

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  
**2019**  
Open to Public Inspection

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

**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 SVP & 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 \$ 1,182,164,217

**F** Name and address of principal officer:  
Brenda McCormick SVP CFO  
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](http://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)	<b>3</b>	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	6,057
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,838
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	1,544,013
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	29,335,746	30,950,105
<b>9</b> Program service revenue (Part VIII, line 2g)	875,635,934	900,383,138
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,580,961	45,380,788
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,598,840	2,444,395
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	954,151,481	979,158,426
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,062,252	6,515,809
<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)	496,477,949	518,741,938
<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)	370,508,176	386,506,829
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	869,048,377	911,764,576
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	85,103,104	67,393,850
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,352,722,146	1,501,437,326
<b>21</b> Total liabilities (Part X, line 26)	368,768,842	400,104,070
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	983,953,304	1,101,333,256

## 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: 2020-10-07  
BRENDA MCCORMICK SVP & CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2020-10-06 Check  if self-employed PTIN: P01413237  
Firm's name ▶ KPMG LLP Firm's EIN ▶ \_\_\_\_\_  
Firm's address ▶ 4200 WELLS FARGO CTR 90 S7TH Phone no. (612) 305-5000  
Minneapolis, MN 55402

**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 \$ 780,760,609 including grants of \$ 6,515,809 ) (Revenue \$ 893,491,924 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 4,373,483 including grants of \$ 0 ) (Revenue \$ 1,382,476 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 4,668,206 including grants of \$ 0 ) (Revenue \$ 60,657 )  
See Additional Data

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

**4e Total program service expenses** ▶ 789,802,298

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<table border="1"> <tr> <td style="text-align: center;"><b>2a</b></td> <td style="text-align: right;">6,057</td> </tr> </table>	<b>2a</b>	6,057			
<b>2a</b>	6,057					
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .			<b>3b</b>	Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			<b>4a</b>	Yes		
<b>b</b> If "Yes," enter the name of the foreign country: ▶CJ						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			<b>7a</b>		No	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<table border="1"> <tr> <td style="text-align: center;"><b>7d</b></td> <td></td> </tr> </table>	<b>7d</b>				
<b>7d</b>						
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>						
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<table border="1"> <tr> <td style="text-align: center;"><b>10a</b></td> <td></td> </tr> </table>	<b>10a</b>				
<b>10a</b>						
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<table border="1"> <tr> <td style="text-align: center;"><b>10b</b></td> <td></td> </tr> </table>	<b>10b</b>				
<b>10b</b>						
<b>11 Section 501(c)(12) organizations.</b> Enter:						
<b>a</b> Gross income from members or shareholders . . . . .	<table border="1"> <tr> <td style="text-align: center;"><b>11a</b></td> <td></td> </tr> </table>	<b>11a</b>				
<b>11a</b>						
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<table border="1"> <tr> <td style="text-align: center;"><b>11b</b></td> <td></td> </tr> </table>	<b>11b</b>				
<b>11b</b>						
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<table border="1"> <tr> <td style="text-align: center;"><b>12b</b></td> <td></td> </tr> </table>	<b>12b</b>		<b>12a</b>		
<b>12b</b>						
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<table border="1"> <tr> <td style="text-align: center;"><b>13b</b></td> <td></td> </tr> </table>	<b>13b</b>				
<b>13b</b>						
<b>c</b> Enter the amount of reserves on hand . . . . .	<table border="1"> <tr> <td style="text-align: center;"><b>13c</b></td> <td></td> </tr> </table>	<b>13c</b>				
<b>13c</b>						
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .			<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>If "Yes," see instructions and file Form 4720, Schedule N.</b>			<b>15</b>	Yes		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . <b>If "Yes," complete Form 4720, Schedule O.</b>			<b>16</b>		No	

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 (15), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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.
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 SVP 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>	16,168,688		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	14,781,417		
	<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:\$ . . . . .	<b>1g</b>	829,810		
	<b>h Total.</b> Add lines 1a-1f . . . . .		30,950,105		

<b>Program Service Revenue</b>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
<b>2a</b> Patient Service Revenue . . . . .		621400	524,406,323	524,406,323		
<b>b</b> Medicare/Medicaid payment . . . . .		621400	272,269,668	272,269,668		
<b>c</b> Pharmacy Revenue . . . . .		621400	2,361,904			2,361,904
<b>d</b> Parking . . . . .		812930	2,934,312		339,580	2,594,732
<b>e</b> Lab Revenue . . . . .		621500	97,923,370	97,771,505	151,865	
<b>f</b> All other program service revenue . . . . .			487,561	487,561		
<b>g Total.</b> Add lines 2a-2f. . . . .			900,383,138			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			39,708,658		1,052,568	38,656,090	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real	1,490,363				
			(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .	<b>6b</b>		1,505,580			
		<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>		-15,217	0		
	<b>d</b> Net rental income or (loss) . . . . .				-15,217		-15,217	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	<b>7a</b>	(i) Securities	206,763,659	408,682			
			(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>		201,318,180	182,031		
		<b>c</b> Gain or (loss) . . . . .	<b>7c</b>		5,445,479	226,651		
	<b>d</b> Net gain or (loss) . . . . .				5,672,130		5,672,130	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			0			
			<b>8b</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>9a</b>			0			
			<b>9b</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>10a</b>			0			
<b>10b</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	1,992,885			1,992,885		
	<b>b</b> Marketplace . . . . .	453220	416,639			416,639		
	<b>c</b> Vending machines . . . . .	722514	28,790			28,790		
	<b>d</b> All other revenue . . . . .		21,298			21,298		
	<b>e Total.</b> Add lines 11a-11d . . . . .			2,459,612				
<b>12 Total revenue.</b> See instructions . . . . .			979,158,426	894,935,057	1,544,013	51,729,251		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	420,623	420,623		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	6,095,186	6,095,186		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 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 . . . . .	16,845,760	5,650,648	11,195,112	
<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 . . . . .	392,758,850	350,785,919	41,972,931	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	27,965,197	24,704,263	3,260,934	
<b>9</b> Other employee benefits . . . . .	53,757,862	47,116,547	6,641,315	
<b>10</b> Payroll taxes . . . . .	27,414,269	24,128,423	3,285,846	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	4,327,101	3,439,785	887,316	
<b>b</b> Legal . . . . .	991,834	134,636	857,198	
<b>c</b> Accounting . . . . .	600,954	93,371	507,583	
<b>d</b> Lobbying . . . . .	408,137		408,137	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	8,798,530	8,798,530		
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	98,131,219	85,120,166	13,011,053	
<b>12</b> Advertising and promotion . . . . .	2,737,097	391,063	2,346,034	
<b>13</b> Office expenses . . . . .	9,865,839	8,520,870	1,344,969	
<b>14</b> Information technology . . . . .	18,656,104		18,656,104	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	14,860,084	13,278,964	1,581,120	
<b>17</b> Travel . . . . .	2,058,847	1,544,078	514,769	
<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 . . . . .	2,547,349	2,334,550	212,799	
<b>20</b> Interest . . . . .	7,662,298	7,662,298		
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	43,601,299	33,840,149	9,761,150	
<b>23</b> Insurance . . . . .	3,255,582	3,255,582		
<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	90,721,096	90,721,096		
<b>b</b> MNCare Tax	16,005,844	16,005,844		
<b>c</b> Medicaid Surcharge	10,807,178	10,807,178		
<b>d</b> Temp Labor	13,823,302	11,883,932	1,939,370	
<b>e</b> All other expenses	36,647,135	33,068,597	3,578,538	
<b>25</b> Total functional expenses. Add lines 1 through 24e	911,764,576	789,802,298	121,962,278	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 . . . . .	10,436,685	<b>1</b>	17,835,862
	<b>2</b> Savings and temporary cash investments . . . . .	23,121,432	<b>2</b>	9,396,500
	<b>3</b> Pledges and grants receivable, net . . . . .	1,053,972	<b>3</b>	970,920
	<b>4</b> Accounts receivable, net . . . . .	176,297,231	<b>4</b>	169,758,066
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	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 . . . . .	7,785,560	<b>8</b>	9,305,756
	<b>9</b> Prepaid expenses and deferred charges . . . . .	14,437,643	<b>9</b>	15,802,908
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 808,672,294		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 488,592,781	337,185,927	<b>10c</b> 320,079,513
	<b>11</b> Investments—publicly traded securities . . . . .	285,164,431	<b>11</b>	365,271,598
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	357,861,576	<b>12</b>	417,728,326
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	21,263,834	<b>13</b>	23,309,842
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	118,113,855	<b>15</b>	151,978,035
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,352,722,146	<b>16</b>	1,501,437,326	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	117,967,519	<b>17</b>	125,360,309
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	1,316,372	<b>19</b>	555,642
	<b>20</b> Tax-exempt bond liabilities . . . . .	203,127,527	<b>20</b>	198,620,863
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	96,158	<b>23</b>	48,575
	<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	46,261,266	<b>25</b>	75,518,681
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	368,768,842	<b>26</b>	400,104,070
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	912,443,775	<b>27</b>	1,027,134,424
	<b>28</b> Net assets with donor restrictions . . . . .	71,509,529	<b>28</b>	74,198,832
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	983,953,304	<b>32</b>	1,101,333,256	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,352,722,146	<b>33</b>	1,501,437,326	

**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>	979,158,426
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	911,764,576
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	67,393,850
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	983,953,304
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	54,111,694
<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>	-4,125,592
<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>	1,101,333,256

**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 (2019)

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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 429 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 O.

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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 2019 CALENDAR YEAR, CHILDREN'S PROVIDED TRAINING TO 426 AFFILIATED RESIDENTS AND FELLOWS, AND HOSTED 241 MEDICAL STUDENT & 396 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 445 OPEN RESEARCH STUDIES, OF WHICH 182 ARE ACTIVELY RECRUITING CLINICAL TRIALS. IN 2019 CHILDREN'S RECEIVED ABOUT \$25 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				1,421,158	0	38,426
Joseph Petronio MD ..... Surgical Dir, Peds Neurosurg	50.0 ..... 0.0					X		1,125,559	0	22,792
Meysam Kebriaei MD ..... Staff Physician	50.0 ..... 0.0					X		991,035	0	41,489
Kyle Halvorson MD ..... Staff Physician	50.0 ..... 0.0					X		877,200	0	13,768
Barbara Malone MD ..... Medical Director	50.0 ..... 0.0					X		717,600	0	34,191
David Hirschman MD ..... Medical Director, Transport	50.0 ..... 0.0					X		673,562	0	27,192
Trevor Sawallish ..... SVP Clinical Ops & COO	50.0 ..... 0.0			X				659,028	0	41,372
Jennifer Olson Market ..... SVP Sys Ops & Chief Strtgy Off	50.0 ..... 0.0			X				655,070	0	37,650
Emily Chapman MD ..... CMO and VP Medical Affairs	50.0 ..... 0.0			X				632,842	0	34,872
Maria Christu ..... Chief Legal Officer	50.0 ..... 0.0			X				619,174	0	41,350



**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			
Susan Sencer ..... Chief of Specialty Pediatrics	50.0 ..... 0.0			X				600,902	0	54,280
Jeffrey Young ..... VP IT CIO	50.0 ..... 0.0						X	565,277	0	84,265
Pamala VanHazinga ..... CNO, VP Patient Care Svcs	50.0 ..... 0.0			X				479,159	0	35,338
Pamela Gigi Chawla MD ..... Chief of General Pediatrics	50.0 ..... 0.0			X				481,074	0	24,678
Anupam Kharbanda MD ..... Chief of Critical Care Service	50.0 ..... 0.0			X				452,829	0	20,567
Stuart Winter MD ..... Chief Research Officer	50.0 ..... 0.0			X				435,159	0	37,882
Rebecca Woitalewicz ..... VP Finance	50.0 ..... 0.0			X				410,981	0	20,237
Angela Goepferd MD ..... Chief Education Officer	50.0 ..... 0.0	X		X				405,136	0	15,262
James Leste ..... VP Support Operations	50.0 ..... 0.0			X				331,326	0	40,571
Carol Wilcox ..... VP Diagnostic/Therapeutic Serv	50.0 ..... 0.0			X				343,203	0	22,134

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			
Monica Schiller ..... VP Ambulatory Services	50.0 ..... 0.0			X				285,198	49,165	29,829
Clark Smith MD ..... Chief of Services Pediatrics	50.0 ..... 0.0			X				323,824	0	34,725
Gloria Drake ..... Sr Dir Clin Svcs-Perioperative	40.0 ..... 0.0				X			257,767	42,959	50,118
Kimberly Welch ..... VP Marketing & Communications	50.0 ..... 0.0			X				271,166	0	24,702
Susan Slocum ..... Chief Investment Officer	50.0 ..... 0.0			X				268,783	0	9,894
Tracy Pfiefer ..... VP Ops Mother Baby Clin Svc	50.0 ..... 0.0			X				253,863	0	19,232
Nancy Stevens ..... Interim CHRO	50.0 ..... 0.0						X	252,390	0	9,241
Barbara Carroll Jennin ..... VP Quality	50.0 ..... 0.0			X				249,361	0	11,392
Anna Youngerman ..... Chief ValueBased Care/PresCHN	25.0 ..... 25.0			X				110,505	129,649	18,890
Kathleen Penson ..... Sr Dir Clin Svcs-Critical Care	50.0 ..... 0.0				X			218,010	0	28,007

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			
Stacey Swanson ..... Interim VP HR	50.0 ..... 0.0			X				210,100	0	34,903
Claudia Hines ..... Sr Dir Clin Svcs-Pediatrics	50.0 ..... 0.0				X			182,603	0	29,370
Theresa Duffy May ..... Sr Dir CareContinuumInfrmatcs	50.0 ..... 0.0				X			161,358	0	32,231
Theresa Pesch ..... President, Foundation	5.0 ..... 45.0						X	19,028	171,249	0
James Burroughs ..... Chief Equity & Inclusion Offic	50.0 ..... 0.0			X				174,485	0	15,058
Roxanne Fernandes ..... CNO, VP Patient Care Svcs	50.0 ..... 0.0						X	179,032	0	0
Brenda McCormick ..... SVP and CFO	50.0 ..... 0.0			X				165,711	0	8,258
Bjorn Gunnerud ..... VP Marketing & Communications	50.0 ..... 0.0						X	132,077	0	0
Laurin Cathey ..... VP Human Resources	50.0 ..... 0.0			X				77,160	0	4,951
Serge-Alain Gansop Wan ..... VP Strategy Bus Dev Innovation	50.0 ..... 0.0			X				65,446	0	4,793

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			
Gary Blackford ..... Vice Chair	1.0 ..... 0.0	X		X				0	0	0
Henry Chang ..... Board Member	1.0 ..... 0.0	X						0	0	0
Martin Bassett ..... Chair	1.0 ..... 0.0	X		X				0	0	0
Alvin Abraham ..... Board Member	1.0 ..... 0.0	X						0	0	0
Bonnie Speer McGrath ..... Board Member	1.0 ..... 0.0	X						0	0	0
Charles J Maxwell Jr ..... Board Member	1.0 ..... 0.0	X						0	0	0
Deneen Vojta MD ..... Board Member	1.0 ..... 0.0	X						0	0	0
Jean V Kane ..... Board Member	1.0 ..... 0.0	X						0	0	0
JJ Kuhn ..... 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			
Bruce P Shay ..... Treasurer	1.0 ..... 0.0	X		X				0	0	0
Paul H Marvin ..... Board Member	1.0 ..... 0.0	X						0	0	0
Thomas M Tefft ..... Board Member	1.0 ..... 0.0	X						0	0	0

**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 instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 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 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<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? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<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? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<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)? <i>If "Yes," explain in Part VI 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.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<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))? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<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**

- 1**  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 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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  
  
**2019**  
**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	Employer identification number 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:			
<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		331,968
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		76,169
<b>j</b>	Total. Add lines 1c through 1i .....			408,137
<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>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<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). \$43,595 OF MEMBERSHIP DUES PAID TO CHA RELATE TO LOBBYING ACTIVITIES. CHILDREN'S IS A MEMBER OF THE MINNESOTA HOSPITAL ASSOCIATE (MHA). \$13,181 OF MEMBERSHIP DUES PAID TO MHA RELATE TO LOBBYING ACTIVITIES. CHILDREN'S IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATE (AHA). \$19,393 OF MEMBERSHIP DUES PAID TO AHA RELATE TO LOBBYING ACTIVITIES.



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

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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 instructions and the latest information.

**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
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 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
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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 . . . . .	155,118,943	158,713,414	144,734,538	39,136,928	41,329,339
<b>b</b> Contributions . . . . .	2,564,577	2,744,579	937,139	100,571,581	211,366
<b>c</b> Net investment earnings, gains, and losses	20,519,755	-543,182	19,761,540	6,528,600	-1,037,098
<b>d</b> Grants or scholarships . . . . .	6,210,104	5,795,868	6,719,803	1,502,571	1,366,679
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	171,993,171	155,118,943	158,713,414	144,734,538	39,136,928

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 68.000 %
- b** Permanent endowment ▶ 22.000 %
- c** Temporarily restricted endowment ▶ 10.000 %

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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>	Yes	
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**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 . . . . .		13,322,960		13,322,960
<b>b</b> Buildings . . . . .		439,492,691	223,619,720	215,872,971
<b>c</b> Leasehold improvements		16,943,279	5,045,750	11,897,529
<b>d</b> Equipment . . . . .		333,500,226	254,568,176	78,932,050
<b>e</b> Other . . . . .		5,413,138	5,359,135	54,003
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				320,079,513

**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.	417,728,326	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	417,728,326	

**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	7,341,025
(2) PHYSICIAN RELOCATION LOANS REC	1,087,712
(3) PHARMACEUTICAL SERVICE DEPOSIT	3,183,899
(4) FACILITY DEPOSIT	123,255
(5) UNITED SHARED SERVICE ARRNGMT	10,075,834
(6) INVESTMENT IN MOTHER/BABY	22,821,524
(7) OTHER	3,929,686
(8) BENEFICIAL INT IN NA OF FDTN	74,365,064
(9) ROU-BASE ASSET	29,050,036
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	151,978,035

**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.

(a) Description of liability	(b) Book value
<b>1.</b> (1) Federal income taxes	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	75,518,681

**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 <b>1</b> :			
<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 <b>1</b> :			
<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
EXECUTIVE BENEFIT PLANS	7,341,025
PHYSICIAN RELOCATION LOANS REC	1,087,712
PHARMACEUTICAL SERVICE DEPOSIT	3,183,899
FACILITY DEPOSIT	123,255
UNITED SHARED SERVICE ARRNGMT	10,075,834
INVESTMENT IN MOTHER/BABY	22,821,524
OTHER	3,929,686
BENEFICIAL INT IN NA OF FDTN	74,365,064
ROU-BASE ASSET	29,050,036

## Supplemental Information

Return Reference	Explanation
Form 990 Sch D Part V Line 4	<p>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.</p>

## 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, 2019 AND 2018. CHILDREN'S IS NOT SUBJECT TO AN INCOME TAX EXAMINATION FOR YEARS BEFORE 2016.



**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

## 2019

**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" on Form 990, Part IV, line 14b.

- 1 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**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .					55,954,645
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					55,954,645

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

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

- 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" on 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 noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation

## 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	175,254
Central America and the Caribbean			Investments	N/A	12,970,803

**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	8,141,766
Central America and the Caribbean			Investments	N/A	4,459,074

**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	485,434
Europe (Including Iceland and Greenland)			Investments	N/A	1,928,586



**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	10,469,209
Europe (Including Iceland and Greenland)			Investments	N/A	12,155,458

**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	5,169,061

**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  
**2019**  
**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> Yes	
<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>	No
<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	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**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) . . . . .			2,600,777	86,530	2,514,247	0.280 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			384,627,771	270,569,713	114,058,058	12.790 %
<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 . . . . .			387,228,548	270,656,243	116,572,305	13.070 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			13,459,213	3,145,002	10,314,211	1.160 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			7,934,683	2,811,839	5,122,844	0.570 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			48,364,239	33,022,127	15,342,112	1.720 %
<b>h</b> Research (from Worksheet 7) . . . . .			6,936,996	3,885,667	3,051,329	0.340 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			77,393		77,393	0.010 %
<b>j Total.</b> Other Benefits . . . . .			76,772,524	42,864,635	33,907,889	3.800 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			464,001,072	313,520,878	150,480,194	16.870 %

**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			3,000		3,000	
2 Economic development						
3 Community support			20,500		20,500	
4 Environmental improvements						
5 Leadership development and training for community members			1,500		1,500	
6 Coalition building			11,500		11,500	
7 Community health improvement advocacy			7,500		7,500	
8 Workforce development			18,900		18,900	
9 Other						
<b>10 Total</b>			62,900		62,900	

**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	8,632,150
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	2,158,038
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	494,571
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	379,037
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	115,534
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 type="checkbox"/> Cost accounting system <input checked="" 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
b	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**

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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)

See Additional Data Table	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

**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 checked="" 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: 20 <u>19</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>http://www.childrensmn.org/CHNA</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: 20 <u>20</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>http://www.childrensmn.org/CHNA</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>b</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: <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)	19	No
<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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <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: <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)	21	Yes
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**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 C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

**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. FINALLY, RESIDENCY MAY ALSO DETERMINE ELIGIBILITY, WITH EXCEPTIONS PROVIDED ON A CASE BY CASE BASIS.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form 990 Sch H Part I Line 6a	CHILDREN'S INCLUDES INFORMATION ON COMMUNITY BENEFIT EXPENDITURES IN THE ORGANIZATION'S ANNUAL REPORT. THE 2019 ANNUAL REPORT IS AVAILABLE ONLINE AT <a href="https://www.childrensmn.org/chna">HTTPS://WWW.CHILDRENSMN.ORG/CHNA</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, Supplemental Information

Form and Line Reference	Explanation
Form 990 Sch H Part I Line 7	<p>SUBSIDIZED HEALTH SERVICES BENEFITS INCLUDE THE FOLLOWING PROGRAMS: THE INFANT APNEA PROGRAM INCLUDES PEDIATRIC SPECIALISTS WHO UNDERSTAND THE SCIENCE BEHIND A BABY'S BREATHING PROCESS. 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: \$538,348 THE HOSPITALIST PROGRAM IS A TEAM ON THE GENERAL MEDICAL/SURGICAL UNITS 24/7 THAT ARE AMONG THE FIRST FACES A CHILD SEES. THE HOSPITALISTS CONFER WITH THE REFERRING DOCTOR AND THE PATIENT'S PEDIATRICIAN TO GATHER INFORMATION AND PLAN FOR FIRST-RATE CARE: \$2,248,238 THE EATING DISORDERS CLINIC USES LEADING EVIDENCE-BASED TREATMENTS TO PATIENTS OF ALL AGES AND WITH ALL TYPES OF EATING DISORDERS. 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: \$265,695 THE DEVELOPMENT PEDIATRIC CLINIC ADDRESSES CONCERNS ABOUT YOUR CHILD'S DEVELOPMENTAL, BEHAVIORAL, SOCIAL OR LEARNING CHALLENGES. THE PROGRAM APPROACHES BEHAVIORAL AND DEVELOPMENTAL CONDITIONS, SUCH AS AUTISM AND DOWN SYNDROME, FROM ALL ANGLES: \$374,241 PSYCHOLOGICAL SERVICES MEETS WITH CHILDREN FOR OUTPATIENT THERAPY, PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL ASSESSMENTS, AND CONSULTATION TO OUTPATIENT AND INPATIENT MEDICAL SERVICE: \$1,559,722 HOME HEALTH CARE ALLOWS KIDS TO RECEIVE THESE SERVICES NOT AT A HOSPITAL BEDSIDE, BUT AT HOME WITH THEIR FAMILIES. EDUCATION IS ALSO A BIG PART OF A HOME CARE NURSES' ROLE AND THEY ARE ALWAYS AVAILABLE TO ANSWER ANY QUESTIONS OR PROVIDE ASSISTANCE: \$770,813 MIDWEST CHILDREN'S RESOURCES CENTER (MCRC) OFFERS MEDICAL EVALUATIONS AND CASE MANAGEMENT IN ALLEGED CHILD ABUSE CASES, SERIOUS NEGLECT AND WITNESS TO VIOLENCE. EVERY YEAR, MORE THAN 1,100 CHILDREN AGES 0 TO 18 VISIT US. MCRC RECEIVES REFERRALS FROM LAW ENFORCEMENT, EMERGENCY DEPARTMENTS, PRIMARY PHYSICIANS, CHILD PROTECTION SERVICES, PARENTS, SELF-REFERRALS AND A VARIETY OF COMMUNITY AGENCIES: \$112,678 THE GENETICS CLINIC HELPS FAMILIES UNDERSTAND GENETIC CONDITIONS, LIKE CHROMOSOMAL DISORDERS AND SINGLE-GENE DISORDERS. 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: \$1,306,458 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: \$629,293 THE NEUROSURGERY CLINIC USES CUTTING EDGE SURGICAL TECHNIQUES AND TECHNOLOGY TO TREAT TUMORS, EPILEPSY AND OTHER BRAIN AND NERVOUS SYSTEM CONDITIONS. WE PERFORM HUNDREDS OF SURGERIES EACH YEAR ON BABIES, KIDS AND TEENS. THAT MAKES US ONE THE MOST EXPERIENCED PEDIATRIC NEUROSURGERY CENTERS ANYWHERE: \$1,923,221 THE RHEUMATOLOGY CLINIC USES ADVANCED TOOLS TO DIAGNOSE THESE COMPLEX CONDITIONS, ALLEVIATE PAIN AND RESTORE FUNCTION IN KIDS AND TEENS: \$72,914 PSYCHIATRIC SERVICES PROVIDES ASSESSMENT AND CONSULTATION TO CHILDREN. THEY CAN ALSO PRESCRIBE AND MANAGE MEDICATIONS USED TO TREAT EMOTIONAL AND BEHAVIORAL PROBLEMS: \$937,822 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. THE SPS UNITS ADMIT SCHEDULED AND UNSCHEDULED MEDICAL AND SURGICAL OBSERVATION STATUS PATIENTS AND CARE FOR INPATIENT OVERFLOW VOLUME IN TIMES OF HIGH CENSUS: \$2,534,273 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: \$1,138,191 OUR INFECTIOUS DISEASE PROGRAM HAS EXPERTISE WITH BACTERIAL, VIRAL, FUNGAL AND PARASITIC INFECTIONS AND EVALUATES CHILDREN WITH RECURRENT FEVERS FOR POSSIBLE PERIODIC FEVER SYMPTOMS. WE ARE ALSO KNOWN FOR OUR MINNESOTA PERINATAL AND PEDIATRIC HIV PROGRAM: \$906,304 ASTHMA: ASTHMA IS A DISEASE OF THE LUNGS THAT DOES NOT HAVE A CURE, BUT CHILDREN'S IS COMMITTED TO HELPING CHILDREN AND FAMILIES LEARN TO MANAGE IT. OUR SPECIALIZED TEAM OF PEDIATRIC NURSE PRACTITIONERS AND RESPIRATORY THERAPISTS ARE CERTIFIED ASTHMA EDUCATORS: \$23,901</p>

Form and Line Reference	Explanation
Form 990 Sch H Part II	<p>CHILDREN'S PROVIDED THE FOLLOWING COMMUNITY BUILDING ACTIVITIES IN 2019: Workforce Development: In 2019, through established community partnerships, Children's MN provided 11 paid students through internships and work-study opportunities. In addition, one student was permanently hired into the organization. - Achieve Step-Up: Step-up is Minneapolis' largest training program which provides job opportunities to youth. Since 2006, Children's MN has hired Step Up summer interns. The students work in a variety of areas to gain knowledge in patient care and non-patient care departments. Many of the Children's Step-up students attended or will be attending higher education institutions. Students may return to their positions during breaks in a casual capacity while attending school or volunteer. The program focuses on immersing and integrating students in the hospital work environment to assist with building skills and competitive employment to healthcare. In 2019, Children's MN employed 2 Step up interns. - University of St Thomas - Dougherty Family College: The Dougherty Family College provides college age students with a career development opportunity through their Corporate Internship Program. This program allows students to have the opportunity to develop real-world, professional experience in paid internships at leading organizations across the Twin Cities - where they'll start using education to build a career that makes a difference. In 2019, Children's MN employed 7 interns. - Cristo Rey Jesuit High School: Children's is one of the pioneer organizations in the Twin Cities that is involved in the Cristo Rey School initiative. This program provides college preparatory schooling to inner city minority students as well as targeted work-study opportunities. Children's has provided work-study and mentor opportunities to students since 2007. 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. In 2019, Children's MN provided work study opportunities for 2 students. - Project SEARCH: Children's MN partnered with the Mpls Public Schools Transitions Plus program to launch Project SEARCH in 2011 and was one of the first healthcare orgs to launch in the 5-state area. This 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. Designed as an unpaid internship program, Project SEARCH places students in real situations where they learn all aspects of gaining and maintaining a job. This process of immersion facilitates the teaching and learning of new skills on-site. Students receive support with accommodations, adaptations, an on-the-job coaching via Mpls school employees. In 2019, Children's MN permanently hired a Project SEARCH student in Nutrition Services. - Project for Pride In Living (PPL): PPL helps low income people achieve self-sufficiency through housing, employment training, support services and education. Children's MN 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 MN and other major area healthcare partners. In 2019, Children's MN did not sponsor any program participants, however, discussion took place to how to re-engage the previous partnership and how to develop meaningful experiential opportunities for the program participants. In addition to these established partnerships, two new partnerships were developed in 2019 as well. - Urban Scholars: The Urban Scholars program intentionally connects students and organizations in pursuit of an equitable workforce. Urban Scholars is a paid, full time, 12-week summer internship program. Scholars spend 32 hours in their work placement, and 8 hours in the Urban Scholars Leadership Institute every week. In 2019, Children's MN did not employ any interns however a defined commitment is being developed. - Right Track: Right Track brings together the City of St Paul, the St Paul Public Schools, local businesses and community based organizations to provide employment opportunities and professional skills training for high school youth. In 2019, Children's MN did not employ any interns however a defined commitment is being developed. Coalition Building: Pillsbury United Communities: Children's supports Pillsbury United Communities in effort to join forces in their mission and vision of creating enduring change toward a just society and creating thriving communities where every person has personal, social and economic power. Community Support, Physical Improvements, Leadership Development, Community Health Improvement: Children's provided a number of donations to community-based organizations in 2019 to support their work in supporting community health through their mission. The work</p>

Form and Line Reference	Explanation
Form 990 Sch H Part II	of these organizations varied, both in scope and specific focus, but broadly worked to address the many social conditions that impact health.



## 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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Form 990 Sch H Part III Line 3	<p>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 Children's provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. Children's estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as provision for uncollectible accounts. Consistent with Children's mission, care is provided to patients regardless of their ability to pay. Therefore, Children's has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts Children's expects to collect based on its collection history with those patients. Patients who meet Children's criteria for charity care are provided care without charge or at amounts no more than "amounts generally billed." Such amounts determined to qualify as charity care are not reported as net revenue. Form 990 Sch H Part III Line 8 CHILDREN'S HEALTH CARE USES COST TO CHARGE RATIO IN DETERMINING MEDICARE ALLOWABLE COSTS ON LINE 6.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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 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. Children's, along with most other Minnesota hospitals, has agreed to comply with billing and collection processes as set out in an agreement with the Minnesota Attorney General's Office. THIS AGREEMENT IS CONSISTENT WITH CHILDREN'S COLLECTION POLICY. THE AUDIT and compliance 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 and compliance COMMITTEE ALSO REVIEWS THE RESULTS OF AN ANNUAL review 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 2019, CHILDREN'S COMPLETED ITS THIRD 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/support-childrens/community-health-engagement/community-health-needs-assessment">HTTP://WWW.CHILDRENSMN.ORG/SUPPORT-CHILDRENS/COMMUNITY-HEALTH-ENGAGEMENT/C</a> OMMUNITY-HEALTH-NEEDS-ASSESSMENT. 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 FAMILIES AS PARTNERS (FAP) PROGRAM: THE CHILDREN'S MN FAP PROGRAM PROMOTES, COORDINATES, AND SUPPORTS PATIENT FAMILY ENGAGEMENT THROUGHOUT THE ORGANIZATION. THE PATHWAYS TO GET INVOLVED INCLUDE: -FAMILY-TO-FAMILY PROGRAM - CHILDREN'S MN PATIENT FAMILIES THAT MENTOR AND SUPPORT OTHER HOSPITALIZED PATIENTS AND FAMILIES - FAMILY ADVISORY COUNCIL (FAC) - A DIVERSE GROUP OF FAMILIES WHO COLLABORATE WITH STAFF TO ENHANCE THE PATIENT AND FAMILY EXPERIENCE. - FAMILY ADVOCATES - PATIENT FAMILIES WHO ADVOCATE FOR PEDIATRIC HEALTH POLICIES - FAMILY ADVISORS - REPRESENT THE FAMILY PERSPECTIVE ON COMMITTEES, EXPERIENCE TEAMS FACILITY DESIGN TEAMS AND FOCUS GROUPS - FAMILIES AS FACULTY - PARTICIPATE IN SESSIONS THAT PROVIDE PATIENT AND FAMILY CENTERED CARE EDUCATION FOR PHYSICIANS, NURSES AND STAFF - FAMILY SPEAKER'S BUREAU - SHARE INFORMATION ABOUT THEIR INDIVIDUAL EXPERIENCE AT SPECIAL EVENTS AND MEETINGS 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>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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. Children's, along with most other Minnesota hospitals, has agreed to comply with billing and collections processes as set out in an agreement with the Minnesota Attorney General's Office. THIS AGREEMENT IS CONSISTENT WITH CHILDREN'S COLLECTION POLICY. THE BOARD OF DIRECTORS (AUDIT and compliance COMMITTEE) PERFORMS AN ANNUAL REVIEW OF THIS POLICY AND ALL POLICIES CONCERNING COLLECTION OF MEDICAL DEBT, UNINSURED DISCOUNT, AND CHARITY CARE. THE AUDIT and compliance COMMITTEE SHALL ALSO REVIEW THE RESULTS OF AN ANNUAL review 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 2019, Children's served patients from 100 percent of Minnesota counties and 67 percent of the total counties in the five-state area. In support of a highly diverse patient population, Children's provided interpreter services for 69 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 2019. The Minneapolis campus is located within the Phillips-Powderhorn neighborhood home to one of the most ethnically diverse communities in Minnesota.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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	<p>To calculate community benefit expense, Children's Minnesota uses the following methodologies: Financial Assistance: Cost to charge ratio is used (calculated in worksheet 2). Unreimbursed MA: Actual Medicaid reimbursement rate for FY 2019 less actual payments received, MN Care Provider Tax and MA Surcharge. Community Health Improvement Services: A cost accounting methodology is that allocates overhead to operating departments and removes direct community benefits costs accounted for in other portion of the schedule to ensure we do not double count less direct offsetting revenue. This methodology addresses all patient segments and is a different methodology than used in worksheet 2. Community Benefit Operations: Actual and estimated costs incurred for supporting CHNA and community benefits operations including external costs, internal department time and a percentage of foundation support costs based on actual community benefit revenue activities. Health Professions Education: A cost accounting methodology is that allocates overhead to operating departments and removes direct community benefits costs accounted for in other portion of the schedule to ensure we do not double count less direct offsetting revenue. This methodology addresses all patient segments and is a different methodology than used in worksheet 2. Subsidized Health Services: A cost accounting methodology is that allocates overhead to operating departments and removes direct community benefits costs accounted for in other portion of the schedule to ensure we do not double count less direct offsetting revenue. This methodology addresses all patient segments and is a different methodology than used in worksheet 2. Research: A cost accounting methodology is that allocates overhead to operating departments and removes direct community benefits costs accounted for in other portion of the schedule to ensure we do not double count less direct offsetting revenue. This methodology addresses all patient segments and is a different methodology than used in worksheet 2.</p>



**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>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</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
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 Sch H Part V Line 5	<p>OVER THE COURSE OF 2019, CHILDREN'S MINNESOTA CONNECTED WITH STAKEHOLDERS BOTH WITHIN THE ORGANIZATION AND THE SURROUNDING COMMUNITY TO LEARN ABOUT THEIR PERSPECTIVES ON HEALTH AND WELL-BEING, INCLUDING: MORE THAN 640 PEOPLE AT COMMUNITY EVENTS AND PRIMARY CARE CLINICS; 42 COMMUNITY STAKEHOLDERS, AND 19 PARENTS/CAREGIVERS AND 71 CHILDREN'S MINNESOTA EMPLOYEES AND CLINICIANS. IN 2016, CHILDREN'S MINNESOTA BEGAN TO EMPHASIZE HEALTH EQUITY IN THE ASSESSMENT PROCESS AND BROADENED POTENTIAL TOPIC AREAS TO INCLUDE COMMUNITY CONDITIONS THAT CONTRIBUTE TO HEALTH OUTCOMES SUCH AS POVERTY, EDUCATION AND HOUSING. THE 2016 CHNA WAS A ROBUST ASSESSMENT THAT WAS LEAD AND INFORMED BY THE COMMUNITY VIA THE COMMUNITY ADVISORY COUNCIL (CAC). THE 2019 CHNA PROCESS, SIMILAR TO 2016, GATHERED INPUT FROM THE COMMUNITY AND CHILDREN'S MINNESOTA STAFF AND REVIEWED EXISTING DATA TO IDENTIFY CRITICAL NEEDS. GIVEN THAT MOST OF THE 2016 PRIORITIES WERE BASED ON SOCIAL DETERMINANTS OF HEALTH, IT WOULD BE UNREALISTIC TO ANTICIPATE SIGNIFICANT, MEASURABLE IMPROVEMENTS TO BE ACHIEVED IN THREE YEARS. TO THAT END, THE 2019 ASSESSMENT WAS DESIGNED TO BUILD UPON KEY LEARNINGS FROM 2016 AND ADDRESS CONCERNS THROUGH INVESTMENTS IN SERVICES AND COMMUNITY RELATIONSHIPS. 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/chna">HTTPS://WWW.CHILDRENSMN.ORG/CHNA</a>. CHILDREN'S MINNESOTA ACTIVELY PARTICIPATES IN SEVERAL COMMUNITY HEALTH COALITIONS AND MAINTAINS PARTNERSHIPS WITH MANY OF THE STAKEHOLDERS AND COMMUNITY ORGANIZATIONS THAT PARTICIPATED IN THE 2019 CHNA.</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 Sch H Part V Line 11	<p>BASED ON COMMUNITY INPUT AND EXISTING DATA EXAMINED BY CHILDREN'S MN STAFF, THE FOLLOWING HEALTH PRIORITIES WERE DETERMINED IN THE 2019 ASSESSMENT: STRUCTURAL RACISM, HEALTH DISPARITIES, ECONOMIC OPPORTUNITY AND INCOME, MENTAL HEALTH AND DEVELOPMENTAL WELL-BEING AND ACCESS TO RESOURCES. 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: COMMUNITY CONNECT IS A COMPREHENSIVE FAMILY SUPPORT MODEL THAT ADDRESSES THE BROADER SOCIAL CONDITIONS THAT IMPACT CHILDHOOD HEALTH THROUGH SCREENING, CUSTOMIZED RESOURCE NAVIGATION, AND CASE MANAGEMENT. EMBEDDED IN THE MINNEAPOLIS AND ST PAUL PRIMARY CARE CLINICS AND STAFFED BY A TEAM OF MULTI-LINGUAL/MULTI-CULTURAL RESOURCE NAVIGATORS, THE PROGRAM HELPS CONNECT FAMILIES TO ESSENTIAL COMMUNITY SERVICES AND RESOURCES, INCLUDING FOOD, TRANSPORTATION, LEGAL ASSISTANCE, HOUSING SUPPORT, EARLY CHILDHOOD EDUCATION PROGRAMS, EMPLOYMENT SEARCH ASSISTANCE AND MUCH MORE. A TOTAL OF 2,049 FAMILIES MET WITH A COMMUNITY CONNECT RESOURCE NAVIGATOR IN 2019. HEALTHCARE LEGAL PARTNERSHIP: CHILDREN'S MINNESOTA LAUNCHED THE HEALTHCARE LEGAL PARTNERSHIP (HLP) IN OCTOBER 2017. Under the program, attorneys from legal services organizations are available to families on our St. Paul and Minneapolis campuses. THESE DEDICATED LAWYERS COLLABORATE WITH HEALTH CARE TEAMS TO IDENTIFY, PREVENT, AND REMEDY HEALTH-HARMING FACTORS THAT ARE ROOTED IN LEGAL PROBLEMS. DURING 2019, THE HEALTHCARE LEGAL PARTNERSHIP PROVIDED SERVICES IN 289 CASES ACROSS MULTIPLE LEGAL ISSUES INCLUDING: HOUSING, BENEFITS, FAMILY LAW, AND IMMIGRATION. - FOOD SECURITY: IN 2019, CHILDREN'S FOOD PANTRY PROVIDED 1,077 INDIVIDUAL MEALS. IN PARTNERSHIP WITH MATTER, A COMMUNITY-BASED NONPROFIT WHOSE MISSION INCLUDES EXPANDING ACCESS TO HEALTHY FOOD, 459 SETS OF "MATTER BOXES" (TAKE-HOME GROCERIES) WERE DISTRIBUTED TO PATIENT FAMILIES. - FAMILY RESOURCE CENTER: IN 2019, THE TOTAL NUMBER OF VISITS TO CHILDREN'S FAMILY RESOURCE CENTERS IN ST. PAUL AND MINNEAPOLIS WAS OVER 42,000. FAMILY RESOURCE CENTER STAFF PROVIDED HANDS-ON HELP AND SUPPORT FOR MORE THAN 15,000 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. - FINANCIAL COUNSELING: CHILDREN'S FINANCIAL RESOURCE CENTER HELPED 2,947 PATIENTS IN 2019. APPOINTMENTS FOCUSED ON HELPING INDIVIDUALS AND FAMILIES WITH MA APPLICATIONS, ANSWERING QUESTIONS REGARDING NAVIGATING THE MNSURE ONLINE PORTAL, SSI AND TEFRA APPLICATIONS, AND ASSISTING WITH APPLICATIONS FOR CHILDREN'S FINANCIAL ASSISTANCE. IN ADDITION, THE FINANCIAL COUNSELING TEAM PROCESSED FINANCIAL ASSISTANCE APPLICATIONS FOR 2,212 PATIENTS IN 2019. - INTERPRETER SERVICES: OVERALL, THE TOTAL NUMBER OF INTERPRETED ENCOUNTERS FOR 2019 WAS 107,513 IN A TOTAL OF 69 LANGUAGES. THE TOP T</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 Sch H Part V Line 11	<p>HREE LANGUAGES INTERPRETED AT CHILDREN'S ARE: SPANISH, SOMALI AND KAREN. - 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 2019, THE SIBLING PLAY AREA WAS USED BY 6,128 PEOPLE AND 4,373 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 40-45 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 2019, CHILDREN'S WORKED TO DEVELOP A PATIENT EQUITY INDEX THAT HIGHLIGHTED CLINICAL OUTCOME INEQUITIES. TEAMS HAVE BEEN DEVELOPED TO ADDRESS TWO OF THE IDENTIFIED INEQUITIES (ASTHMA WELL-CONTROLLED AND COMBO 10 VACCINES), AND PERFORMANCE OUTCOMES ARE TIED TO 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. -RESPECT &amp; DIGNITY WORKGROUP: WITHIN THE HEALTH EQUITY COUNCIL, THERE WAS A WORK GROUP DEVELOPED TO FOCUS ON RESPECT &amp; DIGNITY. THE WORKGROUP IS LED BY THE QUALITY AND EQUITY TEAMS. - 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 2019 MORE THAN 65 COMMUNITY MEMBERS INVOLVED IN THE FIRST GIFT PARTNERSHIP GAVE MORE THAN 37 FAMILIES AT CHILDREN'S AND IN THE COMMUNITY THEIR "FIRST GIFT." - AMERICAN INDIAN VOLUNTEER COHORT:</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 Sch H Part V Line 11	<p>IN 2019, THE AMERICAN INDIAN VOLUNTEER COHORT CONTINUED TO RECRUIT AND RETAIN COMMUNITY VOLUNTEERS. THIS COHORT 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 DESIGN ED TO CREATE A MORE INCLUSIVE, REPRESENTATIVE, AND CULTURALLY AWARE ENVIRONMENT FOR CHILDREN'S PATIENTS AND FAMILIES. - EQUITY WORK GROUPS: OVER THE LAST THREE 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 2020 -RACE, ETHNICITY AND LANGUAGE (ReaL) DATA: CHILDREN'S MN ACKNOWLEDGES THAT ACCURATE DEMOGRAPHIC DATA IS FOUNDATIONAL TO UNDERSTANDING WHERE HEALTH INEQUITIES PERSIST. IN 2019 AND 2020, AN ORGANIZATION-WIDE QUALITY IMPROVEMENT PROJECT HAS FOCUSED ON DEVELOPING A MORE ACCURATE AND RELIABLE PROCESS TO CAPTURE RACE, ETHNICITY, AND LANGUAGE DATA FOR EVERY PATIENT. -EQUITY INTERNSHIP PROGRAM: LAUNCHED IN 2019, THE CHILDREN' S EQUITY AND INCLUSION INTERNSHIP PROGRAM WAS DESIGNED TO BUILD A PIPELINE FOR BLACK, INDIGENOUS, AND STUDENTS OF COLOR TO PURSUE CAREERS IN HEALTHCARE. CHILDREN'S MINNESOTA HOSTED 8 INTERNS IN 2019. -COMMUNITY BRIDGING WALKS: COMMUNITY BRIDGING WALKS BEGAN IN 2019 AND PROVIDED OPPORTUNITIES FOR STAFF TO LEARN THE UNIQUE NEEDS OF PATIENTS AND FAMILIES LIVING IN THE COMMUNITIES SERVED BY CHILDREN'S MN. MATERNAL AND CHILD HEALTH: - PERINATAL HIV PREVENTION (ADULT): CHILDREN'S PROVIDED CARE COORDINATION TO 43 HIV POSITIVE PREGNANT WOMEN IN 2019. - PERINATAL HIV PREVENTION (INFANT): CHILDREN'S PROVIDED CARE COORDINATION AND SURVEILLANCE FOR 47 HIV EXPOSED INFANTS IN 2019 AND EMERGENCY CONSULTATION AND ASSISTANCE ON PERINATAL HIV PREVENTION TO 4 DIFFERENT HEALTH CARE SYSTEMS. CHILDREN'S ALSO PROVIDED CAPACITY BUILDING SUPPORT AND EDUCATIONAL PRESENTATIONS TO MULTIPLE HEALTH SYSTEMS (MAYO HEALTH SYSTEM, DHS BEHAVIORAL HEALTH, JUST US HEALTH, MAPLE GROVE HOSPITAL, PARK NICOLLET) AND COMMUNITY-BASED ORGANIZATIONS.</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 Sch H Part V Line 11 continued	<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 2019, MCRC PERFORMED OVER 1900 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 2019 RIP PROVIDED INTENSIVE SERVICES TO 149 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 2019 MRCAC PROVIDED TRAINING OR TECHNICAL ASSISTANCE TO OVER 2,000 ORGANIZATIONS ACROSS THE COUNTRY. MORBIDITY AND MORTALITY (FOCUS ON OBESITY AND ASTHMA): - 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 THIS IS MEDICAID COALITION, LITTLE MOMENTS COUNT, THE PRENATAL TO THREE COALITION, THE MINNESOTA HEALTHY KIDS COALITION, SMOKE FREE COALITION, 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. ADDITIONALLY, WE PARTICIPATE IN THE MINNESOTA HOSPITAL ASSOCIATION AND THE NATIONAL CHILDREN'S HOSPITAL ASSOCIATION BOTH OF WHOM ARE FOCUSED ON IMPROVING THE HEALTH CARE DELIVERY SYSTEM AND ENHANCING BOTH QUALITY AND ACCESS TO CARE. SOCIAL AND ECONOMIC FACTORS: - 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 2019, CHILDREN'S PROVIDED 69 SCHOOL VISITS. CHILD AND FAMILY SERVICES: - FAMILIES AS PARTNERS (FAP) PROGRAM PROMOTES, COORDINATES AND SUPPORTS PATIENT FAMILIES</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 Sch H Part V Line 11 continued	<p>Y ENGAGEMENT THROUGHOUT THE ORGANIZATION. THE PATHWAYS TO GET INVOLVED INCLUDE THE FAMILY- TO-FAMILY PROGRAM, FAMILY ADVISORY COUNCIL, FAMILY ADVOCATES, FAMILY ADVISORS, FAMILIES AS FACULTY AND THE FAMILY SPEAKERS BUREAU. IN 2019, THE FAP PROGRAM HAD A TOTAL OF 116 ACTIVE PATIENT FAMILY VOLUNTEERS WHO CONTRIBUTED A TOTAL OF 3,459 HOURS OF SERVICE. PATIENT FAMILIES WERE ENGAGED IN PROGRAM PATHWAY OPPORTUNITIES 211 TIMES THROUGHOUT THE YEAR. - YOUTH ADVISORY COUNCIL CONSISTS OF PATIENTS AND SIBLINGS AGES 10-18 YEARS OF AGE THAT PROVIDE INSIGHT TO IMPROVE THE CHILDREN'S MN CARE EXPERIENCE FOR CHILDREN AND TEENS. 23 YOUTH PARTICIPATED ON THE YOUTH ADVISORY COUNCIL IN 2019 AND THE MEMBERS VOLUNTEERED A COMBINED TOTAL OF 248 HOURS OF SERVICE. Form 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 Sch H Part V Line 16a	<p>HTTPS://WWW.CHILDRENSMN.ORG/YOUR-VISIT/AFTER-YOUR-VISIT/BILLING-AND-FINANCIAL-MATTERS/BILLING-POLICIES/ SCH H PART V LINE 16B HTTPS://WWW.CHILDRENSMN.ORG/YOUR-VISIT/AFTER-YOUR-VISIT/BILLING-AND-FINANCIAL-MATTERS/FINANCIAL-COUNSELING-AND-ASSISTANCE/ SCH H PART V LINE 16C HTTPS://WWW.CHILDRENSMN.ORG/YOUR-VISIT/AFTER-YOUR-VISIT/BILLING-AND-FINANCIAL-MATTERS/FINANCIAL-COUNSELING-AND-ASSISTANCE/ 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.</p>



Note: To capture the full content of this document as Filed, 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

2019

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 . . . . . 18
3 Enter total number of other organizations listed in the line 1 table . . . . .

**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	1037		6,095,186	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)	16,400		N/A	N/A	Sponsorship - Corporate Work Study Sponsorship - Corporate Work Study
Children's Heartlink 5075 Arcadia Ave Minneapolis, MN 55436	41-1307457	501(c)(3)	10,000		N/A	N/A	Classroom-based PE curriculum GoNoodle Program Sponsorship - 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
March of Dimes 1550 Crystal Drive Suite 1300 Arlington, VA 22202	13-1846366	501(c)(3)	16,900		N/A	N/A	Sponsorship - Nurse of the Year Sponsorship - March of Dimes Sponsorship - Nurse of the Year Sponsorship - Nurse of the Yr, Sig Chef
Cyclehealth YMCA 6420 Flying Cloud Dr Suite 102 Eden Prairie, MN 55344	45-2563299	501(c)(3)	25,000		N/A	N/A	Sponsorship - Midtown Safety , NNO Sponsorship - Midtown Safety , NNO Sponsorship - Art, Gala, Table Talk Sponsorship

**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 1600 University Ave Suite 211 St Paul, MN 55104	41-1814659	501(c)(3)	77,393		N/A	N/A	Assist families in obtaining insurance 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 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
Division of Indian Work 1001 East Lake St Minneapolis, MN 55407	81-5265328	501(c)(3)	5,500		N/A	N/A	Health Career Program Wild about Children's Event Sponsorship Sponsorship - Candy Run Sponsorship - Kwestrong, Leap
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 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
Irelands Hope 8530 Eagle Point Blvd Suite 100 Lake Elmo, MN 55042	47-4181076	501(c)(3)	15,000		N/A	N/A	Program Education Sponsorship Sponsorship - CycleHealth & YIG Sponsorship - Hope Heart Gala
Justus Health 2577 W Territorial Rd Suite 415 St Paul, MN 55114	41-1524746	501(c)(3)	10,000		N/A	N/A	Event sponsorship Sponsorship Sponsorship - Wild about Children Sponsorship - Conference

**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
Loft Literary Center 1011 Washington Ave S Suite 200 Minneapolis, MN 55415	41-1297735	501(c)(3)	15,000		N/A	N/A	Phillips Neighborhood revitalization Sponsorship - Gala and Memorial Learning center trip Sponsorship - Forums on Race Sponsorship - WordPlay Event
MN Medical Association 1300 Godward St NE Suite 2500 Minneapolis, MN 55413	41-0418625	501(c)(3)	8,000		N/A	N/A	'Wild about Children's' Event Sponsorship - LEAP, Comm Baby Showers Sponsorship Sponsorship - Forum Sponsorship - MMA Bounce Back



**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)	24,875		N/A	N/A	Operational support and sponsorship Youth mental health and NNO Community Connect, CHA Mpls, Memorials CHA Mpls, Memorials CHA Mpls, Gala, Memorials
Pillsbury United Communities 125 West Broadway Ave Suite 130 Minneapolis, MN 55411	41-0916478	501(c)(3)	11,500		N/A	N/A	Sponsorship - Greater Together

**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
Playworks Education Energized 2610 University Ave W Suite 350 St Paul, MN 55114	94-3251867	501(c)(3)	7,500		N/A	N/A	Sponsorship - Playworks & Kickball
Regions Hospital Foundation 640 Jackson St St Paul, MN 55101	41-1888902	501(c)(3)	25,000		N/A	N/A	Sponsorship - Little Moments

**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
Twin Cities Habitat for Humanity Inc 1954 University Ave W St Paul, MN 55104	36-3363171	501(c)(3)	6,075		N/A	N/A	Sponsorship - Gala & Luncheon
University of Minnesota 420 Delaware St SE Minneapolis, MN 55455	41-6007513	501(c)(3)	6,575		N/A	N/A	Sponsorship, Educ Grant

**Schedule J**  
(Form 990)

**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

**2019**

**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 Questions Regarding Compensation**

	Yes	No
<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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification 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)		
<b>b</b> If any of the boxes on 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	Yes	
<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 on Line 1a?		No
<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.		
<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		
<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:		
<b>a</b> Receive a severance payment or change-of-control payment?	Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<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:		
<b>a</b> The organization?		No
<b>b</b> Any related organization?		No
If "Yes," on line 5a or 5b, describe in Part III.		
<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:		
<b>a</b> The organization?		No
<b>b</b> Any related organization?		No
If "Yes," on line 6a or 6b, describe in Part III.		
<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.		No
<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.		No
<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)?		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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				
See Additional Data Table							

**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.
Form 990 Sch J Part I Line 4a	2019 SEVERANCE: ROXANNE FERNANDES - \$139,685 - PAID IN 2019. JEFFREY YOUNG - \$291,655 - PAID IN 2019, \$76,490 DEFERRED IN 2019. BJORN GUNNERUD - \$120,531 - PAID IN 2019.
Form 990 Sch J Part I Line 4b	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 2019: JOSPEH PETRONIO - \$43,491 MEYSAM KEBRIAEI - \$33,646 BARBARA MALONE - \$53,386 MARIA CHRISTU - \$48,021 JENNIFER OLSON MARKET - \$34,076 CAROL WILCOX - \$28,680 TREVOR SAWALLISH - \$43,472 EMILY CHAPMAN - \$34,098 ANUPAM KHARBANDA - \$6,037 PAMELA CHAWLA - \$19,627 CLARK SMITH - \$8,645 PAMALA VANHAZINGA - \$41,400 SUSAN SENCER - \$213,573 ANGELA GOEPFERD - \$19,630 DAVID HIRSCHMAN - \$20,466 STUART WINTER - \$1,515 MARC GORELICK - \$52,014 Bjorn Gunnerud - \$117,263 Roxanne Fernandes - \$156,808 Theresa Pesch - \$18,656 from the organization, \$167,900 from related organizations

**Additional Data**

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

**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				
1Angela Goepferd MD Chief Education Officer	(i)	289,575	77,277	38,284	11,180	4,082	420,398	19,630
	(ii)	0	0	0	0	0	0	0
1Brenda McCormick SVP and CFO	(i)	164,244	0	1,467	0	8,258	173,969	0
	(ii)	0	0	0	0	0	0	0
2Marc Gorelick MD President & CEO	(i)	987,559	361,250	72,349	16,800	21,626	1,459,584	52,014
	(ii)	0	0	0	0	0	0	0
3Maria Christu Chief Legal Officer	(i)	427,868	123,783	67,523	16,800	24,550	660,524	48,021
	(ii)	0	0	0	0	0	0	0
4Monica Schiller VP Ambulatory Services	(i)	240,595	43,450	1,153	11,711	18,118	315,027	0
	(ii)	49,165	0	0	0	0	49,165	0
5Rebecca Woitalewicz VP Finance	(i)	299,356	110,005	1,620	16,800	3,437	431,218	0
	(ii)	0	0	0	0	0	0	0
6Trevor Sawallish SVP Clinical Ops & COO	(i)	467,026	146,094	45,908	16,800	24,572	700,400	43,472
	(ii)	0	0	0	0	0	0	0
7Anna Youngerman Chief ValueBased Care/PresCHN	(i)	66,772	39,453	4,280	0	18,890	129,395	0
	(ii)	129,649	0	0	0	0	129,649	0
8Anupam Kharbanda MD Chief of Critical Care Service	(i)	339,221	88,726	24,882	16,800	3,767	473,396	6,037
	(ii)	0	0	0	0	0	0	0
9Barbara Carroll Jennings VP Quality	(i)	204,757	44,535	69	10,210	1,182	260,753	0
	(ii)	0	0	0	0	0	0	0
10Carol Wilcox VP Diagnostic/Therapeutic Serv	(i)	239,057	70,294	33,852	18,449	3,685	365,337	28,680
	(ii)	0	0	0	0	0	0	0
11Clark Smith MD Chief of Services Pediatrics	(i)	238,418	66,074	19,332	15,116	19,609	358,549	8,645
	(ii)	0	0	0	0	0	0	0
12Emily Chapman MD CMO and VP Medical Affairs	(i)	469,399	123,240	40,203	16,800	18,072	667,714	34,098
	(ii)	0	0	0	0	0	0	0
13James Burroughs Chief Equity & Inclusion Offic	(i)	163,691	10,000	794	8,112	6,946	189,543	0
	(ii)	0	0	0	0	0	0	0
14James Leste VP Support Operations	(i)	263,531	61,615	6,180	15,394	25,177	371,897	0
	(ii)	0	0	0	0	0	0	0
15Jennifer Olson Market SVP Sys Ops & Chief Strtgy Off	(i)	438,384	173,240	43,446	16,800	20,850	692,720	34,076
	(ii)	0	0	0	0	0	0	0
16Kimberly Welch VP Marketing & Communications	(i)	244,068	0	27,098	14,700	10,002	295,868	0
	(ii)	0	0	0	0	0	0	0
17Pamala VanHazinga CNO, VP Patient Care Svcs	(i)	330,478	84,474	64,207	16,800	18,538	514,497	41,400
	(ii)	0	0	0	0	0	0	0
18Pamela Gigi Chawla MD Chief of General Pediatrics	(i)	350,155	83,441	47,478	20,452	4,226	505,752	19,627
	(ii)	0	0	0	0	0	0	0
19Stacey Swanson Interim VP HR	(i)	172,813	37,287	0	11,882	23,021	245,003	0
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
<b>21</b> Stuart Winter MD Chief Research Officer	(i)	344,285	79,625	11,249	16,800	21,082	473,041	1,515
	(ii)	0	0	0	0	0	0	0
<b>1</b> Susan Sencer Chief of Specialty Pediatrics	(i)	283,535	83,103	234,264	30,199	24,081	655,182	213,573
	(ii)	0	0	0	0	0	0	0
<b>2</b> Susan Slocum Chief Investment Officer	(i)	217,895	49,988	900	1,985	7,909	278,677	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Tracy Pfiefer VP Ops Mother Baby Clin Svc	(i)	209,206	44,203	454	11,566	7,666	273,095	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> Claudia Hines Sr Dir Clin Svcs-Pediatrics	(i)	147,455	30,222	4,926	11,078	18,292	211,973	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Gloria Drake Sr Dir Clin Svcs-Perioperative	(i)	208,777	48,990	0	31,844	18,274	307,885	0
	(ii)	42,959	0	0	0	0	42,959	0
<b>6</b> Kathleen Penson Sr Dir Clin Svcs-Critical Care	(i)	172,405	41,707	3,898	4,948	23,059	246,017	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> Theresa Duffy May Sr Dir CareContinuumInfrmatcs	(i)	141,002	16,931	3,425	15,912	16,319	193,589	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> Barbara Malone MD Medical Director	(i)	522,997	129,171	65,432	16,800	17,391	751,791	53,386
	(ii)	0	0	0	0	0	0	0
<b>9</b> David Hirschman MD Medical Director, Transport	(i)	553,640	93,572	26,350	16,800	10,392	700,754	20,466
	(ii)	0	0	0	0	0	0	0
<b>10</b> Joseph Petronio MD Surgical Dir, Peds Neurosurg	(i)	885,544	100,000	140,015	906	21,886	1,148,351	43,491
	(ii)	0	0	0	0	0	0	0
<b>11</b> Kyle Halvorson MD Staff Physician	(i)	796,674	70,000	10,526	9,321	4,447	890,968	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> Meysam Kebriaei MD Staff Physician	(i)	825,245	127,500	38,290	16,800	24,689	1,032,524	33,646
	(ii)	0	0	0	0	0	0	0
<b>13</b> Bjorn Gunnerud VP Marketing & Communications	(i)	0	11,546	120,531	0	0	132,077	117,263
	(ii)	0	0	0	0	0	0	0
<b>14</b> Jeffrey Young VP IT CIO	(i)	47,265	107,671	410,341	79,535	4,730	649,542	0
	(ii)	0	0	0	0	0	0	0
<b>15</b> Nancy Stevens Interim CHRO	(i)	57,248	63,041	132,101	1,763	7,478	261,631	0
	(ii)	0	0	0	0	0	0	0
<b>16</b> Roxanne Fernandes CNO, VP Patient Care Svcs	(i)	0	39,347	139,685	0	0	179,032	156,808
	(ii)	0	0	0	0	0	0	0
<b>17</b> Theresa Pesch President, Foundation	(i)	0	0	19,028	0	0	19,028	18,656
	(ii)	0	0	171,249	0	0	171,249	167,900



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**

▶ 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 instructions and the latest information.

OMB No. 1545-0047

**2019**

**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 Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A 2007A - See Part VI	41-6005375	603695FP7	11-15-2007	103,000,000	Facility expansion and upgrade		X		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired . . . . .	18,450,000			
2 Amount of bonds legally defeased . . . . .	0			
3 Total proceeds of issue . . . . .	106,148,383			
4 Gross proceeds in reserve funds . . . . .	458			
5 Capitalized interest from proceeds . . . . .	0			
6 Proceeds in refunding escrows . . . . .	0			
7 Issuance costs from proceeds . . . . .	862,000			
8 Credit enhancement from proceeds . . . . .	1,582,951			
9 Working capital expenditures from proceeds . . . . .	0			
10 Capital expenditures from proceeds . . . . .	103,703,432			
11 Other spent proceeds . . . . .	0			
12 Other unspent proceeds . . . . .	0			
13 Year of substantial completion . . . . .	2009			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X		
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		
16 Has the final allocation of proceeds been made? . . . . .	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		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							
<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							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	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							
<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 %							
<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 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		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						
<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						
<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							

**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						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .	X							
<b>c</b> No rebate due? . . . . .		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							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider . . . . .	Piper Jaffray							
<b>c</b> Term of hedge . . . . .	21.8 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		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						
<b>b</b> Name of provider . . . . .	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						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	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							

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

Return Reference	Explanation
Bond A	Part I, Line 1, Column A The report periods selected for series 2007A bonds 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, 2020 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). Part I, Line 1, Columns B-D Three bond issues previously reported on Schedule K were no longer outstanding as of the end of the applicable 12-month period, August 15, 2020. The Health Care Facilities Revenue Bonds 1995B/2004A, the Health Care Facilities Revenue Bonds 2004B, and the Health Care Facility Revenue Bonds 1995B/2004A-1/2010A were legally defeased in whole on January 15, 2020, and finally retired on or before August 15, 2020. Part II Line 3 Differences between Part I, Column (e) and Part II, Line 3 are due to investment earnings.

Return Reference	Explanation
Supplemental Information	<p>New taxable issue and defeased bonds reconciliation Series 2020 Bonds Par Amount \$214,095,000.00 less underwriter's discount (1,348,798.50) bond proceeds 212,746,201.50 trustee held funds to be transferred to escrow account 2,561,982.43 Total cash on hand \$215,308,189.03 Health care facility revenue bonds 1995B/2004A-1/2010A refunding bond proceeds (\$51,723,336.67) trustee held funds (2,561,982.43) Total 1995B/2004A-1/2010A bonds (\$54,285,319.10) Health care facilities revenue bonds 1995B/2004A, and Health care facilities revenue bonds 2004B refunding bond proceeds (\$36,525,000.00) accrued interest deducted (8,330.26) Total 1995B/2004A-2004B Bonds (\$36,533,330.26) Total cash on hand \$215,308,189.03 less total refunded tax exempt bonds (90,818,649.36) Remaining cash on hand \$124,489,534.57</p>

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **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		111,251	cost/selling price
5 Clothing and household goods . . . . .	X		599,225	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	2	180	cost/selling price
19 Food inventory . . . . .	X	125	58,511	cost/selling price
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( Entertainment ) . . . . .	X	42	45,074	cost/selling price
26 Other ▶ ( Electronics ) . . . . .	X	5	15,569	cost/selling price
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 isn't 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 didn't 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
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**2019**

**Open to Public Inspection**

Name of the organization  
Children's Health Care

**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 TWELTH 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 IS 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 MULTIPLE, 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, Optional 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.-                          HEMATOLOGY/ONCOLOGY - THE HEMATOLOGY/ONCOLOGY PROGRAM AT CHILDREN'S IS THE LARGE ST IN THE UPPER MIDWEST WITH TREATMENT OUTCOMES THAT CONSISTENTLY RANK CHILDREN'S AS ONE O F 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 LEAD S A HIGHLY EXPERIENCED TEAM OF MULTIDISCIPLINARY PROFESSIONALS. - CYSTIC FIBROSIS - THE CY STIC 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 THEI R 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 REGIST RY. CHILDREN'S PROVIDES A CONTINUUM OF CARE THROUGH COORDINATED INPATIENT AND OUTPATIENT S ERVICES, FROM DIAGNOSIS THROUGH LONG-TERM FOLLOW-UP. THE CYSTIC FIBROSIS CENTER OF CHILDR E N'S PROVIDES STATE-OF-THE ART COMPREHENSIVE CARE FOR CHILDREN WITH CF. - DIABETES/ENDOCRIN OLOGY - THE MCNEELY PEDIATRIC DIABETES CENTER IS THE ONLY DIABETES CENTER IN THE REGION TO SPECIALIZE IN WORKING SOLELY WITH CHILDREN AND TEENS. THE STAFF PROVIDES EXPERT HEALTH CA RE TO HELP MAINTAIN A CHILD'S TARGETED BLOOD SUGAR RANGES. MOST CHILDREN SEEN IN THE DIABE TES CENTER HAVE TYPE 1 DIABETES. A SMALL BUT GROWING NUMBER HAVE TYPE 2. IN ADDITION TO DI ABETES, THE CLINIC PROVIDES DIAGNOSTIC SERVICES AND TREATMENT FOR CHILDREN WITH DISORDERS OF GROWTH, ADVANCED OR DELAYED SEXUAL DEVELOPMENT, PITUITARY DISORDERS, THYROID ABNORMALIT IES, DISORDERS OF CALCIUM BALANCE, ADRENAL DISORDERS, AND HYPOGLYCEMIA. THE MCNEELY PEDIAT RIC DIABETES CENTER HAS RECEIVED RECOGNITION FOR ITS DIABETES EDUCATION PROGRAM FROM THE A MERICAN DIABETES ASSOCIATION, BY MEETING THE ASSOCIATION'S HIGH EDUCATIONAL STANDARDS. - C HILDREN'S PROVIDES OTHER HIGH QUALITY PROGRAMS SUCH AS SURGERY. CHILDREN'S SURGERY TEAMS D ELIVER 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. FO R EXAMPLE, THEY OFTEN REQUIRE SPECIALLY-SIZED SURGICAL EQUIPMENT. THEY REACT DIFFERENTLY T O ANESTHESIA AND TO PAIN. THEIR BODIES RESPOND DIFFERENTLY TO ILLNESS AND TREATMENT, IN PA RT BECAUSE THEY ARE STILL GROWING. THAT'S WHY CHILDREN BENEFIT FROM OUR HIGHLY ACCOMPLISHE D, PEDIATRIC-SPECIFIC SURGERY                     </p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990 Part III Line 4a	<p>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 &amp; CLINICS OF MINNESOTA ALSO PROVIDES A BROAD SPECTRUM OF BENEFITS TO THE COMMUNITIES WE SERVE. THESE SERVICES AND DONATIONS ACCOUNT FOR A MEASURABLE PORTION OF THE HOSPITALS' COSTS AND HELP TO PROMOTE HEALTHY LIFESTYLES, COMMUNITY DEVELOPMENT, HEALTH EDUCATION, AND AFFORDABLE ACCESS TO CARE. PLEASE SEE IRS FORM 990, SCHEDULE H FOR A SUMMARY OF THESE COMMUNITY BENEFITS.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990 Part III Line 4b	<p>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.</p>

## 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**

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

<b>Return Reference</b>	<b>Explanation</b>
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 (\$1,078,576) CHANGE IN VALUE OF INTEREST RATE SWAP VALUATION (\$5,135,044) CHANGE IN PERPETUAL TRUSTS AND OTHER IN-KIND CHANGES \$2,088,028 TOTAL TO FORM 990, PART XI, LINE 9 (\$4,125,592)

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:Medical Residents - Pediatrics TOTAL FEES:4246721

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:Consulting Fees TOTAL FEES:5773595

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:Security TOTAL FEES:15463

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION: Linen TOTAL FEES: 1654554

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:Purchased Services TOTAL FEES:76383150



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:Stipends and Honorariums TOTAL FEES:222530

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:Leased Equipment TOTAL FEES:1534447

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION: Maintenance/Service Contracts TOTAL FEES:6840912

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:Equipment Repair & Maintenance TOTAL FEES:1459847

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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	370,912	15,206,860	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	754,255	265,255	100.000 %	Yes	
<b>(3)</b> Children's MN Home Medical Equipment 2525 Chicago Ave Minneapolis, MN 55404 84-2915398	MED. EQ. SERVICES	MN	CHC	C Corp	-40,360	43,702	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 VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	



**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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Children's Health Care Foundation	c	16,168,688	accrual
Children's Health Care Foundation	l	5,107,303	accrual
Children's Health Care Foundation	o	4,227,158	accrual
Children's Health Care Foundation	r	15,121,914	accrual
Children's Health Care Services Inc	l	705,255	accrual
Children's Health Care Services Inc	o	266,901	accrual
Children's Health Care Services Inc	q	9,999,046	accrual
Children's Health Care Services Inc	p	6,560,667	accrual
Children's Clinic Network	l	1,630,133	accrual
Children's Clinic Network	o	78,511	accrual
Children's Clinic Network	p	2,166,651	accrual
Children's Clinic Network	q	51,684,972	accrual
Children's Clinic Network	r	48,583,265	accrual
Children's Clinic Network	s	12,959	accrual
Children's MN Home Medical Equipment	r	84,062	accrual
Children's Health Care Foundation	b	24,875	accrual