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Form 990 Sch H Part V Line 11 Narrative Continued</p>	<p>MENTAL HEALTH AND WELL-BEING - THE MIDWEST CHILDREN'S RESOURCE CENTER (MCRC) MCRC IS A HOSPITAL-BASED PROGRAM THAT PROVIDES CLINICAL EVALUATIONS AND SERVICES TO CHILDREN WHO HAVE BEEN ABUSED OR NEGLECTED MCRC BRINGS SUBSPECIALTY MEDICAL CONSULTATION, SKILLED CASE MANAGEMENT AND EXPERT PSYCHOLOGICAL SERVICES TO COMMUNITIES THROUGHOUT THE REGION, AND PROMOTES AND DELIVERS EXPERT SERVICE IN CHILD ABUSE RESPONSE IN 2018, MCRC PERFORMED OVER 1800 MEDICAL EVALUATIONS FOR SUSPECTED ABUSE VICTIMS ACHIEVING OPTIMAL OUTCOMES FOR MALTREATED CHILDREN REQUIRES CLOSE COLLABORATION WITH COMMUNITY PARTNERS IN LAW ENFORCEMENT, CHILD PROTECTION, ADVOCACY, MEDICINE, AND MENTAL HEALTH SERVICES INCLUDE MEDICAL EVALUATIONS AND HEALTH ASSESSMENTS, PSYCHOLOGICAL ASSESSMENTS, PROFESSIONAL CONSULTATIONS, AND PREVENTION PROGRAMS ON SHAKEN BABY SYNDROME, TEEN PARENTING PROGRAMS, AND CHILD SEXUAL ABUSE THE MCRC ALSO ADMINISTERS THE NATIONALLY RECOGNIZED RUNAWAY INTERVENTION PROGRAM (RIP) RIP PROVIDES STRENGTH BASED MEDICAL CARE AND THERAPY TO RUN AWAY AND EXPLOITED YOUTH CARE IS PROVIDED BY EXPERIENCED THERAPIST AND ADVANCED PRACTICE NURSES THROUGH A COMMUNITY-BASED DELIVERY MODEL THAT LASTS 1 YEAR RIP HAS BEEN DEMONSTRATED TO DRAMATICALLY IMPROVE HEALTH OUTCOMES FOR THESE YOUTH IN 2018 RIP PROVIDED INTENSIVE SERVICES TO 120 YOUTH THE MCRC ALSO FUNCTIONS AS ONE OF THE FOUR REGIONAL CHILDREN'S ADVOCACY CENTERS ACROSS THE NATION, PROVIDING TRAINING AND TECHNICAL ASSISTANCE TO CHILD ABUSE PROFESSIONALS ACROSS THE MIDWEST AND NATION IN 2018 MCRC PROVIDED TRAINING OR TECHNICAL ASSISTANCE TO OVER 2,000 ORGANIZATIONS ACROSS THE COUNTRY MORBIDITY AND MORTALITY (FOCUS ON OBESITY AND ASTHMA) - ASTHMA CONTROL PARTNERSHIPS WITH SCHOOLS THANKS TO A GENEROUS GRANT FROM KOHL'S, CHILDREN'S WAS ABLE TO PARTNER WITH THE MINNEAPOLIS AND SAINT PAUL PUBLIC SCHOOL DISTRICTS, AND SEVERAL PUBLIC CHARTER SCHOOLS TO ENHANCE ASTHMA MANAGEMENT IN SCHOOL-AGED CHILDREN (KINDERGARTEN - 8 TH GRADE) AS A RESULT OF THIS PARTNERSHIP MORE THAN 200 SCHOOL NURSES AND TEACHERS IN BOTH SCHOOL DISTRICTS WERE TRAINED AT THE "KOHL'S CARES PARTNERING TO OPTIMIZE ASTHMA CARE IN SCHOOLS" PROFESSIONAL DEVELOPMENT SEMINAR, LED BY CHILDREN'S STAFF IN JANUARY 2018 - PUBLIC HEALTH AND POLICY COALITIONS IN ORDER TO ADDRESS THE POLICIES, SYSTEMS AND ENVIRONMENTS THAT IMPACT CHILD HEALTH, CHILDREN'S ACTIVELY PARTICIPATED IN SEVERAL BROAD-BASED COALITIONS, INCLUDING THE MINNESOTA HEALTHY KIDS COALITION, GOVERNOR'S EARLY LEARNING COUNCIL, MARCH OF DIMES GOVERNMENT AFFAIRS COMMITTEE, MINNEMINDS, SMOKE FREE COALITION, THE MENTAL HEALTH LEGISLATIVE NETWORK, AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP COLLABORATIONS IN HENNEPIN AND RAMSEY COUNTIES THESE COALITIONS ADDRESS A VARIETY OF HEALTH ISSUES IN OUR COMMUNITY, INCLUDING IMPROVED BIRTH OUTCOMES, CHILDHOOD WEIGHT STATUS, EARLY CHILDHOOD DEVELOPMENT, ACCESS TO HEALTH CARE, SOCIAL CONNECTEDNESS, AND COMMUNITY HEALTH OVERALL SOCIAL AND ECONOMIC FACTORS</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Form 990 Sch H Part V Line 11 Narrative Continued</p>	<p>- SCHOOL RE-ENTRY PROGRAM WHEN A CHILD IS FORCED TO MISS SCHOOL FOR A PROLONGED PERIOD OF TIME DUE TO AN ILLNESS, THE SCHOOL RE-ENTRY PROGRAM HELPS HIM OR HER PREPARE FOR A RETURN TO THE CLASSROOM IN 2018, CHILDREN'S PROVIDED 80 SCHOOL VISITS - CHILD AND FAMILY SERVICES IN 2018, THE FAMILIES AS PARTNERS (FAP) PROGRAM WORKED WITH 155 PATIENT FAMILY VOLUNTEERS WHO DONATED 3,562 HOURS OF SERVICE THERE WERE 22 ACTIVE MEMBERS OF THE FAMILY ADVISORY COUNCIL AND 22 YOUTH ON THE YOUTH ADVISORY COUNCIL YOUTH ADVISORY COUNCIL MEMBERS RANGED FROM 10-18 YEARS OF AGE, AND BETWEEN ALL 22 MEMBERS THEY VOLUNTEERED 316 HOURS OF SERVICE Form 990 Sch H Part V Line 15e CHILDREN'S HOSPITALS AND CLINICS HAS A WRITTEN FINANCIAL ASSISTANCE POLICY THE POLICY OUTLINES THE GUIDELINES, SCOPE OF SERVICES COVERED, AVAILABILITY OF INFORMATION, HOW TO APPLY, THE PATIENT/GUARANTOR'S RESPONSIBILITY FOR PROVIDING INFORMATION AND THE HOSPITALS RESPONSIBILITY FOR REVIEW AND COMMUNICATION OF DETERMINATION THE POLICY IS BASED ON THE FEDERAL POVERTY GUIDELINES, UPDATED ANNUALLY WITH A DIFFERENTIATION FOR THOSE FAMILIES WITH INSURANCE AND THOSE WITHOUT AND INCLUDES AN EXCEPTION PROCESS AMOUNTS GENERALLY BILLED IS DEFINED AND CHILDREN'S HAS CHOSEN THE LOOK BACK METHOD INCLUSIVE OF ALL CLAIMS</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990 Sch H Part V Line 16A	HTTPS //WWW CHILDRENSMN ORG/YOUR-VISIT/AFTER-YOUR-VISIT/BILLING-AND-FINANC IAL-MATTERS/BILLING-POLICIES/ Form 990 SCH H PART V LINE 16B HTTPS //WWW CHILDRENSMN ORG/YOUR-VISIT/AFTER-YOUR-VISIT/BILLING-AND-FINANC IAL-MATTERS/FINANCIAL-COUNSELING-AND-ASSISTANCE/ Form 990 SCH H PART V LINE 16C HTTPS //WWW CHILDRENSMN ORG/YOUR-VISIT/AFTER-YOUR-VISIT/BILLING-AND-FINANC IAL-MATTERS/FINANCIAL-COUNSELING-AND-ASSISTANCE/ Form 990 SCH H PART V LINE 16J CHILDREN'S HOSPITALS AND CLINICS HAS A WRITTEN FINANCIAL ASSISTANCE POLICY AND A PLAIN LANGUAGE SUMMARY OF OUR POLICY OUR POLICY IS POSTED ON OUR WEBSITE AS WELL AS AVAILABLE AT ALL REGISTRATION AREAS THROUGHOUT THE HOSPITAL AND OUR CLINICS A COPY OF THE PLAIN LANGUAGE SUMMARY OF OUR POLICY IS PROVIDED TO ANY PATIENT WITHOUT INSURANCE AT EACH VISIT AND ANNUALLY TO ALL PATIENTS THE POLICY AND PLAIN LANGUAGE SUMMARY IS CURRENTLY AVAILABLE IN ENGLISH, SPANISH, SOMALI, HMONG, RUSSIAN AND VIETNAMESE WE ALSO HAVE POSTERS IDENTIFYING KEY POINTS OF OUR POLICY DISPLAYED IN ALL REGISTRATION AREAS IN ADDITION, WE HAVE A FINANCIAL ASSISTANCE CALCULATOR ON OUR WEBSITE WHERE FAMILIES ARE ABLE TO KEY IN THEIR INCOME AND FAMILY SIZE TO ASSESS WHETHER THEY MAY MEET OUR POLICY GUIDELINES

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990 Sch H Part V Line 23	CHILDREN'S FINANCIAL ASSISTANCE POLICY IS BASED ON THE FEDERAL POVERTY GUIDELINES FOR FAMILIES WITH NO INSURANCE AND INCOME LESS THAN 275% OF THE FPL, THE CARE PROVIDED TO THE FAMILY IS FREE FOR FAMILIES WITH INCOME GREATER THAN 275% OF THE FPL BUT LESS THAN 350% OF THE FPL, THE FAMILY WILL BE CHARGED NOT MORE THAN AMOUNTS GENERALLY BILLED CHILDREN'S HAS CHOSEN TO USE THE LOOK BACK METHOD AND INCLUDING ALL CLAIM PAYMENTS FOR THE PREVIOUS 12 MONTH PERIOD

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Children's Health Care

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 41-1754276

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12
3 Enter total number of other organizations listed in the line 1 table 1

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Charity Care Assistance to Individuals	822		1,718,900	Charges	Charity Care to Indv
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Form 990 Sch I Part I Line 2	FROM TIME TO TIME, CHILDREN'S GRANTS MONIES TO OTHER ORGANIZATIONS CONDUCTING PROGRAMS AND/OR RESEARCH THAT WILL BENEFIT THE CHILDREN THAT CHILDREN'S SERVES CHILDREN'S ALSO OCCASIONALLY PROVIDES MONETARY SUPPORT TO ORGANIZATIONS THAT PROMOTE CAREERS IN THE HEALTH CARE FIELD AND COMMUNITY ORGANIZATIONS THAT SUPPORT THE ECONOMIC DEVELOPMENT OF THE AREA SURROUNDING THE CHILDREN'S MINNEAPOLIS CAMPUS CHILDREN'S RECEIVES PERIODIC UPDATES REGARDING THE USE OF THE FUNDS

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-1754276  
**Name:** Children's Health Care

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Cristo Rey Jesuit High School 2924 4th Ave S Minneapolis, MN 55408	20-4548714	501(c)(3)	16,000		N/A	N/A	Sponsorship - Corporate Work Study Sponsorship - Corporate Work Study
Abbott Northwestern Hospital Foundation 800 E 28th St Minneapolis, MN 55407	04-3643816	501(c)(3)	10,075		N/A	N/A	Classroom-based PE curriculum GoNoodle Program Virginia Piper Cancer Inst and Memorial



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
March of Dimes 5233 Edina Industrial Blvd Edina, MN 55439	13-1846366	501(c)(3)	7,500		N/A	N/A	Sponsorship - Nurse of the Year Sponsorship - March of Dimes Sponsorship - Nurse of the Year
Children's Hospital Association 347 Smith Ave S Suite 501 St Paul, MN 55102	41-0711605	501(c)(3)	6,620		N/A	N/A	Sponsorship - Midtown Safety , NNO Sponsorship - Midtown Safety , NNO Sponsorship - Art, Gala, Table Talk

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Portico Healthnet 2610 University Ave W Suite 550 St Paul, MN 55114	41-1814659	501(c)(3)	60,665		N/A	N/A	Assist families in obtaining insurance Assist families in obtaining insurance Assist families in obtaining insurance
Congenital Heart Surgeons Society 500 Cummings Center Suite 4400 Beverly, MA 01915	20-0198863	501(c)(3)	15,000		N/A	N/A	Health career job training Data Center AVSD Study Core Lab Data Center AVSD Study Core Lab

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Fetal Health Foundation 9786 S Holland St Littleton, CO 80127	20-0837174	501(c)(3)	7,500		N/A	N/A	Health Career Program Wild about Children's Event Sponsorship Sponsorship - Candy Run
Ronald McDonald House - Upper Midwest 818 Fulton Street NE Minneapolis, MN 55414	41-1313107	501(c)(3)	14,500		N/A	N/A	Sponsorship - Golf, Brew Love, Gala Sponsorship - Golf, Brew Love, Gala Sponsorship - Golf, Brew Love, Gala

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA Greater Twin Cities 651 Nicollet Mall Suite 500 Minneapolis, MN 55402	46-3077108	501(c)(3)	15,250		N/A	N/A	Program Education Sponsorship Sponsorship - CycleHealth & YIG
MN Wild Foundation 317 Washington St Suite 415 St Paul, MN 55102	90-0158400	501(c)(3)	34,000		N/A	N/A	Event sponsorship Sponsorship Sponsorship - Wild about Children

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YWCA of Mpls 1130 Nicollet Mall Minneapolis, MN 55403	41-0693891	501(c)(3)	8,000		N/A	N/A	Phillips Neighborhood revitalization Sponsorship - Gala and Memorial Learning center trip Sponsorship - Forums on Race
Women's Health Leadership Trust 1000 Westgate Dr Suite 252 St Paul, MN 55114	000000000	N/A	6,250		N/A	N/A	'Wild about Children's' Event Sponsorship - LEAP, Comm Baby Showers Sponsorship Sponsorship - Forum

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Children's Health Care Foundation 5901 Lincoln Drive CBC-3-FOUN Edina, MN 55436	41-1814223	501(c)(3)	20,650		N/A	N/A	Operational support and sponsorship Youth mental health and NNO Community Connect, CHA Mpls, Memorials CHA Mpls, Memorials

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
Children's Health Care

Employer identification number  
41-1754276

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>		No		
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	Yes			
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				





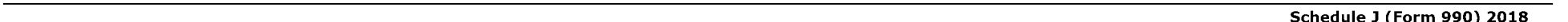
**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Form 990 Sch J Part I Line 1a	MARC GORELICK WAS REIMBURSED FOR HIS MEMBERSHIP FEES FOR THE MINNEAPOLIS CLUB, WHICH IS USED SOLELY FOR BUSINESS PURPOSES

Return Reference	Explanation
Form 990 Sch J Part I Line 4a	2018 SEVERANCE ROXANNE FERNANDES - \$223,495 PAID IN 2018, \$156,808 DEFERRED IN 2018 TODD OSTENDORF - \$356,205 PAID IN 2018 ROBERT BONAR - \$656,379 PAID IN 2018 BJORN GUNNERUD - \$120,531 PAID IN 2018, \$117,263 DEFERRED IN 2018 PHIL KIBORT - \$158,268 PAID IN 2018, \$56,423 DEFERRED IN 2018 THERESA PESCH - \$341,427 PAID IN 2018, \$154,229 DEFERRED IN 2018

Return Reference	Explanation
Form 990 Sch J Part I Line 4b	<p>CERTAIN EMPLOYEES OF CHILDREN'S HEALTH CARE, PARENT OF CHILDREN'S CLINIC NETWORK, ARE PROVIDED THE OPPORTUNITY TO PARTICIPATE IN THE 457 (F) DEFERRAL PLAN (THE DEFERRAL PLAN) THE DEFERRAL PLAN REQUIRES THAT THE EMPLOYEE IS A PHYSICIAN OR EXECUTIVE AND IS A 5 FTE OR MORE IN ORDER TO BE ELIGIBLE TO PARTICIPATE IN THE DEFERRAL PLAN PAYMENTS FROM THE DEFERRAL PLAN OCCUR AT VESTING AND ARE BASED ON PERCENTAGE OF SALARY THE FOLLOWING AMOUNTS REPRESENT THE AMOUNT PAID UNDER THE DEFERRAL PLAN IN 2018 JOSPEH PETRONIO - \$40,884 MEYSAM KEBRIAEI - \$35,427 BARBARA MALONE - \$52,027 STEPHEN NELSON - \$185,739 MARIA CHRISTU - \$45,364 JENNIFER OLSON MARKET - \$35,686 JEFFREY YOUNG - \$39,497 CAROL WILCOX - \$53,400 BJORN GUNNDERUD - \$34,777 TREVOR SAWALLISH - \$39,339 ALBERT TU - \$5,336 EMILY CHAPMAN - \$15,763 ANUPAM KHARBANDA - \$15,634 NANCY MENDELSON - \$18,666 PAMELA CHAWLA - \$18,512 CLARK SMITH - \$8,645 PAMALA VANHAZINGA - \$9,000 SUSAN SENCER - \$15,814 ROXANNE FERNANDES - \$10,057 PHIL KIBORT - \$3,317 ROBERT BONAR JR - \$622,740</p>





Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Monica Schiller VP Ambulatory Services	(i)	209,808	19,874	1,350	14,036	22,523	267,591	0
	(ii)	0	0	0	0	0	0	0
Pamala VanHazinga CNO, VP Patient Care Svcs	(i)	249,600	44,131	19,868	20,081	22,462	356,142	9,000
	(ii)	0	0	0	0	0	0	0
Susan Slocum Chief Investment Officer	(i)	202,225	31,405	9,579	20,168	8,964	272,341	0
	(ii)	0	0	0	0	0	0	0
Susan Sencer Chief of Specialty Pediatrics	(i)	222,775	47,055	25,010	121,484	23,909	440,233	15,814
	(ii)	0	0	0	0	0	0	0
Anna Youngerman Chief Value Officer	(i)	184,669	28,580	1,786	10,508	22,864	248,407	0
	(ii)	12,641	0	0	0	0	12,641	0
Gloria Drake Sr Dir Clin SVCS- Perioperative	(i)	199,205	27,373	1,941	23,561	15,983	268,063	0
	(ii)	53,477	0	0	0	0	53,477	0
Alice Chernich Sr Dir Clinical Serv- Neonatal	(i)	111,512	23,547	21,505	8,220	11,126	175,910	0
	(ii)	0	0	0	0	0	0	0
Kathleen Penson Sr Dir Clin Svcs-Critical Care	(i)	171,073	29,179	2,434	13,791	21,005	237,482	0
	(ii)	0	0	0	0	0	0	0
Claudia Hines Sr Dir Clin Svcs - Pediatrics	(i)	137,734	19,183	10,279	14,899	16,552	198,647	0
	(ii)	0	0	0	0	0	0	0
Joseph Petronio MD Surgical Dir, Peds Neurosurg	(i)	865,992	0	93,922	7,892	26,562	994,368	40,884
	(ii)	0	0	0	0	0	0	0
Meysam Kebriaei MD Staff Physician	(i)	729,568	100,000	53,521	16,500	26,068	925,657	35,427
	(ii)	0	0	0	0	0	0	0
Barbara Malone MD Medical Director	(i)	518,283	153,076	59,305	16,500	20,162	767,326	52,027
	(ii)	0	0	0	0	0	0	0
Albert Tu MD Staff Physician	(i)	741,281	63,201	8,353	11,084	12,675	836,594	5,336
	(ii)	0	0	0	0	0	0	0
Kyle Halvorson MD Staff Physician	(i)	715,334	0	2,062	30,292	5,854	753,542	0
	(ii)	0	0	0	0	0	0	0
Stephen Nelson MD Staff Physician	(i)	215,121	102,055	193,501	25,075	23,909	559,661	185,739
	(ii)	0	0	0	0	0	0	0
Theresa Pesch Former President, Foundation	(i)	0	3,010	37,936	18,692	0	59,638	
	(ii)	0	27,094	341,427	168,229	0	536,750	
Phil Kibort VP Medical Affairs and CMO	(i)	0	0	0	0	0	0	0
	(ii)	92,144	52,873	211,254	99,609	7,694	463,574	3,317

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

**Schedule K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Health Care

**Employer identification number**  
41-1754276

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	1995B2004A - See Part VI	41-6005375	603695FG7	08-24-2004	77,550,000	Healthcare equip & bldg & ref bond		X		X		X
<b>B</b>	2004B - See Part VI	41-6005375	603695FH5	05-25-2005	51,550,000	Refunding of taxable bond		X		X		X
<b>C</b>	2007A - See Part VI	41-6005375	603695FP7	11-15-2007	103,000,000	Facility expansion and upgrade		X		X		X
<b>D</b>	1995B2004A-12010A - See Part VI	41-6005375	603695GQ4	03-25-2010	97,051,274	Facility expns & upgrd & ref bond		X		X		X

**Part II Proceeds**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired . . . . .	60,025,000		30,075,000		16,175,000		38,175,000	
<b>2</b>	Amount of bonds legally defeased . . . . .	0		0		0		0	
<b>3</b>	Total proceeds of issue . . . . .	77,550,000		51,500,000		106,148,383		97,071,507	
<b>4</b>	Gross proceeds in reserve funds . . . . .	1,425		1,778		2,447		5,436	
<b>5</b>	Capitalized interest from proceeds . . . . .	0		0		0		0	
<b>6</b>	Proceeds in refunding escrows . . . . .	0		0		0		0	
<b>7</b>	Issuance costs from proceeds . . . . .	810,064		0		862,000		0	
<b>8</b>	Credit enhancement from proceeds . . . . .	1,239,936		0		1,582,951		0	
<b>9</b>	Working capital expenditures from proceeds . . . . .	0		0		0		0	
<b>10</b>	Capital expenditures from proceeds . . . . .	50,000,000		0		103,703,432		51,120,684	
<b>11</b>	Other spent proceeds . . . . .	25,500,000		51,550,000		0		45,950,823	
<b>12</b>	Other unspent proceeds . . . . .	0		0		0		0	
<b>13</b>	Year of substantial completion . . . . .	2004				2009		2011	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X		X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .	X			X		X		X
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		X

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 010 %		0 %		0 010 %		0 010 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	0 010 %				0 010 %		0 010 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .	X		X		X		X	
<b>c</b> No rebate due? . . . . .		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X		X		X	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
<b>b</b> Name of provider . . . . .	Piper Jaffray		Piper Jaffray		Piper Jaffray		0	
<b>c</b> Term of hedge . . . . .	2520 %		1620 %		2380 %			
<b>d</b> Was the hedge superintegrated? . . . . .		X		X		X		
<b>e</b> Was the hedge terminated? . . . . .		X		X		X		



**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Supplemental Information 1	Schedule K, Part I, Line 1 Column A Health Care Facilities Revenue Bonds 1995B/2004A - Issuer of the bond is City of Minneapolis, MN (41-6005375) and Housing and Redevelopment Authority of the City of St Paul, MN (41-6005521) Schedule K, Part I, Line 2 Column A Health Care Facilities Revenue Bonds 2004B - Issuer of the bond is City of Minneapolis, MN (41-6005375) and Housing and Redevelopment Authority of the City of St Paul, MN (41-6005521) Schedule K, Part I, Line 3 Column A Health Care Facilities Revenue Bonds 2007A - Issuer of the bond is City of Minneapolis, MN (41-6005375) and Housing and Redevelopment Authority of the City of St Paul, MN (41-6005521) Schedule K, Part I, Line 4 Column A Health Care Facilities Revenue Bonds 1995B/2004A-1/2010A - Issuer of the bond is City of Minneapolis, MN (41-6005375) and Housing and Redevelopment Authority of the City of St Paul, MN (41-6005521)

<b>Return Reference</b>	<b>Explanation</b>
Supplemental Information 2	THE REPORT PERIODS SELECTED FOR ALL FOUR BOND ISSUES RECORDED ON SCHEDULE K ARE NOT THE SAME AS THE FISCAL YEAR END FOR THE REST OF THE FORM 990 SCHEDULE K USES THE BOND YEAR ENDING OF AUGUST 15, 2018 Part I, Column (g) Although these bonds are not defeased, a portion of the bonds was currently refunded by a reissuance on 3/25/2010

<b>Return Reference</b>	<b>Explanation</b>
Sch K Part II Line 3	Differences between Part I, Column (e) and Part II, Line 3 are due to investment earnings

<b>Return Reference</b>	<b>Explanation</b>
Sch K Part II Line 13	Year of Substantial Completion - B As this bond issue consists entirely of refunding bonds, it is Children's understanding that the concept of "year of substantial completion" does not apply to this issue

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 41-1754276  
**Name:** Children's Health Care

Return Reference	Explanation
Supplemental Information 1	Schedule K, Part I, Line 1 Column A Health Care Facilities Revenue Bonds 1995B/2004A - Issuer of the bond is City of Minneapolis, MN (41-6005375) and Housing and Redevelopment Authority of the City of St Paul, MN (41-6005521) Schedule K, Part I, Line 2 Column A Health Care Facilities Revenue Bonds 2004B - Issuer of the bond is City of Minneapolis, MN (41-6005375) and Housing and Redevelopment Authority of the City of St Paul, MN (41-6005521) Schedule K, Part I, Line 3 Column A Health Care Facilities Revenue Bonds 2007A - Issuer of the bond is City of Minneapolis, MN (41-6005375) and Housing and Redevelopment Authority of the City of St Paul, MN (41-6005521) Schedule K, Part I, Line 4 Column A Health Care Facilities Revenue Bonds 1995B/2004A-1/2010A - Issuer of the bond is City of Minneapolis, MN (41-6005375) and Housing and Redevelopment Authority of the City of St Paul, MN (41-6005521)
Supplemental Information 2	THE REPORT PERIODS SELECTED FOR ALL FOUR BOND ISSUES RECORDED ON SCHEDULE K ARE NOT THE SAME AS THE FISCAL YEAR END FOR THE REST OF THE FORM 990 SCHEDULE K USES THE BOND YEAR ENDING OF AUGUST 15, 2018 Part I, Column (g) Although these bonds are not defeased, a portion of the bonds was currently refunded by a reissuance on 3/25/2010
Sch K Part II Line 3	Differences between Part I, Column (e) and Part II, Line 3 are due to investment earnings
Sch K Part II Line 13	Year of Substantial Completion - B As this bond issue consists entirely of refunding bonds, it is Children's understanding that the concept of "year of substantial completion" does not apply to this issue

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Health Care

Employer identification number  
41-1754276

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		168,896	COST/SELLING PRICE
5 Clothing and household goods . . . . .	X		747,162	COST/SELLING PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	1	40	COST/SELLING PRICE
19 Food inventory . . . . .	X	110	66,494	COST/SELLING PRICE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ENTERTAINMENT )	X	84	101,184	COST/SELLING PRICE
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Name of the organization  
Children's Health Care

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

41-1754276



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990 Part III Line 4a	<p>PROGRAM SERVICE ACCOMPLISHMENTS CHILDREN'S - ST PAUL HAS BEEN NAMED A 2018 TOP HOSPITAL BY THE LEAPFROG GROUP WHILE MORE THAN 1,600 HOSPITALS REPORTED SAFETY AND QUALITY INFORMATION TO THE LEAPFROG GROUP, ONLY 6 PERCENT WERE RECOGNIZED THIS YEAR FOR THEIR HIGH MARKS FOR QUALITY AND EFFICIENCY WE'RE ONE OF ONLY 12 PEDIATRIC HOSPITALS ACROSS THE U S THAT HAS EARNED THIS HONOR AND THE ONLY ONE RECOGNIZED IN THE UPPER MIDWEST THIS IS THE NINTH TIME THAT CHILDREN'S (MINNEAPOLIS, ST PAUL OR BOTH) HAS BEEN RECOGNIZED BY THE LEAPFROG GROUP SINCE 2006 FOR THE TWELFTH YEAR, U S NEWS &amp; WORLD REPORT HAS NAMED CHILDREN'S AS ONE OF AMERICA'S BEST CHILDREN'S HOSPITALS, WITH OUR PULMONOLOGY PROGRAM RANKING 33RD, OUR DIABETES AND ENDOCRINOLOGY PROGRAM RANKING 42ND AND OUR NEPHROLOGY PROGRAM - IN PARTNERSHIP WITH THE UNIVERSITY OF MINNESOTA MASONIC CHILDREN'S HOSPITAL - RANKING 33RD IN THE NATION FOR 2018-2019 IN DECEMBER 2018 CHILDREN'S HOSPITALS WAS THE FIRST AND ONLY HOSPITAL IN MINNESOTA TO BE VERIFIED AS A LEVEL I CHILDREN'S SURGERY CENTER BY THE AMERICAN COLLEGE OF SURGEONS CHILDRENS SURGERY VERIFICATION QUALITY IMPROVEMENT PROGRAM, WE ARE ONE OF FEWER THAN 20 SUCH CENTERS IN THE NATION ACHIEVING LEVEL I VERIFICATION IS THE HIGHEST LEVEL OF DISTINCTION FOR HEALTH SYSTEMS THAT PERFORM COMPLEX SURGICAL PROCEDURES IN NEWBORNS, CHILDREN AND TEENS IN MARCH 2018, CHILDREN'S EARNED MAGNET RECOGNITION FROM THE AMERICAN NURSES CREDENTIALING CENTER WE ARE MINNESOTA'S LARGEST PROVIDER OF CARE TO CHILDREN WITH COMPLEX SURGICAL CONDITIONS, HEART DISEASE, CANCER, DIABETES, AND EXTREME PRE-MATURITY IN 2018, CHILDREN'S CARED FOR 15,748 INPATIENT ADMISSIONS REPRESENTING 108,459 PATIENT DAYS, PERFORMED 24,704 SURGICAL CASES, TREATED 91,495 EMERGENCY ROOM VISITS AND CARED FOR 467,118 OUTPATIENT CLINIC VISITS, MANY OF WHICH PROVIDED TO INNER CITY MINNEAPOLIS AND ST PAUL RESIDENTS CHILDREN'S CONTINUES TO SERVE A DIVERSE POPULATION WITH 100,092 FAMILY ENCOUNTERS FOR LANGUAGE INTERPRETATION IN 70 DIFFERENT LANGUAGES CHILDREN'S CONSIDERS CERTAIN MAJOR PROGRAMS AS DESTINATION PROGRAMS, WHICH ARE SOUGHT OUT DUE TO THEIR HIGH QUALITY OUTCOMES THESE PROGRAMS MEET RIGOROUS CRITERIA FOR EXCELLENCE, INCLUDING OUTSTANDING USE OF EVIDENCE-BASED PRACTICES, CLINICAL RESEARCH, AND ADVANCED TECHNOLOGIES - CARDIOVASCULAR - CHILDREN'S PEDIATRIC CARDIOVASCULAR PROGRAM IS ONE OF THE LARGEST IN THE REGION WITH SOME OF THE MOST IMPRESSIVE OUTCOMES IN THE U S TEAM MEMBERS CARE FOR THOUSANDS OF THE REGION'S SICKEST CHILDREN WITH HEART CONDITIONS, INCLUDING FETUSES, NEWBORNS, INFANTS, CHILDREN, ADOLESCENTS, AND ADULT, LONG-TERM PATIENTS WITH PEDIATRIC CARDIOVASCULAR CONDITIONS - NEONATAL INTENSIVE CARE - CHILDREN'S SPECIALIZES IN CARING FOR MULTIPLES, BABIES WITH CONGENITAL ANOMALIES, VERY PREMATURE AND VERY LOW BIRTH WEIGHT BABIES, AND INFANTS BORN WITH OTHER COMPLEX DIAGNOSES WE OFFER EXCEPTIONAL TERTIARY AND QUATERNARY CARE FOR BABIES, WITH SURVIVAL OUTCOMES AMONG THE BEST IN THE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4a	<p>WORLD CHILDREN'S NEONATAL PROGRAM IS ONE OF THE NATION'S LARGEST PROGRAMS WITH 155 STAFF ED BEDS AND MORE THAN 41,000 PATIENT DAYS OUR NEONATAL TEAM INCLUDES HIGHLY-TRAINED AND EXPERIENCED PROFESSIONALS FROM A FULL SPECTRUM OF MEDICAL SPECIALTIES WE HAVE OUR MOTHER BABY CENTER AT ABBOTT &amp; CHILDREN'S MINNEAPOLIS AND IN 2015 WE OPENED OUR SECOND AND THIRD M OTHER BABY CENTERS AT MERCY HOSPITAL IN COON RAPIDS AND UNITED HOSPITAL AND CHILDREN'S - S T PAUL -</p> <p>HEMATOLOGY/ONCOLOGY - THE HEMATOLOGY/ONCOLOGY PROGRAM AT CHILDREN'S IS THE LARG EST IN THE UPPER MIDWEST WITH TREATMENT OUTCOMES THAT CONSISTENTLY RANK CHILDREN'S AS ONE OF THE TOP TEN PROGRAMS IN THE U S IN OUR NATIONALLY UNIQUE MODEL, YOUR CHILD'S OR TEEN'S CARE IS SPEARHEADED AND COORDINATED BY A BOARD-CERTIFIED HEMATOLOGIST/ONCOLOGIST, WHO LEA DS A HIGHLY EXPERIENCED TEAM OF MULTIDISCIPLINARY PROFESSIONALS - CYSTIC FIBROSIS - THE C YSTIC FIBROSIS (CF) CENTER AT CHILDREN'S OF MINNESOTA DIAGNOSES AND TREATS CHILDREN IN ALL STAGES OF CF OUR DEDICATION TO FAMILY-CENTERED CARE AND EDUCATION HELPS CHILDREN AND THE IR FAMILIES LEARN TO LIVE WITH CF CARE AT CHILDREN'S FOR PATIENTS WITH CF RANKS AMONG THE TOP 10 PROGRAMS NATIONALLY IN KEY OUTCOMES MEASURED BY THE NATIONAL CYSTIC FIBROSIS REGIS TRY CHILDREN'S PROVIDES A CONTINUUM OF CARE THROUGH COORDINATED INPATIENT AND OUTPATIENT SERVICES, FROM DIAGNOSIS THROUGH LONG-TERM FOLLOW-UP THE CYSTIC FIBROSIS CENTER OF CHILDR EN'S PROVIDES STATE-OF-THE ART COMPREHENSIVE CARE FOR CHILDREN WITH CF -</p> <p>DIABETES/ENDOCRINOLOGY - THE MCNEELY PEDIATRIC DIABETES CENTER IS THE ONLY DIABETES CENTER IN THE REGION T O SPECIALIZE IN WORKING SOLELY WITH CHILDREN AND TEENS THE STAFF PROVIDES EXPERT HEALTH CARE TO HELP MAINTAIN A CHILD'S TARGETED BLOOD SUGAR RANGES MOST CHILDREN SEEN IN THE DIAB ETES CENTER HAVE TYPE 1 DIABETES A SMALL BUT GROWING NUMBER HAVE TYPE 2 IN ADDITION TO D IABETES, THE CLINIC PROVIDES DIAGNOSTIC SERVICES AND TREATMENT FOR CHILDREN WITH DISORDERS OF GROWTH, ADVANCED OR DELAYED SEXUAL DEVELOPMENT, PITUITARY DISORDERS, THYROID ABNORMALI TIES, DISORDERS OF CALCIUM BALANCE, ADRENAL DISORDERS, AND HYPOGLYCEMIA THE MCNEELY PEDIA TRIC DIABETES CENTER HAS RECEIVED RECOGNITION FOR ITS DIABETES EDUCATION PROGRAM FROM THE AMERICAN DIABETES ASSOCIATION, BY MEETING THE ASSOCIATION'S HIGH EDUCATIONAL STANDARDS - CHILDREN'S PROVIDES OTHER HIGH QUALITY PROGRAMS SUCH AS SURGERY CHILDREN'S SURGERY TEAMS DELIVER NEXT-GENERATION CARE IN AN AWARD-WINNING ENVIRONMENT THAT IS EXCLUSIVELY DEDICATED TO PEDIATRICS HEALTH PROFESSIONALS OF MANY DISCIPLINES WORK TOGETHER TO PROVIDE CHILDREN WITH THE BEST POSSIBLE SURGERY EXPERIENCE CHILDREN'S BODIES ARE DIFFERENT THAN ADULTS F OR EXAMPLE, THEY OFTEN REQUIRE SPECIALLY-SIZED SURGICAL EQUIPMENT THEY REACT DIFFERENTLY TO ANESTHESIA AND TO PAIN THEIR BODIES RESPOND DIFFERENTLY TO ILLNESS AND TREATMENT, IN P ART BECAUSE THEY ARE STILL GROWING THAT'S WHY CHILDREN BENEFIT FROM OUR HIGHLY ACCOMPLISH ED, PEDIATRIC-SPECIFIC SURGERY</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990 Part III Line 4a	TEAMS AT CHILDREN'S, OVER 20,000 SURGERIES ARE PERFORMED EACH YEAR ON FETUSES, NEWBORNS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS FROM THROUGHOUT THE UPPER MIDWEST SURGICAL TREATMENT RESULTS RANK CHILDREN'S AMONG THE TOP HOSPITALS IN THE U S IN PEDIATRIC SURGICAL CARE CHILDREN'S HAS SOME OF THE LOWEST RATES IN THE U S OF POST-SURGERY COMPLICATIONS AND SOME OF THE HIGHEST RATES OF PATIENT AND FAMILY SATISFACTION ADDITIONAL DESTINATION PROGRAMS INCLUDE NEUROSCIENCES, ENT AND FACIAL PLASTIC SURGERY, AND TRAUMA CARE AS A CHARITABLE ORGANIZATION, CHILDREN'S HOSPITALS & CLINICS OF MINNESOTA ALSO PROVIDES A BROAD SPECTRUM OF BENEFITS TO THE COMMUNITIES WE SERVE THESE SERVICES AND DONATIONS ACCOUNT FOR A MEASUR EABLE PORTION OF THE HOSPITALS' COSTS AND HELP TO PROMOTE HEALTHY LIFESTYLES, COMMUNITY DE VELOPMENT, HEALTH EDUCATION, AND AFFORDABLE ACCESS TO CARE PLEASE SEE IRS FORM 990, SCHED ULE H FOR A SUMMARY OF THESE COMMUNITY BENEFITS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990 Part III Line 4b	PROGRAM SERVICE ACCOMPLISHMENTS WE CONTINUE TO PARTICIPATE IN MULTIPLE PRESTIGIOUS NATIONAL COLLABORATIONS AND CLINICAL TRIALS WE ARE ALSO GENERATING LANDMARK INVESTIGATOR-INITIATED RESEARCH, AIMED AT NOVEL WAYS TO DELIVER LIFE-SAVING TREATMENTS, MANAGE PAIN AND SYMPTOMS AND DEVELOP NEW METHODS FOR PREVENTING OR TREATING CHILDHOOD DISEASES EVERY DAY, CHILDREN'S RESEARCHERS EXPRESS THEIR COMMITMENT TO BUILDING BETTER OUTCOMES FOR OUR CHILDREN THESE OUTCOMES WILL HAVE BOTH IMMEDIATE AND LASTING IMPACT FOR CHILDREN RECEIVING STATE OF THE SCIENCE CARE AT OUR SPECIALTY CENTERS CHILDREN WITH CARDIAC DISEASE, CANCER, GENETIC AND BLOOD DISORDERS, DIABETES, CYSTIC FIBROSIS, AND OTHER LIFE-IMPACTING CONDITIONS ALL HAVE BENEFITED FROM RESEARCH AT CHILDREN'S THE VISION AND STRATEGIC INNOVATION OF OUR RESEARCH LEADERS HAVE BROUGHT US TO IMPRESSIVE MILESTONES IN THE PAST YEAR WE CONTINUE TO TAKE STEPS TOWARD ADVANCING OUR RESEARCH AND COMMITTED TO THRIVING INTO THE FUTURE WITH OUR CHILDREN AND FAMILIES

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4c	<p>PROGRAM SERVICE ACCOMPLISHMENTS THE ROTATIONS WERE PERFORMED IN CHILDREN'S EMERGENCY DEPARTMENT, INPATIENT MEDICAL/SURGICAL, PICU AND NEONATAL INPATIENT CARE UNITS, SURGERY AND ANESTHESIA, ENT SURGERY, UROLOGY, AND SUBSPECIALTY CLINICS IN ADDITION, CHILDREN'S OFFERED 35 CONTINUING MEDICAL EDUCATION COURSES, AND PRODUCED 147 PEER REVIEWED PUBLICATIONS CULTIVATING MEDICAL LEADERS ENSURES THAT WE CONTINUE OUR MISSION - CHAMPIONING THE SPECIAL HEALTH NEEDS OF CHILDREN AND THEIR FAMILIES 2) EDUCATION AND TRAINING OF HEALTH CARE AND OTHER PROVIDERS OF SERVICES TO CHILDREN I) THE MIDWEST REGIONAL CHILDREN'S ADVOCACY CENTER AT CHILDREN'S IS A LEADER IN IMPROVING THE CARE OF ABUSED AND NEGLECTED CHILDREN WHOSE GOAL IS TO IMPROVE SERVICES FOR ABUSED CHILDREN IN LOCAL COMMUNITIES THROUGHOUT THE REGION THE CENTER OFFERS INFORMATION, CONSULTATION, TECHNICAL ASSISTANCE, AND TRAINING TO PHYSICIANS, NURSES, AND NON-MEDICAL MEMBERS OF COMMUNITY CHILD ABUSE TEAMS, INCLUDING LAW ENFORCEMENT PERSONNEL, ATTORNEYS AND CHILD PROTECTION WORKERS II) RECOGNIZED, AS THE NATION'S LEADER IN PALLIATIVE CARE EDUCATION, CHILDREN'S INSTITUTE FOR PALLIATIVE CARE (CIPC) DEVELOPED A MODEL FOR A REGIONAL TRAINING AND CONSULTATION CENTER CIPC DEVELOPS AND LEADS TRAINING SEMINARS USING RECOGNIZED CURRICULUM FOR PEDIATRIC PALLIATIVE CARE, PROVIDES HOSPITAL-BASED CONSULTATION TO CHILDREN WHO ARE IN NEED OF HOSPICE OR PALLIATIVE CARE WHILE THEY ARE HOSPITALIZED, OFFERS A REGIONAL 24/7 TELEPHONE CONSULTATION PROGRAM PROVIDING EDUCATION, SUPPORT, AND GUIDANCE TO FAMILIES AND PROFESSIONAL PROVIDERS, AND SERVES AS A RESOURCE CENTER FOR PEDIATRIC PALLIATIVE CARE III) THE EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) RESOURCE CENTER HOUSED AT CHILDREN'S CREATES AWARENESS REGARDING THE SPECIAL NEEDS OF CHILDREN IN EMERGENCY MEDICAL SITUATIONS EMSC EDUCATIONAL PROGRAMS ARE DESIGNED TO TRAIN PRE-HOSPITAL PERSONNEL, FIRST RESPONDERS, PHYSICIANS, NURSES, AND SCHOOL NURSES IN THE UNIQUE NEEDS OF INFANTS AND CHILDREN IN EMERGENCY SITUATIONS THE EMSC RESOURCE CENTER ALSO PROVIDES TECHNICAL ASSISTANCE, PARTICIPATES IN STATEWIDE PEDIATRIC EMERGENCY/DISASTER PREPAREDNESS PLANNING, DEVELOPS AND DISSEMINATES PEDIATRIC EMERGENCY CARE GUIDELINES, AND CONDUCTS MORTALITY REVIEWS AND RESEARCH EDUCATION AND EMPLOYMENT - BECAUSE DISPARITIES IN CHILD HEALTH ARE SO CLOSELY ASSOCIATED WITH LOW EDUCATIONAL ATTAINMENT AND POOR JOB SKILLS, CHILDREN'S IS ENGAGED IN SEVERAL KEY COMMUNITY PARTNERSHIPS TO IMPROVE EDUCATIONAL SUCCESS AND EARLY LEARNING POTENTIAL AMONG YOUTH AND ADULTS EXAMPLES INCLUDE THE ROOSEVELT HIGH SCHOOL AND CRISTO REY JESUIT HIGH SCHOOL HEALTH CAREERS PROGRAM THAT PROVIDES STUDENTS INTERESTED IN HEALTH CARE CAREERS THE OPPORTUNITY TO RECEIVE HEALTH CARE SPECIFIC EDUCATION AND OBTAIN INTERNSHIPS WITH HEALTH CARE ORGANIZATIONS, THE ACHIEVE MINNEAPOLIS/STEP-UP SUMMER JOBS PROGRAM THAT PLACES YOUTH IN SUPERVISED SUMMER INTERNSHIPS AT PARTICIPATING COMPANIES AND ORGANIZATIONS, AND A PARTNERSHIP WITH</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4c	PROJECT FOR PRIDE IN LIVING THAT RECOGNIZES THAT A HEALTHY, SUSTAINABLE COMMUNITY REQUIRE S RESIDENTS WITH WELL-PAYING JOBS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990 Part VI Line 11b	CHILDREN'S SENIOR MANAGEMENT REVIEWS THE DRAFT FORM 990 WITH THE AUDIT AND COMPLIANCE COMMITTEE OF THE GOVERNING BODY PRIOR TO FILING OF THE FORM THIS REVIEW INCLUDES AN OVERVIEW OF THE FORM AND DISCUSSION RELATED TO KEY SECTIONS COPIES OF THE FINAL FORM 990 ARE MADE AVAILABLE TO MEMBERS OF THE COMMITTEE AND ALL DIRECTORS PRIOR TO THE FORM BEING FILED THE AUDIT AND COMPLIANCE COMMITTEE HAS BEEN DELEGATED THE AUTHORITY TO OVERSEE THE COMPLETION AND FILING OF THE FORM 990 BY THE FULL BOARD, AND THE COMMITTEE REPORTS THE RESULTS OF ITS REVIEW AND APPROVAL TO THE FULL BOARD AT A REGULARLY SCHEDULED BOARD MEETING

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990 Part VI Line 12c	MANAGEMENT OF CHILDREN'S ENSURE THAT CONFLICT OF INTEREST DISCLOSURE FORMS ARE COMPLETED BY ALL MEMBERS OF THE GOVERNING BODY AND BOARD COMMITTEES AT LEAST ANNUALLY FORMS ARE COMPLETED AT THE BEGINNING OF THE YEAR, AND DIRECTORS AND COMMITTEE MEMBERS ARE INSTRUCTED TO PROVIDE ADDITIONAL DISCLOSURES IF NECESSARY DURING THE COURSE OF THE YEAR THE GOVERNANCE COMMITTEE OF THE GOVERNING BODY, ALONG WITH SENIOR MANAGEMENT (CEO AND GENERAL COUNSEL) REVIEW ALL DISCLOSURES PROVIDED BY GOVERNING BOARD MEMBERS THE RESULTS OF THIS REVIEW AND ANY CONCERNS, LIMITATIONS, ETC , ARE REPORTED BY THE GOVERNANCE COMMITTEE TO THE FULL BOARD IF CONFLICTS ARE IDENTIFIED, THE GOVERNANCE COMMITTEE AND MANAGEMENT WORK TO ENSURE THAT DIRECTORS DO NOT PARTICIPATE IN DISCUSSION OR VOTING ON THE AFFECTED MATTER



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990 Part VI Line 15a	CHILDREN'S FOLLOWS THE REQUIREMENTS SET FORTH IN THE IRS REBUTTABLE PRESUMPTION OF REASONABLENESS IN DETERMINING COMPENSATION FOR THE CEO AND OTHER OFFICERS AND EXECUTIVE LEADERS OF CHILDREN'S THIS FUNCTION IS PERFORMED BY THE COMPENSATION COMMITTEE OF THE GOVERNING BOARD, WHICH IS COMPOSED OF ONLY INDEPENDENT DIRECTORS THE PROCESS INCLUDES REVIEW OF COMPARABILITY DATA, RETENTION OF AN OUTSIDE COMPENSATION CONSULTANT AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THROUGH DETAILED MINUTES OF THE COMPENSATION COMMITTEE AND FULL BOARD MEETINGS WHERE EXECUTIVE COMPENSATION IS CONSIDERED

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 16a	CURRENTLY CHILDREN'S DOES NOT HAVE ANY JOINT VENTURES WITH A TAXABLE ENTITY THAT ARE MISSION RELATED OR JOINT VENTURES THAT ARE NOT MISSION RELATED WITHIN THE CONTEXT OF THEIR INVESTMENT PORTFOLIO, THE ORGANIZATION HAS INVESTED IN A NUMBER OF LIMITED PARTNERSHIP OPPORTUNITIES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990 Part VI Line 19	CHILDREN'S MAKES FINANCIAL STATEMENT INFORMATION PUBLIC THROUGH A SUMMARY OF FINANCIAL PERFORMANCE IN ITS ANNUAL REPORT IN ADDITION, FINANCIAL STATEMENTS ARE PROVIDED PUBLICLY THROUGH DIGITAL ASSURANCE CERTIFICATION, A DISSEMINATION AGENT, WHO THEREFORE MAKE THIS INFORMATION PUBLICLY AVAILABLE CHILDREN'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990 Part XI Line 9	CHANGES IN NET ASSETS RSVP RETIREMENT PLAN-RELATED CHANGES (2,923,855) CHANGE IN VALUE OF INTEREST RATE SWAP VALUATION 4,985,073 CHANGE IN PERPETUAL TRUSTS AND OTHER IN-KIND CHANGES 1,455,161 TOTAL TO FORM 990, PART XI, LINE 9 3,516,379

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION Medical Residents - Pediatrics TOTAL FEES 4086763

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION Consulting Fees TOTAL FEES 4256702

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION Security TOTAL FEES 67929

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION Linen TOTAL FEES 1790286



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION Purchased Services TOTAL FEES 69645293

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION Stipends and Honorariums TOTAL FEES 333782

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION Leased Equipment TOTAL FEES 1348299

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION Maintenance/Service Contracts TOTAL FEES 5483441

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION Equipment Repair & Maintenance TOTAL FEES 1134284

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Health Care

**Employer identification number**

41-1754276

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> Children's HC SVCS INC DBA Minnetonka 2525 Chicago Ave S  Minneapolis, MN 55404 41-1756478	Healthcare	MN	501(c)(3)	Line 3	NA	Yes	
<b>(2)</b> Children's Health Care Foundation 2525 Chicago Ave S  Minneapolis, MN 55404 41-1814223	Healthcare	MN	501(c)(3)	Line 7	NA	Yes	
<b>(3)</b> Children's Clinic Network 2525 Chicago Ave S  Minneapolis, MN 55404 45-3765330	Healthcare	MN	501(c)(3)	Line 3	NA	Yes	
<b>(4)</b> Mother Baby Facility LLC 2525 Chicago Ave S  Minneapolis, MN 55404 45-4078371	Healthcare	MN	501(c)(3)	Line 12A	NA	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> Children's Health Insurance Network Ltd PO Box 30600 Grand Cayman, MN 55404	Insurance	CJ	NA	C Corp	-618,317	11,896,987	100 000 %	Yes	
<b>(2)</b> Children's Health Network 910 East 26th Street Suite 330 Minneapolis, MN 55404 46-3226418	Medical Services	MN	NA	C Corp	-167,850	166,436	100 000 %	Yes	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved





**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-1754276  
**Name:** Children's Health Care

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	Children's Health Care Foundation	c	15,117,130	accrual
<b>(1)</b>	Children's Health Care Foundation	l	5,828,277	accrual
<b>(2)</b>	Children's Health Care Foundation	o	4,411,257	accrual
<b>(3)</b>	Children's Health Care Foundation	r	11,147,755	accrual
<b>(4)</b>	Children's Health Care Services Inc	l	869,532	accrual
<b>(5)</b>	Children's Health Care Services Inc	o	265,134	accrual
<b>(6)</b>	Children's Health Care Services Inc	q	10,743,870	accrual
<b>(7)</b>	Children's Health Care Services Inc	p	6,656,869	accrual
<b>(8)</b>	Children's Clinic Network	l	1,321,154	accrual
<b>(9)</b>	Children's Clinic Network	o	88,946	accrual
<b>(10)</b>	Children's Clinic Network	p	2,047,309	accrual
<b>(11)</b>	Children's Clinic Network	q	46,906,284	accrual
<b>(12)</b>	Children's Clinic Network	r	48,372,353	accrual
<b>(13)</b>	Children's Clinic Network	s	22,435	accrual