

PUBLIC DISCLOSURE COPY

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CHILDREN'S HEALTH CARE	Taxpayer identification number (TIN) 41-1754276
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2525 CHICAGO AVENUE SOUTH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55404-1844	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BRENDA MCCORMICK, SVP & CFO

- The books are in the care of ▶ **2525 CHICAGO AVENUE SOUTH - MINNEAPOLIS, MN 55404**
Telephone No. ▶ **612-813-6000** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable:	C Name of organization CHILDREN'S HEALTH CARE	D Employer identification number 41-1754276
<input type="checkbox"/> Address change	Doing business as CHILDREN'S HOSPITALS & CLINICS O	E Telephone number 612-813-6000
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2525 CHICAGO AVENUE SOUTH	G Gross receipts \$ 905,970,596.
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55404-1844	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: BRENDA MCCORMICK 2525 CHICAGO AVENUE SOUTH, MINNEAPOLIS, MN	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions
<input type="checkbox"/> Application pending	J Website: ▶ WWW.CHILDRENSMN.ORG	H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	5860
	6 Total number of volunteers (estimate if necessary)	6	485
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	258,317.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		30,950,105.	74,186,416.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		900,383,138.	768,873,518.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,380,788.	23,174,467.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,444,395.	1,391,106.
		979,158,426.	867,625,507.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,515,809.	2,829,864.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	518,741,938.	493,933,868.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	386,506,829.	376,071,393.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	911,764,576.	872,835,125.
19 Revenue less expenses. Subtract line 18 from line 12	67,393,850.	-5,209,618.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1501437326.	1663546137.
	22 Net assets or fund balances. Subtract line 21 from line 20	400,104,070.	524,871,386.
		1101333256.	1138674751.

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 BRENDA MCCORMICK, SVP & CFO	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name HOLLY MOEN	Preparer's signature HOLLY MOEN
	Firm's name ▶ KPMG LLP	Date 11/10/21
	Firm's address ▶ 4200 WELLS FARGO CTR., 90 S 7TH MINNEAPOLIS, MN 55402	Check if self-employed <input type="checkbox"/> PTIN P01800653
		Firm's EIN ▶ 13-5565207
		Phone no. 6123055000

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE CHAMPION THE HEALTH NEEDS OF CHILDREN AND FAMILIES. WE ARE COMMITTED TO IMPROVING CHILDREN'S HEALTH BY PROVIDING THE HIGHEST-QUALITY, FAMILY CENTERED CARE, ADVANCED 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 749,942,040. including grants of \$ 2,829,864.) (Revenue \$ 762,066,889.) 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.

4b (Code:) (Expenses \$ 3,444,156. including grants of \$ 0.) (Revenue \$ 1,659,127.) 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 2020 CALENDAR YEAR, CHILDREN'S PROVIDED TRAINING TO 396 AFFILIATED RESIDENTS AND FELLOWS, AND HOSTED 197 MEDICAL STUDENT & 329 RESIDENT ROTATIONS AT CHILDREN'S MINNEAPOLIS, CHILDREN'S ST PAUL, OR BOTH LOCATIONS. SEE SCHEDULE O.

4c (Code:) (Expenses \$ 3,605,056. including grants of \$ 0.) (Revenue \$ 15,738.) RESEARCH: CHILDREN'S HAS 418 OPEN RESEARCH STUDIES, OF WHICH 157 ARE ACTIVELY RECRUITING CLINICAL TRIALS. IN 2020 CHILDREN'S RECEIVED ABOUT \$26.6 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.

PROGRAM SERVICE ACCOMPLISHMENTS:

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

4e Total program service expenses 756,991,252.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 293	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a	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		
	2a		5860
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	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)?	X	
b	If "Yes," enter the name of the foreign country CAYMAN ISLANDS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	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? If "Yes," see instructions and file Form 4720, Schedule N.	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		X
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 - 612-813-6000**
2525 CHICAGO AVENUE SOUTH, MINNEAPOLIS, MN 55404

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) MARK GORELICK, MD PRESIDENT & CEO	47.00 3.00	X		X				1,447,496.	0.	40,586.
(2) JOSEPH PETRONIO MD SURGICAL DIR, PEDS NEUROSURG	50.00 0.00					X		1,013,615.	0.	24,212.
(3) MEYSAM KEBRIAIEI MD STAFF PHYSICIAN	50.00 0.00					X		964,167.	0.	43,252.
(4) KYLE HALVORSON MD STAFF PHYSICIAN	50.00 0.00					X		883,969.	0.	13,882.
(5) THOMAS GEORGE MD SYSTEM MEDICAL DIR NEONATOLOGY	50.00 0.00					X		804,462.	0.	21,057.
(6) TREVOR SAWALLISH SVP CLINICAL OPS & COO	48.00 2.00			X				696,819.	0.	43,203.
(7) JENNIFER OLSON MARKET SVP SYS OPS & CHIEF STRTGY OFF	48.00 2.00			X				694,925.	0.	39,937.
(8) EMILY CHAPMAN MD SVP MEDICAL AFFAIRS & CMO	50.00 0.00			X				677,407.	0.	28,006.
(9) MARIA CHRISTU SVP ADVOCACY/HEALTH POLICY&CLO	50.00 0.00			X				595,223.	0.	43,120.
(10) SIVAKUMAR CHINNADURAI MD STAFF PHYSICIAN	50.00 0.00					X		578,490.	0.	40,842.
(11) BRENDA MCCORMICK SVP & CFO	47.00 3.00			X				565,657.	0.	43,294.
(12) PAMELA GIGI CHAWLA MD VP CHIEF OF GENERAL PEDIATRICS	40.00 10.00				X			438,704.	101,007.	24,419.
(13) JENNIFER SODERHOLM FOUNDATION PRESIDENT	10.00 40.00			X				116,351.	400,884.	27,816.
(14) SUSAN SENCER VP CHIEF SPECIALTY PEDIATRICS	50.00 0.00				X			419,524.	0.	113,992.
(15) PAMALA VANHAZINGA SVP PATIENT CARE SVCS & CNO	50.00 0.00				X			458,870.	0.	32,806.
(16) ANUPAM KHARBANDA MD CHIEF OF CRITICAL CARE SERVICE	0.00 50.00				X			433,538.	0.	20,930.
(17) ANGELA GOEPFERD MD BOARD MEMBER	50.00 0.00	X						416,907.	0.	15,957.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) MONICA SCHILLER VP AMBULATORY SERVICES	40.00 10.00				X			302,953.	55,812.	32,806.
(19) JAMES LESTE VP SUPPORT OPERATIONS	50.00 0.00				X			341,014.	0.	42,455.
(20) DAVID LUNDAL VP IT / CIO	50.00 0.00			X				316,611.	0.	35,994.
(21) LAURIN CATHEY VP HUMAN RESOURCES	50.00 0.00				X			321,023.	0.	29,733.
(22) GLORIA DRAKE SR DIR CLIN SVCS-PERIOPERATIVE	40.00 10.00				X			254,055.	9,217.	48,882.
(23) SUSAN SLOCUM CHIEF INVESTMENT OFFICER	50.00 0.00				X			271,229.	0.	8,544.
(24) TRACY PFIEFER VP OPS MOTHER BABY CLIN SVC	50.00 0.00				X			241,554.	0.	19,996.
(25) JAMES BURROUGHS CHIEF EQUITY & INCL. OFFICER	50.00 0.00			X				223,196.	0.	21,055.
(26) KATHLEEN PENSON SR DIR CLIN SVCS-CRITICAL CARE	50.00 0.00				X			202,585.	0.	35,140.
1b Subtotal								13,680,344.	566,920.	891,916.
c Total from continuation sheets to Part VII, Section A								180,957.	0.	30,532.
d Total (add lines 1b and 1c)								13,861,301.	566,920.	922,448.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **816**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S HEART CLINIC PA, 2530 CHICAGO AVE S SUITE 500, MINNEAPOLIS, MN 55404	PHYSICIAN SERVICES	13,227,533.
CERNER CORPORATION PO BOX 412702, KANSAS CITY, MO 64141	HARDWARE/SOFTWARE	5,622,010.
CHILDREN'S RESPIRATORY & CRITICAL CARE, 2530 CHICAGO AVE S. SUITE 400, SODEXO, INC & AFFILIATES	PHYSICIAN SERVICES	4,301,468.
4880 PAYSHERE CIRCLE, CHICAGO, IL 60674	NUTRITION & ENVI SVR	4,027,918.
CONIFER HEALTH SOLUTIONS LLC 1500 SOUTH DOUGLAS ROAD, ANAHEIM, CA 92806	PATIENT BILLING	3,974,406.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **141**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) CLAUDIA HINES SR DIR CLIN SVCS-PEDIATRICS	50.00 0.00				X			180,957.	0.	30,532.
(28) GARY BLACKFORD BOARD MEMBER, BOARD CHAIR	1.00 3.00	X		X				0.	0.	0.
(29) MARTIN L. BASSETT BOARD MEMBER, BOARD VICE CHAIR	1.00 2.00	X		X				0.	0.	0.
(30) HENRY CHANG BOARD MEMBER, TREASURER	1.00 2.00	X		X				0.	0.	0.
(31) ALVIN ABRAHAM BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(32) MATT BILUNAS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(33) LINDA HALL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(34) JEAN KANE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(35) JJ KUHN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(36) KELLY LEMIEUX, MD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(37) JIM LESLIE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(38) CHARLES MAXWELL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(39) BONNIE SPEER MCGRATH BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(40) JILL SCHURTZ BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(41) CAROLYN SMALLWOOD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(42) DENEEN VOJTA, MD BOARD MEMBER	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								180,957.		30,532.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	11,058,727.				
	e Government grants (contributions)	1e	63,127,689.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,219,178.				
	h Total. Add lines 1a-1f			74,186,416.			
Program Service Revenue	2 a PATIENT SERVICE REVENUE	Business Code					
		621400	445,060,819.	445,011,632.	49,187.		
	b MEDICARE/MEDICAID PAYMENT	621400	236,138,737.	236,138,737.			
	c LAB REVENUE	621500	82,475,348.	82,444,833.	30,515.		
	d PARKING	812930	2,879,100.		1,103,357.	1,775,743.	
	e PHARMACY REVENUE	621400	2,172,962.			2,172,962.	
	f All other program service revenue	621400	146,552.	146,552.			
g Total. Add lines 2a-2f			768,873,518.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		25,789,042.		-924,742.	26,713,784.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	1,470,035.			
			(ii) Personal				
	b Less: rental expenses ...	6b	1,399,163.				
	c Rental income or (loss)	6c	70,872.				
	d Net rental income or (loss)			70,872.		70,872.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	34,057,946.	273,405.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	36,924,090.	21,836.			
c Gain or (loss)	7c	-2,866,144.	251,569.				
d Net gain or (loss)			-2,614,575.		-2,614,575.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CAFETERIA	Business Code					
		722514	1,034,369.			1,034,369.	
	b MARKETPLACE	453220	253,158.			253,158.	
	c VENDING MACHINES	722514	22,104.			22,104.	
	d All other revenue	561000	10,603.			10,603.	
e Total. Add lines 11a-11d			1,320,234.				
12 Total revenue. See instructions			867,625,507.	763,741,754.	258,317.	29,439,020.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	224,764.	224,764.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,605,100.	2,605,100.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,154,813.	4,767,997.	11,386,816.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	362,582,493.	324,426,392.	38,156,101.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,975,102.	26,123,586.	3,851,516.	
9 Other employee benefits	60,725,681.	53,291,968.	7,433,713.	
10 Payroll taxes	24,495,779.	22,530,904.	1,964,875.	
11 Fees for services (nonemployees):				
a Management	3,602,770.	2,764,251.	838,519.	
b Legal	545,466.	89,233.	456,233.	
c Accounting	601,710.	67,750.	533,960.	
d Lobbying	241,778.		241,778.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,610,650.	7,610,650.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	90,328,533.	79,619,970.	10,708,563.	
12 Advertising and promotion	1,664,542.	357,910.	1,306,632.	
13 Office expenses	8,225,493.	7,362,506.	862,987.	
14 Information technology	20,181,155.		20,181,155.	
15 Royalties				
16 Occupancy	15,156,866.	13,646,334.	1,510,532.	
17 Travel	675,280.	601,969.	73,311.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,153,088.	1,107,813.	45,275.	
20 Interest	10,585,117.	10,215,279.	369,838.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	48,836,638.	37,277,236.	11,559,402.	
23 Insurance	3,898,022.	3,898,022.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	86,882,429.	86,882,429.		
b OTHER EXPENSES	28,414,520.	25,289,038.	3,125,482.	
c BAD DEBT EXPENSE	16,969,773.	16,969,773.		
d MNCARE TAX	13,182,339.	13,182,339.		
e All other expenses	17,315,224.	16,078,039.	1,237,185.	
25 Total functional expenses. Add lines 1 through 24e	872,835,125.	756,991,252.	115,843,873.	0.
26 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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	17,835,862.	1	22,881,199.
	2 Savings and temporary cash investments	9,396,500.	2	5,977,867.
	3 Pledges and grants receivable, net	970,920.	3	934,822.
	4 Accounts receivable, net	169,758,066.	4	142,063,890.
	5 Loans and other receivables from 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.	5	0.
	6 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.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	9,305,756.	8	10,984,384.
	9 Prepaid expenses and deferred charges	15,802,908.	9	17,490,105.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 830,567,324.		
	b Less: accumulated depreciation	10b 529,532,900.	10c	301,034,424.
	11 Investments - publicly traded securities	365,271,598.	11	554,027,831.
	12 Investments - other securities. See Part IV, line 11	417,728,326.	12	426,235,776.
	13 Investments - program-related. See Part IV, line 11	23,309,842.	13	29,280,775.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	151,978,035.	15	152,635,064.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1501437326.	16	1663546137.	
Liabilities	17 Accounts payable and accrued expenses	125,360,309.	17	120,333,891.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	555,642.	19	526,423.
	20 Tax-exempt bond liabilities	198,620,863.	20	319,767,860.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 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.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	48,575.	23	16,475.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 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	75,518,681.	25	84,226,737.
	26 Total liabilities. Add lines 17 through 25	400,104,070.	26	524,871,386.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1027134424.	27	1061526233.
	28 Net assets with donor restrictions	74,198,832.	28	77,148,518.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1101333256.	32	1138674751.
	33 Total liabilities and net assets/fund balances	1501437326.	33	1663546137.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	867,625,507.
2	Total expenses (must equal Part IX, column (A), line 25)	2	872,835,125.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,209,618.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,101,333,256.
5	Net unrealized gains (losses) on investments	5	46,592,898.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-4,041,785.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,138,674,751.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O.	X	
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? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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 **section 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		
Total						

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 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
1 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
1 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?		
2 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>		
3 By reason of the relationship described in line 2, above, 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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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 Did the activities described in line 2a, above, 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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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>If "Yes" or "No" provide details in Part VI.</i>		
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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

CHILDREN ' S HEALTH CARE

Employer identification number

41-1754276

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CHILDREN ' S HEALTH CARE	Employer identification number 41-1754276
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>11,058,727.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILDREN ' S HEALTH CARE	Employer identification number 41-1754276
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	TOYS AND OTHER ITEMS FOR CHILDREN _____ _____ _____	\$ 1,219,178.	12/31/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CHILDREN ' S HEALTH CARE	Employer identification number 41-1754276
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.**

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 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.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2020**

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		167,846.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		73,932.
j Total. Add lines 1c through 1i			241,778.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

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.

FORM 990, PART II-B, LINE 1A

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

Part IV Supplemental Information (continued)

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).

\$39,548 OF MEMBERSHIP DUES PAID TO CHA RELATE TO LOBBYING ACTIVITIES.

CHILDREN'S IS A MEMBER OF THE MINNESOTA HOSPITAL ASSOCIATION (MHA).

\$13,451 OF MEMBERSHIP DUES PAID TO MHA RELATE TO LOBBYING ACTIVITIES.

CHILDREN'S IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA).

\$20,898 OF MEMBERSHIP DUES PAID TO AHA RELATE TO LOBBYING ACTIVITIES.

CHILDREN'S IS A MEMBER OF THE MINNEAPOLIS DOWNTOWN COUNCIL. \$35 OF MEMBERSHIP DUES WERE PAID TO THE COUNCIL IN 2020.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization CHILDREN ' S HEALTH CARE
Employer identification number 41-1754276

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

	(a) Donor advised funds	(b) Funds and other accounts
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (for example, recreation or education) Preservation of a 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 Tax 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?

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)?

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on 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
1a Beginning of year balance	171,993,171.	155,118,943.	158,713,414.	144,734,538.	39,136,928.
b Contributions	186,678.	2,564,577.	2,744,579.	937,139.	100,571,581.
c Net investment earnings, gains, and losses	14,916,660.	20,519,755.	-543,182.	19,761,540.	6,528,600.
d Grants or scholarships	6,014,184.	6,210,104.	5,795,868.	6,719,803.	1,502,571.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	181,082,325.	171,993,171.	155,118,943.	158,713,414.	144,734,538.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 68.1500 %
 - b Permanent endowment 20.6800 %
 - c Term endowment 11.1700 %
- 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:
- | | Yes | No |
|--|-------------------------------------|--------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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
1a Land		18,090,362.		18,090,362.
b Buildings		444,761,068.	240,660,809.	204,100,259.
c Leasehold improvements		17,477,536.	6,243,472.	11,234,064.
d Equipment		344,815,720.	277,234,846.	67,580,874.
e Other		5,422,638.	5,393,773.	28,865.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 301,034,424.

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		
(B) N.A.V	426,235,776.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	426,235,776.	

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)		
Total. (Col. (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 PLAN	7,889,458.
(2) PHYSICIAN RELOCATION LOANS REC.	865,095.
(3) PHARMACEUTICAL SERVICE DEPOSIT	3,447,800.
(4) FACILITY DEPOSIT	123,255.
(5) UNITED SHARED SERVICE ARRANGEMENT	8,945,834.
(6) INVESTMENT IN MOTHER/BABY	21,595,478.
(7) OTHER	4,144,208.
(8) BENEFICIAL INT IN NA OF FDTN	76,906,097.
(9) ROU-BASE ASSET	28,717,839.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	152,635,064.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RSVP RETIREMENT PLAN	1,408,353.
(3) EXECUTIVE BENEFITS LIABILITY	5,804,569.
(4) MN CARE TAX PAYABLE	4,842,080.
(5) POST-RETIREMENT BENEFITS	3,668,135.
(6) WORKERS COMP LIABILITY	2,013,640.
(7) INTERCOMPANY PAYABLE	25,346,317.
(8) LONG TERM DEFERRED REVENUE	2,331,323.
(9) LEASE LIABILITY	38,516,046.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	84,226,737.

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 FASB 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.

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

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.

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

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.

PART V, LINE 4:

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

PART X, LINE 2:

Part XIII Supplemental Information (continued)

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, 2020 AND 2019. 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" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Employer identification number

CHILDREN'S HEALTH CARE

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 the 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
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	N/A	6,549,843.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	N/A	2,080,309.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	4,760,016.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	4,398,540.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	262,758.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	11,341,010.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	-137,822.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	-2,488.
3 a Subtotal	0	0			29,252,166.
b Total from continuation sheets to Part I	0	0			16,656,323.
c Totals (add lines 3a and 3b)	0	0			45,908,489.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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	0	0	PROGRAM SERVICES	SELF INSURANCE	182,243.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	16,474,080.
Totals					16,656,323.

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 a tax exempt 501(c)(3) organization 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **CHILDREN'S HEALTH CARE** Employer identification number **41-1754276**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 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		
3 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.		
a 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> %	<input checked="" type="checkbox"/>	
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 _____ %	<input checked="" type="checkbox"/>	
c 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.		
4 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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c 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?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			994,482.	125,891.	868,591.	.10%
b Medicaid (from Worksheet 3, column a)			366973073	255744355	111228718	13.01%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			367967555	255870246	112097309	13.11%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			13954909.	1460881.	12494028.	1.46%
f Health professions education (from Worksheet 5)			7881211.	2925720.	4955491.	.58%
g Subsidized health services (from Worksheet 6)			76691279.	55050164.	21641115.	2.53%
h Research (from Worksheet 7)			6455428.	2658687.	3796741.	.44%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			37,450.		37,450.	.01%
j Total. Other Benefits			105020277	62095452.	42924825.	5.02%
k Total. Add lines 7d and 7j			472987832	317965698	155022134	18.13%

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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with rows 1-4. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes: X). Row 2: Enter the amount of the organization's bad debt expense. (6,689,832). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. (1,672,458). Row 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

Table for Section B with rows 5-7. Row 5: Enter total revenue received from Medicare (including DSH and IME) (103,825). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (283,877). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (-180,052). Row 8: Describe in Part VI the extent to which any shortfall reported on 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: [] Cost accounting system, [X] Cost to charge ratio, [] Other.

Section C. Collection Practices

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

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

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

Part V Facility Information

Section A. Hospital Facilities

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

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)

1 CHILDREN'S HEALTH CARE
2525 CHICAGO AVENUE SOUTH
MINNEAPOLIS, MN 55404
HTTP://WWW.CHILDRENSMN.ORG/
356144

Table with 9 columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first seven columns.

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)

Name of hospital facility or letter of facility reporting group CHILDREN'S HEALTH CARE

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

	Yes	No
Community Health Needs Assessment		
1 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?		X
2 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		X
3 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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <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		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <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)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
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		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.CHILDRENSMN.ORG/CHNA</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTP://WWW.CHILDRENSMN.ORG/CHNA</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 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.		
12a 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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to 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)

Name of hospital facility or letter of facility reporting group CHILDREN'S HEALTH CARE

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
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):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c <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		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>REFER TO SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>REFER TO SECTION C</u>		
c <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>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <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)		
f <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)		
g <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		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <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 Limited English Proficiency (LEP) populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2020

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group CHILDREN'S HEALTH CARE

	Yes	No
<p>17 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?</p>	X	
<p>18 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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>19 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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 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):</p> <p>a <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)</p> <p>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)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>21 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?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
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Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group CHILDREN'S HEALTH CARE

	Yes	No
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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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?	23	X
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?	24	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2020

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 990, SCHEDULE H, PART V, LINE 5

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

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.

REPORT AT

HTTPS://WWW.CHILDRENSMN.ORG/CHNA

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.

FORM 990, SCHEDULE H, PART V, LINE 11

BASED ON COMMUNITY INPUT AND EXISTING DATA EXAMINED BY CHILDREN'S MINNESOTA 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,

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.

EMPLOYMENT SEARCH ASSISTANCE AND MUCH MORE. DESPITE LOWER CLINIC VOLUMES, REFERRALS TO COMMUNITY CONNECT REMAINED STEADY DURING THE COVID-19 PANDEMIC. THE AVERAGE POSITIVE SCREEN RATE FOR 2020 WAS 31%, AS COMPARED TO 22% IN 2019 INDICATING A RISE IN UNMET SOCIAL NEEDS AMONG OUR PATIENT POPULATION. ADDITIONALLY, THERE WAS AN INCREASED NEED FOR MENTAL AND BEHAVIORAL HEALTH SUPPORT AND COMMUNITY CONNECT PARTNERED WITH INTEGRATED BEHAVIORAL HEALTH TEAM TO STREAMLINE REFERRALS FOR SERVICES. A TOTAL OF 2,002 FAMILIES MET WITH A COMMUNITY CONNECT RESOURCE NAVIGATOR FROM JANUARY 2020-DECEMBER 2020.

HEALTHCARE LEGAL PARTNERSHIP: CHILDREN'S MINNESOTA LAUNCHED THE HEALTHCARE LEGAL PARTNERSHIP (HLP) IN OCTOBER 2017. THE PROGRAM SUPPORTS TWO ATTORNEYS BASED ON OUR ST. PAUL AND MINNEAPOLIS HOSPITAL CAMPUSES. THESE DEDICATED LAWYERS COLLABORATE WITH HEALTH CARE TEAMS TO IDENTIFY, PREVENT, AND REMEDY HEALTH-HARMING FACTORS THAT ARE ROOTED IN LEGAL PROBLEMS. DURING 2020, THE HEALTHCARE LEGAL PARTNERSHIP PROVIDED SERVICES IN 194 CASES ACROSS MULTIPLE LEGAL ISSUES INCLUDING: HOUSING, BENEFITS, FAMILY LAW, AND IMMIGRATION.

FOOD SECURITY: IN 2020, THE CHILDREN'S MINNESOTA FOOD PANTRY PROVIDED 327 INDIVIDUAL MEALS. IN PARTNERSHIP WITH SECOND HARVEST HEARTLAND, A COMMUNITY-BASED NONPROFIT WHOSE MISSION INCLUDES EXPANDING ACCESS TO HEALTHY FOOD, 547 SETS OF "FOODRX BOXES" (TAKE-HOME GROCERIES) WERE DISTRIBUTED TO PATIENT FAMILIES. FOODRX BOX TYPES INCLUDE TRADITIONAL, LATINX AND SOMALI/VEGETARIAN TO MEET PATIENT FAMILIES' CULTURAL NEEDS.

FAMILY RESOURCE CENTER: IN 2020, THE TOTAL NUMBER OF VISITS TO

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.

CHILDREN'S FAMILY RESOURCE CENTERS IN ST. PAUL AND MINNEAPOLIS WAS

190,509. FAMILY RESOURCE CENTER STAFF PROVIDED HANDS-ON HELP AND

SUPPORT FOR 11,343 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: IN 2020 THE CHILDREN'S MINNESOTA FINANCIAL

COUNSELING TEAM ASSISTED 1,225 PATIENTS WITH APPOINTMENTS FOR

ASSISTANCE.

THE FINANCIAL COUNSELING TEAM ALSO PROCESSED FINANCIAL ASSISTANCE

APPLICATIONS FOR 1812 PATIENTS IN 2020.

INTERPRETER SERVICES: OVERALL, THE TOTAL NUMBER OF INTERPRETING

ENCOUNTERS FOR 2020 WAS 88,757 IN A TOTAL OF 69 LANGUAGES. THE TOP

THREE LANGUAGES INTERPRETED AT CHILDREN'S ARE: SPANISH, SOMALI AND

KAREN.

SIBLING PLAY AREA: 2020 WAS A UNIQUE YEAR FOR SPA. IT WAS ONLY OPEN FOR

2.5 MONTHS. IT CLOSED MID-MARCH DUE TO COVID. THE NUMBERS ARE

DRASTICALLY LOWER THAN USUAL DUE TO THE PANDEMIC.

IN 2020, THE SIBLING PLAY AREA HAD A TOTAL OF 947 PATIENTS, SIBLINGS,

AND FAMILY MEMBERS VISIT THE SPACE. OF THOSE 947 ENCOUNTERS, 706 OF THE

VISITS WERE FROM PATIENTS AND SIBLINGS.

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.

SCHOOL RE-ENTRY PROGRAM: WHEN A CHILD RETURNS TO SCHOOL AFTER A SIGNIFICANT DIAGNOSIS OR PROLONGED PERIOD OF TIME DUE TO MEDICAL CARE, THE SCHOOL RE-ENTRY PROGRAM HELPS THE CHILD, FAMILY, AND SCHOOL STAFF FEEL CONFIDENT DURING THAT TRANSITION. IN THE 2020, CHILDREN'S MN CHILD LIFE TEAM PROVIDED 48 SCHOOL VISITS. MANY OF THESE VISITS WERE CONDUCTED VIRTUALLY TO ENSURE THAT KIDS WERE STILL SUPPORTED, EVEN DURING DISTANCE LEARNING SCHOOL MODELS.

STRUCTURAL RACISM & HEALTH DISPARITIES

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 2020, CHILDREN'S MINNESOTA CONTINUED TO

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.

UTILIZE A PATIENT EQUITY INDEX THAT HIGHLIGHTS CLINICAL OUTCOME
INEQUITIES. STRATEGIES CONTINUE TO BE DEVELOPED TO ADDRESS DISPARITIES
IN SEVERAL CORE PEDIATRIC QUALITY METRICS OF THE IDENTIFIED INEQUITIES
(ASTHMA WELL-CONTROLLED, COMBO 10 VACCINES, AND A PATIENT-EXPERIENCE
MEASURE OF WHETHER THE FAMILY FELT LISTENED TO DURING THEIR CARE) AND
PERFORMANCE OUTCOMES ARE TIED TO MANAGEMENT AND EXECUTIVE INCENTIVE
PLANS.

QUALITY-EQUITY ALIGNMENT: IN PARTNERSHIP WITH THE VALUE & CLINICAL
EXCELLENCE DEPT, THE EQUITY TEAM CONTINUES TO AFFIRM EQUITY AND
INCLUSION AS A CORE ELEMENT OF CHILDREN'S VALUE PROGRAM INCLUDING
RE-SHAPING THE ORGANIZATION'S PERSPECTIVE ON HOW AND WHERE TO FOCUS
QUALITY IMPROVEMENT EFFORTS. SPECIFIC EFFORTS INCLUDE THE
IMPLEMENTATION AND ADVANCEMENT OF RESPECT AND DIGNITY SAFETY LEARNING
REPORTS AND TOOLS FOR CONDUCTING ROOT CAUSE ANALYSES THROUGH AN EQUITY
LENS.

- RESPECT & DIGNITY WORK GROUP: FROM THE HEALTH EQUITY COUNCIL, A WORK
GROUP WAS DEVELOPED TO FOCUS ON THE WORK OF RESPECT & DIGNITY. THE
WORKGROUP IS LED BY THE PATIENT EXPERIENCE COACHES OF THE VALUE &
CLINICAL EXCELLENCE DEPT.

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.

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.

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. DUE TO COVID-19 AND STAFFING CHANGES THIS WORK WAS

LIMITED IN 2020, BUT HAS RESUMED IN 2021.

- AMERICAN INDIAN VOLUNTEER COHORT: DUE TO THE COVID-19 PANDEMIC

VOLUNTEER ACTIVITY WAS LIMITED IN THE HOSPITAL SETTING, BUT

VOLUNTEERING HAS RESUMED IN 2021. 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 DESIGNED TO

CREATE A MORE INCLUSIVE, REPRESENTATIVE, AND CULTURALLY AWARE

ENVIRONMENT FOR CHILDREN'S PATIENTS AND FAMILIES.

- REAL DATA: CHILDREN'S MINNESOTA ACKNOWLEDGES THAT ACCURATE

DEMOGRAPHIC DATA IS FOUNDATIONAL TO UNDERSTANDING WHERE HEALTH

DISPARITIES PERSIST AND QUANTIFYING POTENTIAL IMPROVEMENT IMPACT. SINCE

2019, ORGANIZATION-WIDE QUALITY IMPROVEMENT PROJECTS HAVE CONTINUED TO

EMPHASIZE IMPROVING TECHNOLOGY AND PROCESSES TO ACCURATELY AND RELIABLY

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. BECAUSE OF THE COVID-19 PANDEMIC, CHILDREN'S MINNESOTA WAS

UNABLE TO HOST INTERNS AS A PART OF THIS PROGRAM, BUT PROGRAMMING WILL

RESUME IN 2021.

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.

- 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 MINNESOTA. BECAUSE OF THE COVID-19 PANDEMIC THESE WALKS WERE SUSPENDED, BUT WILL RESUME WHEN IT IS SAFE TO DO SO.

FORM 990, SCHEDULE H, PART V, LINE 11 CONTINUED

- AFRICAN AMERICAN LEADERSHIP FORUM VIRTUAL TOWN HALLS: IN 2020 CHILDREN'S MINNESOTA JOINED TOGETHER WITH THE AFRICAN AMERICAN LEADERSHIP FORUM (AALF), INSIGHT NEWS, NORTHPOINT HEALTH & WELLNESS, MINNESOTA COMMUNITY CARE AND THE MINNESOTA SPOKESMAN-RECORDER TO CREATE A VIRTUAL TOWN HALL SERIES THAT CONSIDERS THE IMPACTS OF COVID-19 ON BLACK MINNESOTANS WHILE ALSO ADDRESSING OTHER CURRENT EVENTS AND ISSUES IMPACTING THE COMMUNITY. A MEMBER OF CHILDREN'S MINNESOTA'S INFECTION PREVENTION TEAM APPEARED REGULARLY IN THE TOWN HALL MEETINGS TO PROVIDE COVID-19 UPDATES AND INFORMATION.

- LEADERSHIP SCORECARDS: IN AN EFFORT TO BUILD A WORKFORCE THAT REFLECTS THE COMMUNITIES WE SERVE AND HELP US CULTIVATE A MORE INCLUSIVE AND EQUITABLE ENVIRONMENT, WE HAVE IMPLEMENTED SCORECARDS THAT ALLOW LEADERS TO REVIEW, ANALYZE AND TRACK OVERALL PERFORMANCE ON SPECIFIC EQUITY AND INCLUSION METRICS. METRICS FOCUS ON THE REPRESENTATION OF OUR STAFF, RETENTION AND TURNOVER RATES, AS WELL AS SUPPLIER DIVERSITY AND HEALTH EQUITY METRICS.

MENTAL HEALTH AND DEVELOPMENTAL WELL-BEING:

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.

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 2020, MCRC PERFORMED OVER 1200 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 FOR CHILD SEXUAL AND PHYSICAL ABUSE; PSYCHOLOGICAL ASSESSMENTS; PROFESSIONAL CONSULTATIONS; AND PREVENTION PROGRAMS RELATED TO TEEN PARENTING. 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 TRAUMA-FOCUSED THERAPISTS AND ADVANCED PRACTICE NURSES THROUGH A COMMUNITY-BASED DELIVERY MODEL OVER THE COURSE OF A YEAR. RIP HAS BEEN DEMONSTRATED TO DRAMATICALLY IMPROVE HEALTH OUTCOMES FOR THESE YOUTH. IN 2020 RIP PROVIDED INTENSIVE SERVICES TO 125 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 2020 MRCAC PROVIDED TRAINING OR TECHNICAL ASSISTANCE TO OVER 2000 ORGANIZATIONS ACROSS THE COUNTRY.

MATERNAL AND CHILD HEALTH:

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.

PERINATAL HIV PREVENTION (ADULT): CHILDREN'S PROVIDED CARE COORDINATION TO 39 HIV POSITIVE PREGNANT WOMEN IN 2020.

PERINATAL HIV PREVENTION (INFANT): CHILDREN'S PROVIDED CARE COORDINATION AND SURVEILLANCE FOR 31 HIV EXPOSED INFANTS IN 2020 AND EMERGENCY CONSULTATION AND ASSISTANCE ON PERINATAL HIV PREVENTION TO 6 DIFFERENT HEALTH CARE SYSTEMS ACROSS THE STATE.

CHILDREN'S ALSO PROVIDED CAPACITY BUILDING SUPPORT AND EDUCATIONAL PRESENTATIONS MULTIPLE HEALTH SYSTEMS (MAYO HEALTH SYSTEM, DHS BEHAVIORAL HEALTH, JUST US HEALTH, MAPLE GROVE HOSPITAL, PARK NICOLLET) AND COMMUNITY-BASED ORGANIZATIONS.

ADVOCACY AND ENGAGEMENT:

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, THE PRENATAL TO THREE COALITION, THE MINNESOTA HEALTHY KIDS COALITION, SMOKE FREE COALITION, THE HEALTHY HUNGER FREE SCHOOLS COALITION AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP COLLABORATION IN HENNEPIN COUNTY. THESE ORGANIZATIONS ADDRESS A VARIETY OF HEALTH ISSUES IN OUR COMMUNITY, INCLUDING IMPROVED BIRTH OUTCOMES, ACCESS TO HEALTHY FOOD, 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

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.

THE HEALTH CARE DELIVERY SYSTEM AND ENHANCING BOTH QUALITY AND ACCESS TO CARE.

IN 2020 CHILDREN'S MINNESOTA'S VP AND CHIEF EQUITY AND INCLUSION OFFICER WAS ONE OF THE FOUNDING MEMBERS OF THE MINNESOTA BUSINESS COALITION FOR RACIAL EQUITY WHICH CAME TOGETHER IN 2020 AND BRINGS LARGE CORPORATIONS TOGETHER TO ADVANCE RACIAL EQUITY IN THE WORKPLACE AND THROUGH PHILANTHROPIC EFFORTS AND ADVOCACY INITIATIVES.

CHILD AND FAMILY SERVICES:

FAMILIES AS PARTNERS (FAP)

THE CHILDREN'S MINNESOTA FAMILIES AS PARTNERS PROGRAM PROMOTES, COORDINATES AND SUPPORTS PATIENT FAMILY 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 SPEAKER'S BUREAU.

IN 2020, THE FAMILIES AS PARTNERS (FAP) PROGRAM HAD A TOTAL OF 119 ACTIVE PATIENT FAMILY VOLUNTEERS THAT CONTRIBUTED A COMBINED TOTAL OF 3,897 VOLUNTEER HOURS. PATIENT FAMILIES WERE ENGAGED IN PROGRAM PATHWAY OPPORTUNITIES 327 TIMES THROUGHOUT THE YEAR.

YOUTH ADVISORY COUNCIL:

THE YOUTH ADVISORY COUNCIL CONSISTS OF PATIENTS AND SIBLINGS AGES 10-18 YEARS OF AGE THAT PROVIDE INSIGHT TO IMPROVE THE CHILDREN'S MINNESOTA CARE EXPERIENCE FOR CHILDREN AND TEENS. NINETEEN YOUTH PARTICIPATED ON

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.

THE YOUTH ADVISORY COUNCIL IN 2020 AND THE MEMBERS VOLUNTEERED A
COMBINED TOTAL OF 216 HOURS OF SERVICE.

FORM 990, SCHEDULE 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.

FORM 990, SCHEDULE H, PART V, LINE 16A

[HTTPS://WWW.CHILDRENSMN.ORG/YOUR-VISIT/AFTER-YOUR-VISIT/BILLING-AND-FINA
NCIAL-MATTERS/BILLING-POLICIES/](https://www.childrensmn.org/your-visit/after-your-visit/billing-and-financial-matters/billing-policies/)

FORM 990, SCHEDULE H, PART V, LINE 16B

[HTTPS://WWW.CHILDRENSMN.ORG/YOUR-VISIT/AFTER-YOUR-VISIT/BILLING-AND-FINA
NCIAL-MATTERS/FINANCIAL-COUNSELING-AND-ASSISTANCE/](https://www.childrensmn.org/your-visit/after-your-visit/billing-and-financial-matters/financial-counseling-and-assistance/)

FORM 990, SCHEDULE H, PART V, LINE 16C

[HTTPS://WWW.CHILDRENSMN.ORG/YOUR-VISIT/AFTER-YOUR-VISIT/BILLING-AND-FINA
NCIAL-MATTERS/FINANCIAL-COUNSELING-AND-ASSISTANCE/](https://www.childrensmn.org/your-visit/after-your-visit/billing-and-financial-matters/financial-counseling-and-assistance/)

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 990, SCHEDULE H, PART V, LINE 16J

CHILDREN'S HOSPITALS AND CLINICS HAS A WRITTEN FINANCIAL ASSISTANCE POLICY AND A PLAIN LANGUAGE SUMMARY OF OUR POLICY. OUR POLICY IS POSTED ON OUR WEBSITE AS WELL AS AVAILABLE AT ALL REGISTRATION AREAS THROUGHOUT THE HOSPITAL AND OUR CLINICS. A COPY OF THE PLAIN LANGUAGE SUMMARY OF OUR POLICY IS PROVIDED TO ANY PATIENT WITHOUT INSURANCE AT EACH VISIT AND ANNUALLY TO ALL PATIENTS. THE POLICY AND PLAIN LANGUAGE SUMMARY IS CURRENTLY AVAILABLE IN ENGLISH, SPANISH, SOMALI HMONG, RUSSIAN AND VIETNAMESE. WE ALSO HAVE POSTERS IDENTIFYING KEY POINTS OF OUR POLICY DISPLAYED IN ALL REGISTRATION AREAS IN ADDITION, WE HAVE A FINANCIAL ASSISTANCE CALCULATOR ON OUR WEBSITE WHERE FAMILIES ARE ABLE TO KEY IN THEIR INCOME AND FAMILY SIZE TO ASSESS WHETHER THEY MAY MEET OUR POLICY GUIDELINES.

FORM 990, SCHEDULE H, PART V, LINE 23

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

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)
1 CHILDREN'S CLINICS - WOODWINDS 1825 WOODWINDS DRIVE, SUITE 400 WOODBURY, MN 55125	SPECIALTY AND REHABILITATION CLINIC
2 CHILDREN'S - MAPLE GROVE 7767 ELM CREEK BLVD, SUITE 300 MAPLE GROVE, MN 55369	SPECIALTY AND REHABILITATION CLINIC
3 CHILDREN'S REHAB CLINIC 5950 CLEARWATER DRIVE, SUITE 500 & 510 MINNETONKA, MN 55343	ENT AND REHABILITATION CLINIC
4 CHILDREN'S - ROSEVILLE 1835 W. COUNTY RD. C ROSEVILLE, MN 55113	SPECIALTY AND REHABILITATION CLINIC
5 CHILDREN'S - MINNETONKA 6060 CLEARWATER DRIVE, SUITE 204 MINNETONKA, MN 55343	SPECIALTY CLINIC - DIABETES AND ENDOCRINOLOGY
6 CHILDREN'S SLEEP CENTER 310 NORTH SMITH AVE, SUITE 480 ST. PAUL, MN 55404	SPECIALTY CLINIC- SLEEP DISORDERS
7 CENTER FOR THE TREATMENT OF EATING DSR 910 E 26TH STREET, SUITE 410 MINNEAPOLIS, MN 55404	SPECIALTY CLINIC - EATING DISORDERS
8 CHILDREN'S SPECIALTY CLINIC 360 SHERMAN STREET ST. PAUL, MN 55102	SPECIALTY CLINIC - PSYCHOLOGICAL SERVICES
9 CHILDREN'S HEART CLINIC 2530 CHICAGO AVENUE S, SUITE 500 MINNEAPOLIS, MN 55404	HEART DISEASE CARDIOVASCULAR CLINIC

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.

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.R

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

[HTTPS://WWW.CHILDRENSMN.ORG/CHNA](https://www.childrensmn.org/chna)

COMMUNITY BENEFIT NUMBERS AS WELL AS COMMUNITY HEALTH NEEDS ASSESSMENT INFORMATION ARE ALSO AVAILABLE ON THE COMMUNITY HEALTH SECTION OF THE WEBSITE: [HTTP://WWW.CHILDRENSMN.ORG/COMMUNITY.](http://www.childrensmn.org/community)

Part VI Supplemental Information (Continuation)

PART I, LINE 7:

SUBSIDIZED HEALTH SERVICES BENEFITS INCLUDE THE FOLLOWING PROGRAMS:

THE ECMO PROGRAM AT CHILDREN'S MINNESOTA IS THE LARGEST PROVIDER OF NEONATAL AND PEDIATRIC ECMO IN THE STATE AND HAS RECEIVED THE EXTRACORPOREAL LIFE SUPPORT ORGANIZATION AWARD FOR EXCELLENCE IN LIFE SUPPORT SINCE 2008: \$1,105,632

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: \$601,154

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: \$2,612,568

OUR MOBILE CLINIC WAS CREATED TO DELIVER CHILDREN'S QUALITY PEDIATRIC CARE IN THE COMMUNITY, ON DEMAND. IN 2020 CHILDREN'S PARTNERED WITH ST PAUL PUBLIC SCHOOLS TO OFFER FLU SHOTS AND OTHER VACCINES TO ST PAUL YOUTH AND THEIR FAMILIES: \$79,285

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

Part VI Supplemental Information (Continuation)

IN THE TWIN CITIES TO OFFER IMMEDIATE ACCESS FOR MEDICAL STABILIZATION:

\$373,977

OUR GENDER HEALTH PROGRAM IS AN EXCLUSIVELY PEDIATRIC, MULTIDISCIPLINARY GENDER HEALTH PROGRAM, AND INCLUDES PEDIATRIC GENDER HEALTH, ENDOCRINOLOGY AND GYNECOLOGY PHYSICIANS. THE GENDER HEALTH PROGRAM PROVIDES

COMPASSIONATE AND COMPREHENSIVE CARE FOR TRANSGENDER AND GENDER-DIVERSE YOUTH. WE'RE DEDICATED TO SERVING AS AN ESSENTIAL MEDICAL PARTNER AND RESOURCE FOR TRANSGENDER YOUTH AND FAMILIES ALONG THEIR JOURNEY: \$32,056

THE EAR, NOSE AND THROAT (ENT) AND FACIAL PLASTIC SURGERY TEAM AT CHILDREN'S MINNESOTA IS INTERNATIONALLY RECOGNIZED FOR THEIR LEADERSHIP IN DEVELOPING AND PROVIDING PEDIATRIC TREATMENTS. AND CHILDREN'S MINNESOTA IS THE ONLY HOSPITAL IN THE STATE OF MINNESOTA OFFERING 24/7 ACCESS TO PEDIATRIC ENT SPECIALISTS: \$2,206,763

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: \$472,314

PSYCHOLOGICAL SERVICES MEETS WITH CHILDREN FOR OUTPATIENT THERAPY, PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL ASSESSMENTS, AND CONSULTATION TO OUTPATIENT AND INPATIENT MEDICAL SERVICE: \$1,515,613

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

Part VI Supplemental Information (Continuation)

QUESTIONS OR PROVIDE ASSISTANCE: \$763,820

THE PERFUSION TEAM CARES FOR THE ESSENTIAL BODILY FUNCTIONS OF THE PATIENT DURING SURGERY. WHILE THE HEART-LUNG MACHINE PUMPS FRESH OXYGENATED BLOOD INTO THE BODY, THE PERFUSIONIST MONITORS THE PATIENT'S BLOOD FLOW, SUPPORTS OPTIMAL SURGICAL CONDITIONS, COMMUNICATES WITH BOTH THE SURGEON AND ANESTHESIOLOGIST, MAINTAINS THE PATIENT'S BODY TEMPERATURE AND EXTENDS SUPPORT OF THE PATIENT'S CIRCULATION AFTER SURGERY: \$417,671

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: \$412,866

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: \$1,330,493

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: \$590,929

THE NEUROSURGERY CLINIC USES CUTTING EDGE SURGICAL TECHNIQUES AND TECHNOLOGY TO TREAT TUMORS, EPILEPSY AND OTHER BRAIN AND NERVOUS SYSTEM

Part VI Supplemental Information (Continuation)

CONDITIONS. WE PERFORM HUNDREDS OF SURGERIES EACH YEAR ON BABIES, KIDS AND TEENS. THAT MAKES US ONE THE MOST EXPERIENCED PEDIATRIC NEUROSURGERY CENTERS ANYWHERE: \$1,281,721

THE RHEUMATOLOGY CLINIC USES ADVANCED TOOLS TO DIAGNOSE THESE COMPLEX CONDITIONS, ALLEVIATE PAIN AND RESTORE FUNCTION IN KIDS AND TEENS: \$73,078

PSYCHIATRIC SERVICES PROVIDES ASSESSMENT AND CONSULTATION TO CHILDREN. THEY CAN ALSO PRESCRIBE AND MANAGE MEDICATIONS USED TO TREAT EMOTIONAL AND BEHAVIORAL PROBLEMS: \$865,009

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: \$3,599,058

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: \$1,412,340

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: \$726,522

Part VI Supplemental Information (Continuation)

IN OUR IMMUNOLOGY PROGRAM, EVERY DOCTOR HAS HAD DEDICATED TRAINING IN BOTH PEDIATRIC INFECTIOUS DISEASES AND PEDIATRIC IMMUNOLOGY. WE COORDINATE CARE WITH OTHER DEPARTMENTS WITHIN THE HOSPITAL SO THAT PATIENTS CAN SEE EVERYONE THEY NEED, ALL AT THE SAME TIME AND IN THE SAME PLACE. WE COLLABORATE WITH CLINICAL IMMUNOLOGISTS NATIONALLY TO PROVIDE THE MOST ADVANCED DIAGNOSTIC TESTS AND TREATMENTS AVAILABLE, AND WE STAY UP TO DATE BY ATTENDING THE ANNUAL CLINICAL IMMUNOLOGY SOCIETY MEETING: \$475,027

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: \$26,041

CHILDREN'S MINNESOTA IS THE LARGEST PEDIATRIC CANCER AND BLOOD DISORDERS PROGRAM IN THE UPPER MIDWEST. WE CARE FOR MORE THAN 58 PERCENT OF CHILDREN DIAGNOSED WITH CANCER OR BLOOD DISORDERS IN MINNESOTA, AND 74 PERCENT OF THOSE DIAGNOSED IN THE TWIN CITIES METRO. EACH YEAR, MORE THAN 1,000 CHILDREN ARE ADMITTED AS INPATIENTS TO THE JIM AND COLLEEN RYAN PEDIATRIC CANCER AND BLOOD DISORDERS CENTER AT CHILDREN'S MINNESOTA MINNEAPOLIS HOSPITAL: \$667,178

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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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.

PART III, LINE 3:

THE ORGANIZATION ESTIMATES THAT TWENTY-FIVE PERCENT OF BAD DEBT EXPENSES ARE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY (BUT WERE EITHER UNWILLING OR UNABLE TO PROVIDE SUFFICIENT INFORMATION TO MAKE A DETERMINATION OF THEIR ELIGIBILITY WHILE IN OUR CARE). THE ESTIMATE OF TWENTY-FIVE PERCENT IS BASED ON A REVIEW OF ACCOUNTS CLASSIFIED AS BAD DEBT AND MANAGEMENT JUDGMENT.

FORM 990, SCHEDULE H, PART II

CHILDREN'S PROVIDED THE FOLLOWING COMMUNITY BUILDING ACTIVITIES IN 2020:

CAREER READINESS:

IN 2020 WE MAINTAINED OUR ESTABLISHED COMMUNITY PARTNERSHIPS, HOWEVER DUE TO THE PANDEMIC CHILDREN'S MINNESOTA PROVIDED ONE PAID STUDENT EXPERIENCE THROUGH A WORK-STUDY OPPORTUNITY.

ACHIEVE STEP-UP: STEP-UP IS MINNEAPOLIS' LARGEST TRAINING PROGRAM WHICH PROVIDES JOB OPPORTUNITIES TO YOUTH. SINCE 2006 CHILDREN'S MINNESOTA 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

Part VI Supplemental Information (Continuation)

BE ATTENDING HIGHER EDUCATION INSTITUTIONS. STUDENTS MAY RETURN TO THEIR POSITIONS DURING BREAKS IN A CASUAL CAPACITY WHILE ATTENDING SCHOOL OR VOLUNTEER. THE PROGRAM AT CHILDREN'S FOCUSES ON IMMERSING AND INTEGRATING STUDENTS IN THE HOSPITAL WORK ENVIRONMENT TO ASSIST WITH BUILDING SKILLS AND COMPETITIVE EMPLOYMENT IN HEALTHCARE. IN 2020, THIS PROGRAM WAS PUT ON PAUSE DUE TO THE PANDEMIC.

UNIVERSITY OF SAINT 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 THROUGHOUT THE TWIN CITIES WHERE THEY'LL START USING THEIR EDUCATION TO BUILD A CAREER THAT MAKES A DIFFERENCE. IN 2020, THIS PROGRAM WAS PUT ON PAUSE DUE TO THE PANDEMIC.

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 MINNESOTA 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 2020-2021 ACADEMIC YEAR, CHILDREN'S MINNESOTA PROVIDED WORK-STUDY OPPORTUNITIES FOR 1 STUDENT.

PROJECT SEARCH: CHILDREN'S MINNESOTA PARTNERED WITH THE MINNEAPOLIS

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

PUBLIC SCHOOLS TRANSITIONS PLUS PROGRAM TO LAUNCH PROJECT SEARCH IN 2011. CHILDREN'S MINNESOTA WAS ONE OF THE FIRST HEALTHCARE ORGANIZATION TO LAUNCH PROJECT SEARCH IN THE 5-STATE AREA. PROJECT SEARCH 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 WORK SKILLS ON-SITE. INDIVIDUALIZED JOB DEVELOPMENT AND PLACEMENT OCCURS BASED ON THE STUDENT'S EXPERIENCES, STRENGTHS, AND SKILLS. A SERIES OF JOB ROTATIONS ALLOW STUDENTS TO FIND POSITIONS THAT BEST SUIT THEIR PREFERENCES. STUDENTS RECEIVE SUPPORT WITH ACCOMMODATIONS, ADAPTATIONS, AND ON-THE-JOB COACHING VIA MINNEAPOLIS SCHOOL EMPLOYEES. IN 2019, CHILDREN'S MINNESOTA 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 MINNESOTA 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 MINNESOTA AND OTHER MAJOR AREA HEALTHCARE PARTNERS. TRAIN TO WORK OFFERS TRAINING IN HEALTHCARE-SPECIFIC DETAILS, SUCH AS MEDICAL TERMINOLOGY AND ELECTRONIC HEALTH RECORDS, AS WELL AS A JOB SHADOWING INTERNSHIP THAT HAS BEEN AN ESSENTIAL COMPONENT OF THE PROGRAM'S SUCCESS. THE INTERNSHIP GIVES PARTICIPANTS HANDS-ON EXPERIENCE IN HEALTHCARE AND GIVES EMPLOYERS AN OPPORTUNITY TO OBSERVE POTENTIAL

Part VI Supplemental Information (Continuation)

EMPLOYEES. IN 2020, CHILDREN'S MINNESOTA DID NOT SPONSOR ANY PROGRAM PARTICIPANTS, HOWEVER, OTHER ACTIVITIES SUCH AS PRESENTATIONS, MOCK INTERVIEWS AND DISCUSSIONS TOOK PLACE ON HOW TO RE-ENGAGE THE PREVIOUS PARTNERSHIP AND HOW TO DEVELOP MEANINGFUL EXPERIENTIAL OPPORTUNITIES FOR THE PROGRAM PARTICIPANTS.

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 2020, CHILDREN'S MINNESOTA DID NOT EMPLOY ANY INTERNS HOWEVER A DEFINED COMMITMENT WAS DEVELOPED.

RIGHTTRACK: RIGHT TRACK BRINGS TOGETHER THE CITY OF SAINT PAUL, THE SAINT PAUL PUBLIC SCHOOLS, LOCAL BUSINESSES, AND COMMUNITY-BASED ORGANIZATIONS TO PROVIDE EMPLOYMENT OPPORTUNITIES AND PROFESSIONAL SKILLS TRAINING FOR HIGH SCHOOL YOUTH. IN 2020, CHILDREN'S MINNESOTA DID NOT EMPLOY ANY INTERNS HOWEVER A DEFINED COMMITMENT WAS DEVELOPED.

PART III, LINE 4:

GENERALLY, PATIENTS WHO ARE COVERED BY THIRD-PARTY PAYORS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. CHILDREN'S ALSO 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

Part VI Supplemental Information (Continuation)

EXPERIENCES 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.

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 (E.G., CO-PAYS 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 LESS THAN ESTABLISHED RATES. SUCH AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE ARE NOT REPORTED AS REVENUE.

PART III, LINE 8:

THE ORGANIZATION PRIMARILY SERVES PEDIATRIC PATIENTS AND DOES NOT GENERATE SIGNIFICANT MEDICARE REVENUES. THE ORGANIZATION FILES A MEDICARE COST REPORT ANNUALLY. FORM 990, SCHEDULE H, WORKSHEET 3 - UNREIMBURSED MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS WAS USED TO CALCULATE THE COSTS ASSOCIATED WITH MEDICARE CHARGES REPORTED IN PART III, LINE 6. THE ORGANIZATION DOES NOT REPORT ANY AMOUNTS FROM PART III, LINE 7 AS COMMUNITY BENEFIT.

PART III, LINE 9B:

COMPONENTS OF CHILDREN'S COLLECTION POLICY INCLUDE:

Part VI Supplemental Information (Continuation)

DURING THE PRE-REGISTRATION, REGISTRATION, OR ADMISSION PROCESS, CHILDREN'S WILL ATTEMPT TO IDENTIFY AND INFORM PATIENT FAMILIES WHO MAY BE ELIGIBLE FOR CHARITY CARE OR DISCOUNTED CARE THROUGH THE UNINSURED DISCOUNT OR CHARITY CARE POLICY.

ALL CHILDREN'S EMPLOYEES AND CONTRACTED STAFF WHO HAVE DIRECT CONTACT WITH PATIENTS WILL BE EDUCATED ON AN ANNUAL BASIS OF CHILDREN'S FINANCIAL ASSISTANCE POLICIES. THE EDUCATION WILL INFORM STAFF OF PROGRAMS AVAILABLE AND HOW A PATIENT FAMILY MAY OBTAIN MORE INFORMATION AND SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE.

A FINANCIAL ASSISTANCE APPLICATION WILL BE SENT WITH THE INITIAL LETTER EXPLAINING THE PROCESS FOR OBTAINING FINANCIAL ASSISTANCE TO ALL SELF-PAY PATIENT FAMILIES. IF A PATIENT FAMILY INDICATES THE NEED FOR FINANCIAL ASSISTANCE DURING THE REGISTRATION PROCESS, FINANCIAL ASSISTANCE INFORMATION IS PROVIDED TO THE FAMILY BY THE REGISTRATION STAFF.

ALL CORRESPONDENCE SEEKING COLLECTION OF MEDICAL DEBTS WILL CONTAIN A REFERENCE TO THE AVAILABILITY OF FINANCIAL ASSISTANCE.

MINNESOTA HOSPITAL PROVIDERS HAVE JOINTLY DEVELOPED CONSISTENT COLLECTION GUIDELINES SET OUT IN FORMAL AGREEMENTS WITH THE MINNESOTA ATTORNEY GENERAL'S OFFICE. THIS AGREEMENT IS CONSISTENT WITH CHILDREN'S COLLECTION POLICY. THE BOARD OF DIRECTORS (AUDIT COMMITTEE) PERFORMS AN ANNUAL REVIEW OF THIS POLICY AND ALL POLICIES CONCERNING COLLECTION OF MEDICAL DEBT, UNINSURED DISCOUNT, AND CHARITY CARE. THE AUDIT COMMITTEE SHALL ALSO REVIEW THE RESULTS OF AN ANNUAL AUDIT RELATED TO THESE AREAS IN ACCORDANCE

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

WITH THE MINNESOTA ATTORNEY GENERAL'S AGREEMENT.

PART VI, LINE 2:

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

[HTTP://WWW.CHILDRENSMN.ORG/SUPPORT-CHILDRENS/COMMUNITY-HEALTH-ENGAGEMENT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](http://www.childrensmn.org/support-childrens/community-health-engagement/community-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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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

Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 3:

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

Part VI Supplemental Information (Continuation)

AND HOW A PATIENT FAMILY MAY OBTAIN MORE INFORMATION AND SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE.

A FINANCIAL ASSISTANCE APPLICATION WILL BE SENT WITH THE INITIAL LETTER EXPLAINING THE PROCESS FOR OBTAINING FINANCIAL ASSISTANCE TO ALL SELF-PAY PATIENT FAMILIES. IF A PATIENT FAMILY INDICATES THE NEED FOR FINANCIAL ASSISTANCE DURING THE REGISTRATION PROCESS, FINANCIAL ASSISTANCE INFORMATION IS PROVIDED TO THE FAMILY BY THE REGISTRATION STAFF.

ALL CORRESPONDENCE SEEKING COLLECTION OF MEDICAL DEBTS WILL CONTAIN A REFERENCE TO THE AVAILABILITY OF FINANCIAL ASSISTANCE.

MINNESOTA HOSPITAL PROVIDERS HAVE JOINTLY DEVELOPED CONSISTENT COLLECTION GUIDELINES SET OUT IN FORMAL AGREEMENTS WITH THE MINNESOTA ATTORNEY GENERAL'S OFFICE. THIS AGREEMENT IS CONSISTENT WITH CHILDREN'S COLLECTION POLICY. THE BOARD OF DIRECTORS (AUDIT COMMITTEE) PERFORMS AN ANNUAL REVIEW OF THIS POLICY AND ALL POLICIES CONCERNING COLLECTION OF MEDICAL DEBT, UNINSURED DISCOUNT, AND CHARITY CARE. THE AUDIT COMMITTEE SHALL ALSO REVIEW THE RESULTS OF AN ANNUAL AUDIT RELATED TO THESE AREAS IN ACCORDANCE WITH THE MINNESOTA ATTORNEY GENERAL'S AGREEMENT.

PART VI, LINE 4:

CHILDREN'S MINNESOTA SERVES THE FIVE-STATE AREA OF THE UPPER MIDWEST (MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA, IOWA, AND WISCONSIN). IN 2020, CHILDREN'S MINNESOTA SERVED PATIENTS FROM 100 PERCENT OF MINNESOTA COUNTIES AND 64 PERCENT OF THE TOTAL COUNTIES IN THE FIVE-STATE AREA. IN SUPPORT OF A HIGHLY DIVERSE PATIENT POPULATION, CHILDREN'S MINNESOTA PROVIDED INTERPRETER SERVICES FOR 69 LANGUAGES WITH THE MOST FREQUENT

Part VI Supplemental Information (Continuation)

LANGUAGES BEING SPANISH, SOMALI, AND KAREN. CHILDREN'S MINNESOTA ALSO SERVES A DISPROPORTIONATE SHARE OF ECONOMICALLY DISADVANTAGED PATIENTS WITH APPROXIMATELY 46 PERCENT OF NET PATIENT REVENUES FROM GOVERNMENT PROGRAMS IN 2020. THE MINNEAPOLIS CAMPUS IS LOCATED WITHIN THE PHILLIPS-POWDERHORN NEIGHBORHOOD HOME TO ONE OF THE MOST RACIALLY AND ETHNICALLY DIVERSE COMMUNITIES IN MINNESOTA.

PART VI, LINE 5:

AS A TAX-EXEMPT ORGANIZATION, CHILDREN'S MINNESOTA MAINTAINS AN OPEN MEDICAL STAFF AND IS GOVERNED BY A VOLUNTEER, COMMUNITY BOARD. CHILDREN'S MINNESOTA PROVIDES A BROAD SPECTRUM OF BENEFITS TO THE COMMUNITIES IT SERVES THAT WOULD OTHERWISE BE UNAVAILABLE OR INSUFFICIENT TO MEET PATIENT DEMAND. CHILDREN'S MINNESOTA 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:

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 MINNESOTA TRAINERS THAT TRAVELS THROUGHOUT THE MIDWEST TO TRAIN STAFF FROM HOSPITALS IN THE BEST PRACTICES WHEN

Part VI Supplemental Information (Continuation)

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. THE CHILDREN'S MINNESOTA 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 MINNESOTA 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 THE STATE.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

MN

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **CHILDREN'S HEALTH CARE** 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? **Yes** **No**
- 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.

1 (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
AFRICAN AMERICAN LEADERSHIP FORUM 1600 UTICA AVENUE ST. LOUIS PARK, MN 55416	47-2200830	501(C)(3)	15,000.	0.	N/A	N/A	COVID 19 SPONSORSHIP
CHILDRENS HOSPITAL ASSOCIATION 347 SMITH AVE N ST PAUL, MN 55102	41-0711605	501(C)(3)	8,075.	0.	N/A	N/A	SPONSORSHIP AND MEMORIAL
CHILDRENS HEALTH CARE FOUNDATION 5901 LINCOLN DRIVE EDINA, MN 55436	41-1814223	501(C)(3)	10,500.	0.	N/A	N/A	GALA SPONSORSHIP & MEMORIAL
DYRK1A SYNDROME US 1745 LORNA LANE OTSEGO, MI 49078	83-3342162	501(C)(3)	7,475.	0.	N/A	N/A	SID HARTMENT PROCEEDS
GILLETTE CHILDRENS HOSP 200 UNIVERSITY AVENUE E ST. PAUL, MN 55101	41-1200302	501(C)(3)	7,475.	0.	N/A	N/A	SID HARTMENT PROCEEDS
IRELANDS HOPE 8530 EAGLE POINT BLVD LAKE ELMO, MN 55042	47-4181076	501(C)(3)	15,000.	0.	N/A	N/A	GALA SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **10.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
MN WILD FOUNDATION 317 WASHINGTON STREET ST. PAUL, MN 55102	90-0518400	501(C)(3)	16,000.	0.	N/A	N/A	WILD ABOUT KIDS SPONSORSHIP
PORTICO HEALTHNET 1600 UNIVERSITY AVE W ST PAUL, MN 55104	41-1814659	501(C)(3)	37,450.	0.	N/A	N/A	OUTREACH & ENROLLMENT SERVICES
RONALD MCDONALD HOUSE-UPPER MIDWEST - 818 FULTON STREET SE - MINNEAPOLIS, MN 55414	41-1313107	501(C)(3)	15,150.	0.	N/A	N/A	BREW LOVE, RBC RACE AND GALA SPOSORSHIP
WOMEN'S HEALTH LEADERSHIP TRUST 123 SE MAIN STREET MINNEAPOLIS, MN 55414			10,000.	0.	N/A	N/A	FORUM SPONSORSHIP
YMCA OF THE GREATER TWIN CITIES NW 5901 PO BOX 1450 MINNEAPOLIS, MN 55408	45-2563299	501(C)(3)	27,200.	0.	N/A	N/A	CYCLEHEALTH SPONSORSHIP

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHARITY CARE ASSISTANCE TO INDIVIDUALS	1913	0.	2,605,100.	CHARGES	CHARITY CARE TO INDV

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

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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 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 Questions Regarding Compensation

1a 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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 **1b** Yes No

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2** Yes No

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 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:

- a** Receive a severance payment or change-of-control payment? **4a** Yes No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" on line 5a or 5b, describe in Part III.

6 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:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 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 **8** Yes No

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input checked="" type="checkbox"/>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

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 aren't 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				
(1) MARK GORELICK, MD PRESIDENT & CEO	(i)	988,943.	325,001.	133,552.	17,100.	23,486.	1,488,082.	120,910.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH PETRONIO MD SURGICAL DIR, PEDS NEUROSURG	(i)	853,430.	85,001.	75,184.	766.	23,446.	1,037,827.	43,959.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MEYSAM KEBRIAIEI MD STAFF PHYSICIAN	(i)	804,829.	110,001.	49,337.	17,100.	26,152.	1,007,419.	43,003.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KYLE HALVORSON MD STAFF PHYSICIAN	(i)	772,190.	75,001.	36,778.	9,346.	4,536.	897,851.	34,282.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THOMAS GEORGE MD SYSTEM MEDICAL DIR NEONATOLOGY	(i)	677,498.	122,082.	4,882.	17,100.	3,957.	825,519.	1,526.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TREVOR SAWALLISH SVP CLINICAL OPS & COO	(i)	497,716.	143,570.	55,533.	17,100.	26,103.	740,022.	52,751.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JENNIFER OLSON MARKET SVP SYS OPS & CHIEF STRTGY OFF	(i)	463,600.	176,632.	54,693.	17,100.	22,837.	734,862.	52,079.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EMILY CHAPMAN MD SVP MEDICAL AFFAIRS & CMO	(i)	496,788.	123,240.	57,379.	17,100.	10,906.	705,413.	50,005.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MARIA CHRISTU SVP ADVOCACY/HEALTH POLICY&CLO	(i)	427,785.	110,373.	57,065.	17,100.	26,020.	638,343.	50,466.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SIVAKUMAR CHINNADURAI MD STAFF PHYSICIAN	(i)	410,402.	145,805.	22,283.	14,827.	26,015.	619,332.	20,170.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRENDA MCCORMICK SVP & CFO	(i)	514,005.	47,251.	4,401.	17,100.	26,194.	608,951.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PAMELA GIGI CHAWLA MD VP CHIEF OF GENERAL PEDIATRICS	(i)	339,946.	75,250.	23,508.	20,089.	4,330.	463,123.	20,748.
	(ii)	101,007.	0.	0.	0.	0.	101,007.	0.
(13) JENNIFER SODERHOLM FOUNDATION PRESIDENT	(i)	116,351.	0.	0.	0.	0.	116,351.	0.
	(ii)	364,143.	33,688.	3,053.	17,100.	10,716.	428,700.	0.
(14) SUSAN SENCER VP CHIEF SPECIALTY PEDIATRICS	(i)	320,995.	65,876.	32,653.	91,356.	22,636.	533,516.	24,193.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) PAMALA VANHAZINGA SVP PATIENT CARE SVCS & CNO	(i)	319,416.	86,938.	52,516.	14,175.	18,631.	491,676.	42,936.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ANUPAM KHARBANDA MD CHIEF OF CRITICAL CARE SERVICE	(i)	339,958.	75,268.	18,312.	17,100.	3,830.	454,468.	16,510.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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 aren't 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				
(17) ANGELA GOEPPERD MD BOARD MEMBER	(i)	332,298.	57,116.	27,493.	11,857.	4,100.	432,864.	20,388.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MONICA SCHILLER VP AMBULATORY SERVICES	(i)	248,271.	53,296.	1,386.	13,001.	19,619.	335,573.	0.
	(ii)	55,812.	0.	0.	0.	0.	55,812.	0.
(19) JAMES LESTE VP SUPPORT OPERATIONS	(i)	255,025.	84,082.	1,907.	15,118.	27,337.	383,469.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) DAVID LUNDAL VP IT / CIO	(i)	299,000.	15,000.	2,611.	17,100.	18,894.	352,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) LAURIN CATHEY VP HUMAN RESOURCES	(i)	318,139.	0.	2,884.	13,061.	16,672.	350,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) GLORIA DRAKE SR DIR CLIN SVCS-PERIOPERATIVE	(i)	213,263.	40,792.	0.	28,728.	20,154.	302,937.	0.
	(ii)	9,217.	0.	0.	0.	0.	9,217.	0.
(23) SUSAN SLOCUM CHIEF INVESTMENT OFFICER	(i)	231,160.	39,169.	900.	0.	8,544.	279,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) TRACY PFIEFER VP OPS MOTHER BABY CLIN SVC	(i)	204,785.	36,718.	51.	11,986.	8,010.	261,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) JAMES BURROUGHS CHIEF EQUITY & INCL. OFFICER	(i)	183,512.	32,122.	7,562.	13,065.	7,990.	244,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) KATHLEEN PENSON SR DIR CLIN SVCS-CRITICAL CARE	(i)	174,190.	27,138.	1,257.	9,780.	25,360.	237,725.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) CLAUDIA HINES SR DIR CLIN SVCS-PEDIATRICS	(i)	150,267.	28,755.	1,935.	11,219.	19,313.	211,489.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

MARC GORELICK WAS REIMBURSED FOR HIS MEMBERSHIP FEES FOR THE MINNEAPOLIS CLUB, WHICH IS USED SOLELY FOR BUSINESS PURPOSES.

PART I, LINES 4A-B:

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 2020:

JOSEPH PETRONIO, MD - \$43,959

MEYSAM KEBRIAIEI, MD - \$43,003

THOMAS GEORGE, MD - \$1,526

SIVAKUMAR CHINNADURAI, MD - \$20,170

KYLE HALVORSON, MD - \$34,282

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.

ANGELA GEOPFERD, MD - \$20,388

MARK GORELICK, MD- \$120,910

MARIA CHRISTU - \$50,466

TREVOR SAWALLISH - \$52,751

JENNIFER OLSON MARKET - \$52,079

EMILY CHAPMAN MD - \$50,005

ANUPAM KHARBANDA MD - \$16,510

PAMELA GIGI CHAWLA MD - \$20,748

PAMALA VANHAZINGA - \$42,936

SUSAN SENCER - \$24,193

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to 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	Bond Issues	SEE PART VI FOR COLUMN (F) CONTINUATIONS											
		(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) Pooled financing	
								Yes	No	Yes	No	Yes	No
A	2007A - SEE PART VI	41-6005375	603695FP7	11/15/07	103000000.	FACILITY EXPANSION AND UPG		X		X		X	
B	2020A - SEE PART VI	41-6005375	NONEAVAIL	10/23/20	84560000.	SEE PART VI		X		X		X	
C													
D													

Part II	Proceeds	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired		18,450,000.		2,200,000.				
2	Amount of bonds legally defeased								
3	Total proceeds of issue		106,148,383.		84,560,000.				
4	Gross proceeds in reserve funds		458.						
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds		862,000.						
8	Credit enhancement from proceeds		1,582,951.						
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		103,703,432.						
11	Other spent proceeds				84,560,000.				
12	Other unspent proceeds								
13	Year of substantial completion		2009		2009				
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2020

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		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X			X				
d 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							
4 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 government01 %		.00 %					
5 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 government00 %					
6 Total of lines 4 and 501 %		.00 %					
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	X		X					
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					

Part IV Arbitrage (continued)	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider	PIPER JAFFRAY		PIPER JAFFRAY					
c Term of hedge	21.8000000		20.8000000					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: 2007A - SEE PART VI

(F) DESCRIPTION OF PURPOSE: FACILITY EXPANSION AND UPGRADE

FORM 990, SCHEDULE K, PART I, COLUMN E
 SCHEDULE K, 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, 2021 .

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).

FORM 990, SCHEDULE K, PART I, COLUMN F
 THE PURPOSE OF THESE BONDS IS A REFUNDING OF HEALTH CARE REVENUE BONDS 2007A ISSUED NOVEMBER 15TH, 2007

FORM 990, SCHEDULE K, PART I, COLUMN F
 NEW TAXABLE ISSUE AND DEFEASED BONDS RECONCILIATION

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

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

FORM 990, SCHEDULE K, PART II, LINE 3

DIFFERENCES BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 ARE DUE TO
INVESTMENT EARNINGS.

FORM 990, SCHEDULE K, PART II, LINE 13

YEAR OF SUBSTANTIAL COMPLETION REFERS TO THE COMPLETION DATE FROM THE
REFUNDED SERIES 2007A PROJECT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 for instructions and the latest information.

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		92,141.	COST/SELLING PRICE
5 Clothing and household goods	X		609,704.	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	4	4,556.	COST/SELLING PRICE
19 Food inventory	X	151	190,380.	COST/SELLING PRICE
20 Drugs and medical supplies	X	461	289,872.	COST/SELLING PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ELECTRONICS</u>)	X	10	20,559.	COST/SELLING PRICE
26 Other ▶ (<u>ENTERTAINMENT</u>)	X	9	11,966.	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 V, Donee Acknowledgement 29 0

	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? b If "Yes," describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.		X
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.

Multiple horizontal lines for supplemental information.

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 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CHILDREN'S HEALTH CARE

Employer identification number

41-1754276

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM SERVICE ACCOMPLISHMENTS:

FOR THE 14TH YEAR, U.S. NEWS & WORLD REPORT HAS NAMED CHILDREN'S AS ONE
OF AMERICA'S BEST CHILDREN'S HOSPITALS, WITH OUR PULMONOLOGY PROGRAM
RANKING 44TH AND OUR NEPHROLOGY PROGRAM - IN PARTNERSHIP WITH THE
UNIVERSITY OF MINNESOTA MASONIC CHILDREN'S HOSPITAL - RANKING 26TH IN
THE NATION FOR 2020-2021.

WE ARE MINNESOTA'S LARGEST PROVIDER OF CARE TO CHILDREN WITH COMPLEX
SURGICAL CONDITIONS, HEART DISEASE, CANCER, DIABETES, AND EXTREME
PRE-MATURITY. IN 2020, CHILDREN'S CARED FOR 11,048 INPATIENT ADMISSIONS
REPRESENTING 88,853 PATIENT DAYS, PERFORMED 14,679 SURGICAL CASES,
TREATED 56,554 EMERGENCY ROOM VISITS AND CARED FOR 375,901 OUTPATIENT
CLINIC VISITS, MANY OF WHICH PROVIDED TO INNER CITY MINNEAPOLIS AND ST.
PAUL RESIDENTS. CHILDREN'S CONTINUES TO SERVE A DIVERSE POPULATION WITH
125,949 FAMILY ENCOUNTERS FOR LANGUAGE INTERPRETATION IN 69 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization CHILDREN'S HEALTH CARE	Employer identification number 41-1754276
--	--

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 & SPECIAL CARE NURSERY - CHILDREN'S SPECIALIZES IN CARING FOR MULTIPLES, BABIES WITH CONGENITAL ANOMALIES, VERY PREMATURE AND VERY LOW BIRTH WEIGHT BABIES, AND INFANTS BORN WITH OTHER COMPLEX DIAGNOSES. WE OFFER EXCEPTIONAL TERTIARY AND QUATERNARY CARE FOR BABIES, WITH SURVIVAL OUTCOMES AMONG THE BEST IN THE WORLD. CHILDREN'S NEONATAL PROGRAM IS ONE OF THE NATION'S LARGEST PROGRAMS WITH 155 STAFFED BEDS AND MORE THAN 38,000 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 & CHILDREN'S MINNEAPOLIS AND IN 2015 WE OPENED OUR SECOND AND THIRD MOTHER BABY CENTERS AT MERCY HOSPITAL IN COON RAPIDS AND UNITED HOSPITAL AND CHILDREN'S - ST. PAUL.

- HEMATOLOGY/ONCOLOGY - THE HEMATOLOGY/ONCOLOGY PROGRAM AT CHILDREN'S IS THE LARGEST IN THE UPPER MIDWEST WITH TREATMENT OUTCOMES THAT CONSISTENTLY RANK CHILDREN'S AS ONE OF THE TOP TEN PROGRAMS IN THE U.S. IN OUR NATIONALLY UNIQUE MODEL, YOUR CHILD'S OR TEEN'S CARE IS SPEARHEADED AND COORDINATED BY A BOARD-CERTIFIED HEMATOLOGIST/ONCOLOGIST, WHO LEADS A HIGHLY EXPERIENCED TEAM OF MULTIDISCIPLINARY PROFESSIONALS.

- CYSTIC FIBROSIS - THE CYSTIC FIBROSIS (CF) CENTER AT CHILDREN'S OF MINNESOTA DIAGNOSES AND TREATS CHILDREN IN ALL STAGES OF CF. OUR

Name of the organization CHILDREN'S HEALTH CARE	Employer identification number 41-1754276
--	--

DEDICATION TO FAMILY-CENTERED CARE AND EDUCATION HELPS CHILDREN AND THEIR 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 REGISTRY. CHILDREN'S PROVIDES A CONTINUUM OF CARE THROUGH COORDINATED INPATIENT AND OUTPATIENT SERVICES, FROM DIAGNOSIS THROUGH LONG-TERM FOLLOW-UP. THE CYSTIC FIBROSIS CENTER OF CHILDREN'S PROVIDES STATE-OF-THE ART COMPREHENSIVE CARE FOR CHILDREN WITH CF.

- DIABETES/ENDOCRINOLOGY - 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 CARE TO HELP MAINTAIN A CHILD'S TARGETED BLOOD SUGAR RANGES. MOST CHILDREN SEEN IN THE DIABETES CENTER HAVE TYPE 1 DIABETES. A SMALL BUT GROWING NUMBER HAVE TYPE 2. IN ADDITION TO DIABETES, THE CLINIC PROVIDES DIAGNOSTIC SERVICES AND TREATMENT FOR CHILDREN WITH DISORDERS OF GROWTH, ADVANCED OR DELAYED SEXUAL DEVELOPMENT, PITUITARY DISORDERS, THYROID ABNORMALITIES, DISORDERS OF CALCIUM BALANCE, ADRENAL DISORDERS, AND HYPOGLYCEMIA. THE MCNEELY PEDIATRIC DIABETES CENTER HAS RECEIVED RECOGNITION FOR ITS DIABETES EDUCATION PROGRAM FROM THE AMERICAN DIABETES ASSOCIATION, BY MEETING THE ASSOCIATION'S HIGH EDUCATIONAL STANDARDS.

- CHILDREN'S PROVIDES OTHER HIGH QUALITY PROGRAMS SUCH AS SURGERY. CHILDREN'S SURGERY TEAMS DELIVER NEXT-GENERATION CARE IN AN AWARD-WINNING ENVIRONMENT THAT IS EXCLUSIVELY DEDICATED TO PEDIATRICS. HEALTH PROFESSIONALS OF MANY DISCIPLINES WORK TOGETHER TO PROVIDE CHILDREN WITH

Name of the organization

CHILDREN'S HEALTH CARE

Employer identification number

41-1754276

THE BEST POSSIBLE SURGERY EXPERIENCE. CHILDREN'S BODIES ARE DIFFERENT THAN ADULTS. FOR EXAMPLE, THEY OFTEN REQUIRE SPECIALLY-SIZED SURGICAL EQUIPMENT. THEY REACT DIFFERENTLY TO ANESTHESIA AND TO PAIN. THEIR BODIES RESPOND DIFFERENTLY TO ILLNESS AND TREATMENT, IN PART BECAUSE THEY ARE STILL GROWING. THAT'S WHY CHILDREN BENEFIT FROM OUR HIGHLY ACCOMPLISHED, PEDIATRIC-SPECIFIC SURGERY TEAMS. AT CHILDREN'S, ALMOST 15,000 SURGERIES ARE PERFORMED EACH YEAR ON FETUSES, NEWBORNS, CHILDREN, ADOLESCENTS, AND YOUNG ADULTS FROM THROUGHOUT THE UPPER MIDWEST. SURGICAL TREATMENT RESULTS RANK CHILDREN'S AMONG THE TOP HOSPITALS IN THE U.S. IN PEDIATRIC SURGICAL CARE. CHILDREN'S HAS SOME OF THE LOWEST RATES IN THE U.S. OF POST-SURGERY COMPLICATIONS AND SOME OF THE HIGHEST RATES OF PATIENT AND FAMILY SATISFACTION.

ADDITIONAL DESTINATION PROGRAMS INCLUDE NEUROSCIENCES, ENT AND FACIAL PLASTIC SURGERY, AND TRAUMA CARE.

AS A CHARITABLE ORGANIZATION, CHILDREN'S HOSPITALS & CLINICS OF MINNESOTA ALSO PROVIDES A BROAD SPECTRUM OF BENEFITS TO THE COMMUNITIES WE SERVE. THESE SERVICES AND DONATIONS ACCOUNT FOR A 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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization CHILDREN'S HEALTH CARE	Employer identification number 41-1754276
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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.

FORM 990, PART III, LINE 4C, 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 28 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.

Name of the organization CHILDREN'S HEALTH CARE	Employer identification number 41-1754276
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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

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CHILDREN'S HEALTH CARE

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EMERGENCY/DISASTER PREPAREDNESS PLANNING, DEVELOPS AND DISSEMINATES PEDIATRIC EMERGENCY ARE 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 EARNING 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 PROJECT FOR PRIDE IN LIVING THAT RECOGNIZES THAT A HEALTHY, SUSTAINABLE COMMUNITY REQUIRES RESIDENTS WITH WELL-PAYING JOBS.

FORM 990, PART VI, SECTION B, 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

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BOARD AT A REGULARLY SCHEDULED BOARD MEETING.

FORM 990, PART VI, SECTION B, 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.

FORM 990, PART VI, SECTION B, LINE 15:

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.

FORM 990, PART VI, SECTION C, LINE 19:

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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.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MEDICAL RESIDENTS - PEDIATRICS:

PROGRAM SERVICE EXPENSES	3,979,160.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,979,160.

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	578,643.
MANAGEMENT AND GENERAL EXPENSES	3,162,391.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,741,034.

LINEN:

Name of the organization CHILDREN'S HEALTH CARE	Employer identification number 41-1754276
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PROGRAM SERVICE EXPENSES	1,400,817.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,400,817.

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	66,680,054.
MANAGEMENT AND GENERAL EXPENSES	4,745,184.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	71,425,238.

STIPENDS AND HONORARIUMS:

PROGRAM SERVICE EXPENSES	137,133.
MANAGEMENT AND GENERAL EXPENSES	49,169.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	186,302.

LEASED EQUIPMENT:

PROGRAM SERVICE EXPENSES	491,322.
MANAGEMENT AND GENERAL EXPENSES	661,661.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,152,983.

MAINTENANCE/SERVICE CONTRACTS:

PROGRAM SERVICE EXPENSES	5,341,831.
MANAGEMENT AND GENERAL EXPENSES	1,916,416.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,258,247.

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EQUIPMENT REPAIR & MAINTENANCE:

PROGRAM SERVICE EXPENSES	1,011,010.
MANAGEMENT AND GENERAL EXPENSES	173,742.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,184,752.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	90,328,533.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RSVP RETIREMENT PLAN-RELATED CHANGES	-1,186,244.
CHANGE IN VALUE OF INTEREST RATE SWAP VALUATION	-5,206,292.
CHANGE IN PERPETUAL TRUSTS AND OTHER	2,350,751.
TOTAL TO FORM 990, PART XI, LINE 9	-4,041,785.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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
CHILDREN'S HC SVCS. INC DBA MINNETONKA - 41-1756478, 2525 CHICAGO AVE. S., MINNEAPOLIS, MN 55404	HEALTHCARE	MINNESOTA	501(C)(3)	LINE 3	N/A	X	
CHILDREN'S HEALTH CARE FOUNDATION - 41-1814223, 2525 CHICAGO AVE. S., MINNEAPOLIS, MN 55404	HEALTHCARE	MINNESOTA	501(C)(3)	LINE 7	N/A	X	
CHILDREN'S CLINIC NETWORK - 45-3765330 2525 CHICAGO AVE. S. MINNEAPOLIS, MN 55404	HEALTHCARE	MINNESOTA	501(C)(3)	LINE 3	N/A	X	
MOTHER BABY FACILITY, LLC - 45-4078371 2525 CHICAGO AVE. S. MINNEAPOLIS, MN 55404	HEALTHCARE	MINNESOTA	501(C)(3)	LINE 12A	N/A	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

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
CHILDREN'S HEALTH INSURANCE NETWORK, LTD PO BOX 30600 GRAND CAYMAN, CAYMAN ISLANDS 55404	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	1,005,606.	19,475,496.	100%	X	
CHILDREN'S HEALTH NETWORK - 46-3226418 910 EAST 26TH STREET, SUITE 330 MINNEAPOLIS, MN 55404	MEDICAL SERVICES	MN	N/A	C CORP	424,491.	148,621.	100%	X	
CHILDREN'S MN HOME MEDICAL EQUIPMENT - 84-2915398, 2525 CHICAGO AVE, MINNEAPOLIS, MN 55404	MED. EQ. SERVICES	MN	CHC	C CORP	-445,050.	169,988.	100%	X	

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.

1 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN ' S HEALTH CARE FOUNDATION	C	11,058,727.	ACCRUAL
(2) CHILDREN ' S HEALTH CARE FOUNDATION	L	4,175,022.	ACCRUAL
(3) CHILDREN ' S HEALTH CARE FOUNDATION	O	2,881,630.	ACCRUAL
(4) CHILDREN ' S HEALTH CARE FOUNDATION	R	10,173,987.	ACCRUAL
(5) CHILDREN ' S HEALTH CARE SERVICES, INC.	L	286,923.	ACCRUAL
(6) CHILDREN ' S HEALTH CARE SERVICES, INC.	O	69,851.	ACCRUAL

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) CHILDREN'S HEALTH CARE SERVICES, INC.	Q	5,875,918.	ACCRUAL
(8) CHILDREN'S HEALTH CARE SERVICES, INC.	P	3,977,642.	ACCRUAL
(9) CHILDREN'S CLINIC NETWORK	L	2,073,185.	ACCRUAL
(10) CHILDREN'S CLINIC NETWORK	O	179,732.	ACCRUAL
(11) CHILDREN'S CLINIC NETWORK	P	2,727,820.	ACCRUAL
(12) CHILDREN'S CLINIC NETWORK	Q	39,663,194.	ACCRUAL
(13) CHILDREN'S CLINIC NETWORK	R	43,336,064.	ACCRUAL
(14) CHILDREN'S MN HOME MEDICAL EQUIPMENT	L	340,749.	ACCRAUL
(15) CHILDREN'S MN HOME MEDICAL EQUIPMENT	Q	7,072,369.	ACCRUAL
(16) CHILDREN'S HEALTH NETWORK	L	204,301.	ACCRUAL
(17) CHILDREN'S HEALTH NETWORK	Q	432,255.	ACCRUAL
(18) CHILDREN'S MN HOME MEDICAL EQUIPMENT	M	3,902,937.	ACCRUAL
(19) CHILDREN'S MN HOME MEDICAL EQUIPMENT	O	373,114.	ACCRUAL
(20) CHILDREN'S MN HOME MEDICAL EQUIPMENT	R	3,797,121.	ACCRUAL
(21)			
(22)			
(23)			
(24)			

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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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.

Multiple horizontal lines for providing supplemental information.