



2024 Income Tax Return

Children's Health Care

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

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

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, 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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of BRENDA MCCORMICK, SVP & CFO
 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, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 24 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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-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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 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
E Telephone number: 612-813-6000
G Gross receipts \$: 2,237,783,315.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.CHILDRENSMN.ORG
K Form of organization: Corporation
L Year of formation: 1995
M State of legal domicile: MN

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

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.

Signature of officer: BRENDA MCCORMICK, SVP & CFO
Preparer's name: SOPHIE R. KING
Preparer's signature
Firm's name: KPMG LLP
Firm's EIN: 13-5565207

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

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Type or Print	Name of exempt organization, employer, 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	
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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
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• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

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The books are in the care of BRENDA MCCORMICK, SVP & CFO
 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, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 24 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
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3a If this application is for Forms 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.
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 977,710,593. including grants of \$ 14,569,261.) (Revenue \$ 1,084,390,146.) 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 462 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 \$ 9,611,130. including grants of \$) (Revenue \$ 1,857,012.) 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 2024 CALENDAR YEAR, CHILDREN'S PROVIDED TRAINING TO 443 AFFILIATED RESIDENTS AND FELLOWS, AND HOSTED 161 MEDICAL STUDENT & 744 RESIDENT ROTATIONS AT CHILDREN'S MINNEAPOLIS, CHILDREN'S ST PAUL, OR BOTH LOCATIONS. SEE SCHEDULE O.

4c (Code:) (Expenses \$ 12,916,209. including grants of \$) (Revenue \$ 7,054,750.) RESEARCH: CHILDREN'S HAS 348 OPEN RESEARCH STUDIES, OF WHICH 171 ARE ACTIVELY RECRUITING CLINICAL TRIALS. IN 2024 CHILDREN'S RECEIVED ABOUT \$5.3 MILLION FROM INDUSTRY CONTRACTS 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.

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

4e Total program service expenses 1,000,237,932.

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN) May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 5px 0;">(See instructions below for completion)</p> <p style="margin: 5px 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 5px 0;">The form 114a may be digitally signed</p>	CHILDRE20240001
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Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name CHILDREN'S HEALTH CARE	2. Owner first name	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning _____ 3 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2024 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8. Date _____ MM DD YYYY	9. Owner or entity TIN 411754276	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date _____ MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

Part II Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name KING	16. Preparer first name SOPHIE	17. Preparer M.I. R	18. Preparer PTIN P02233384
19. Address 350 NORTH 5TH ST., STE 600	20. City MINNEAPOLIS	21. State MN	22. ZIP/postal code 55401
23. Country code US	24. Preparer's (item 15) employer's (Entity) name KPMG LLP	25. Employer EIN 13-5565207	26. Preparer's signature

Instructions for completing the FBAR Signature Authorization Record

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer **or** the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part II Continued - Information on Financial Account(s) Owned Separately	FORM 114
Complete a Separate Block for Each Account Owned Separately	

1 Filing for calendar year 2024	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 411754276	6 Last Name or Organization Name CHILDREN'S HEALTH CARE
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15 Maximum value of account during calendar year 7,567,032.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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17 Name of Financial Institution in which account is held BANK OF BUTTERFIELD (CAYMAN)			
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18 Account number or other designation 8401608930010	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 68 FORT STREET, P.O. BOX 705		
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20 City GRAND CAYMAN	21 State, if known	22 ZIP/Postal Code, if known KY11107	23 Country CAYMAN ISLANDS
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15 Maximum value of account during calendar year 2,994,517.	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
-----------------------------------------------------------------------	-------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

17 Name of Financial Institution in which account is held MUFG FUND SERVICES (CAYMAN) LT			
----------------------------------------------------------------------------------------------------	--	--	--

18 Account number or other designation 654267	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held 227 ELGIN AVENUE, P.O. BOX 609		
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20 City GRAND CAYMAN	21 State, if known	22 ZIP/Postal Code, if known KY11107	23 Country CAYMAN ISLANDS
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15 Maximum value of account during calendar year	15a Amount Unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
---------------------------------------------------------	-------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------

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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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included on line 1a, above, who are independent (16); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 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 on 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); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

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 [X] 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARC GORELICK M.D. PRESIDENT AND CEO	47.00 3.00	X		X				3,659,536.	0.	496,534.
(2) MEYSAM KEBRIAIEI M.D. SURGICAL DIR, PEDS NEUROSURGEON	50.00 0.00					X		1,132,772.	0.	49,669.
(3) KYLE HALVORSON M.D. STAFF PHYSICIAN	50.00 0.00					X		1,080,476.	0.	49,487.
(4) EMILY CHAPMAN M.D. SVP MEDICAL AFFAIRS & CMO	50.00 0.00			X				974,679.	0.	32,404.
(5) BRENDA MCCORMICK SVP & CFO	47.00 3.00	X		X				945,454.	0.	50,152.
(6) ANDREA LAMPLAND M.D. MEDICAL DIRECTOR NEONATOLOGY	50.00 0.00					X		815,089.	0.	51,402.
(7) AMY BRUZEK M.D. STAFF PHYSICIAN	50.00 0.00					X		814,995.	0.	37,986.
(8) WILLIAM MIZE M.D. M.D. RADIOLOGY, BOARD MEMBER	47.00 3.00	X						725,498.	38,184.	51,374.
(9) BRIANNE ROBY M.D. STAFF PHYSICIAN	50.00 0.00					X		696,494.	0.	51,322.
(10) ANDREW PUGH BOARD SECRETARY & SVP CLO	48.00 2.00	X		X				660,837.	0.	46,533.
(11) JENNIFER OLSON MARKET FORMER SVP & COO	0.00 0.00						X	694,568.	0.	0.
(12) JENNY SODERHOLM FOUNDATION PRESIDENT	18.00 32.00			X				226,392.	420,441.	32,244.
(13) CAROLINE NJAU SVP PATIENT CARE SVCS & CNO	50.00 0.00			X				620,329.	0.	46,103.
(14) DAVID LUNDAL SVP CIO	50.00 0.00			X				576,366.	0.	46,503.
(15) LAURIN CATHEY SVP & CHRO	50.00 0.00				X			546,860.	0.	39,604.
(16) SUSAN SENCER M.D. VP CHIEF OF SPECIALITY PEDS	50.00 0.00				X			518,092.	0.	67,179.
(17) PAMELA GIGI CHAWLA M.D. VP CHIEF OF GENERAL PEDS	40.00 10.00				X			411,049.	102,762.	46,848.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) TIMOTHY LANDER M.D. CLINICAL VP, CHIEF OF SURGERY	47.00 3.00				X			500,477.	26,341.	32,505.
(19) ANUPAM KHARBANDA M.D. CLINICAL VP, CHIEF OF CRITICAL CARE	50.00 0.00				X			513,207.	0.	24,486.
(20) MONICA SCHILLER VP AMBULATORY SERVICES	40.00 10.00				X			324,843.	81,211.	38,724.
(21) JAMES BURROUGHS SVP GOVT & COMM RELATIONS/CEIO	50.00 0.00			X				395,885.	0.	27,413.
(22) SUSAN SLOCUM CHIEF INVESTMENT OFFICER	50.00 0.00				X			312,010.	0.	27,991.
(23) JAMES LESTE VP OPERATIONS, THRU JULY 2024	50.00 0.00				X			282,454.	0.	31,131.
(24) ANDREW BERNDT VP CLINICAL SERVICES	50.00 0.00				X			235,301.	0.	42,875.
(25) BRENDA BECKWITH VP CLINICAL SERVICES	37.00 13.00				X			173,329.	57,776.	45,360.
(26) LINDA HALL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								17,836,992.	726,715.	1,465,829.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								17,836,992.	726,715.	1,465,829.

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 1,313

	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	17,927,630.
ORACLE PO BOX 203448, DALLAS, TX 75320	HARDWARE/SOFTWARE	10,857,032.
MEDICAL STAFFING SOLUTIONS INC PO BOX 101, RICE LAKE, WI 54868	NURSE STAFFING	9,807,959.
PEDIATRIC SURGICAL ASSOC LTD, 2530 CHICAGO AVE SUITE 550, MINNEAPOLIS, MN 55404	PHYSICIAN SERVICES	4,137,181.
SODEXO INC PO BOX 360170, PITTSBURGH, PA 15251	FOOD SERVICES	4,097,359.

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 307

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) JEAN KANE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(28) JJ KUHN BOARD MEMBER, CHAIR	1.00 2.00	X		X				0.	0.	0.
(29) JIM LESLIE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(30) ARCHELLE GEORGIOU BOARD MEMBER, VICE CHAIR	1.00 3.00	X		X				0.	0.	0.
(31) CHRIS HEDBERG BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(32) DAMU MCCOY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(33) BROOKE MOORE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(34) GARFIELD BOWEN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(35) JEFF VON GILLERN BOARD MEMBER, TREASURER	1.00 2.00	X						0.	0.	0.
(36) THOMAS GOODMANSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(37) ANNA RICHIO BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(38) SHELLEY CARTHEN WATSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(39) MATT VAN SLOOTEN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(40) REBECCA LIEBERMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(41) J. KEVIN CROSTON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	16,638,623.				
	e Government grants (contributions)	1e	18,472,040.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$ 874,186.				
	h Total. Add lines 1a-1f			35,110,663.			
Program Service Revenue	2 a PATIENT SERVICE REV.	Business Code					
		621400	823,488,908.	823,423,695.	65,213.		
	b MEDICARE/MEDICAID PAY.	621400	155,195,566.	155,195,566.			
	c LAB REVENUE	621500	114,499,453.	114,455,508.	43,945.		
	d PARKING	812930	2,555,314.		1,500,942.	1,054,372.	
	e PHARMACY REVENUE	621400	2,118,426.			2,118,426.	
	f All other program service revenue	621400	227,139.	227,139.			
g Total. Add lines 2a-2f			1,098,084,806.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		36,034,907.		1,956,455.	34,078,452.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			1,466,339.				
			b Less: rental expenses ...	6b	1,377,475.		
	c Rental income or (loss)	6c	88,864.				
	d Net rental income or (loss)			88,864.		88,864.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			1066438182.	(ii) Other	111,600.		
			b Less: cost or other basis and sales expenses	7b	1029636613.	375,140.	
			c Gain or (loss)	7c	36,801,569.	-263,540.	
	d Net gain or (loss)			36,538,029.		36,538,029.	
	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 MARKETPLACE	Business Code					
		459900	465,095.		465,095.		
	b CAFETERIA	722514	36,372.		36,372.		
	c VENDING MACHINES	722514	28,817.		28,817.		
	d All other revenue	561000	6,534.		6,534.		
e Total. Add lines 11a-11d			536,818.				
12 Total revenue. See instructions			1,206,394,087.	1,093,301,908.	3,566,555.	74,414,961.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	420,505.	420,505.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	14,148,756.	14,148,756.		
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				
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	527,249,096.	465,787,502.	61,461,594.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,688,413.	33,557,778.	1,130,635.	
9 Other employee benefits	76,132,996.	66,436,704.	9,696,292.	
10 Payroll taxes	35,888,090.	32,421,680.	3,466,410.	
11 Fees for services (nonemployees):				
a Management	3,116,002.	2,670,956.	445,046.	
b Legal	687,910.	5,388.	682,522.	
c Accounting	833,206.	260,000.	573,206.	
d Lobbying	242,443.		242,443.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,700,275.	8,700,275.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	107,007,743.	91,205,370.	15,802,373.	
12 Advertising and promotion	4,624,419.	191,435.	4,432,984.	
13 Office expenses	10,093,683.	9,452,506.	641,177.	
14 Information technology	25,869,289.		25,869,289.	
15 Royalties				
16 Occupancy	16,892,106.	14,469,205.	2,422,901.	
17 Travel	1,583,628.	1,293,604.	290,024.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,759,383.	2,638,339.	121,044.	
20 Interest	11,390,825.	10,992,204.	398,621.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,511,593.	23,650,976.	11,860,617.	
23 Insurance	3,581,845.	3,542,334.	39,511.	
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	127,059,422.	127,059,422.		
b MNCARE TAX	18,585,876.	18,585,876.		
c BAD DEBT EXPENSE	18,485,556.	18,485,556.		
d TEMP LABOR	16,679,109.	15,734,365.	944,744.	
e All other expenses	43,133,500.	38,527,196.	4,606,304.	
25 Total functional expenses. Add lines 1 through 24e	1,145,365,669.	1,000,237,932.	145,127,737.	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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	58,106,682.	1	37,902.
	2 Savings and temporary cash investments	177,455.	2	8,812,863.
	3 Pledges and grants receivable, net	2,148,678.	3	1,905,731.
	4 Accounts receivable, net	205,809,526.	4	226,787,532.
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	11,623,839.	8	11,060,188.
	9 Prepaid expenses and deferred charges	22,007,201.	9	20,552,824.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 927,749,999.		
	b Less: accumulated depreciation	10b 634,896,672.		
	11 Investments - publicly traded securities	295,467,665.	10c	292,853,327.
	12 Investments - other securities. See Part IV, line 11	518,145,255.	11	589,119,061.
	13 Investments - program-related. See Part IV, line 11	536,032,484.	12	531,757,775.
	14 Intangible assets	40,107,634.	13	41,448,939.
	15 Other assets. See Part IV, line 11	159,791,323.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,849,417,742.	15	166,619,478.	
		16	1,890,955,620.	
Liabilities	17 Accounts payable and accrued expenses	168,976,899.	17	122,210,825.
	18 Grants payable		18	
	19 Deferred revenue	864,670.	19	800,377.
	20 Tax-exempt bond liabilities	77,115,614.	20	74,661,747.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	217,084,001.	23	211,266,301.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	69,627,476.	25	71,166,766.
	26 Total liabilities. Add lines 17 through 25	533,668,660.	26	480,106,016.
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	1,227,151,487.	27	1,316,830,058.
	28 Net assets with donor restrictions	88,597,595.	28	94,019,546.
	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	1,315,749,082.	32	1,410,849,604.
33 Total liabilities and net assets/fund balances	1,849,417,742.	33	1,890,955,620.	

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	1,206,394,087.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,145,365,669.
3	Revenue less expenses. Subtract line 2 from line 1	3	61,028,418.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,315,749,082.
5	Net unrealized gains (losses) on investments	5	27,472,083.
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	6,600,021.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,410,849,604.

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 on 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
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2024)

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 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); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 - <i>provide details in Part VI</i>)	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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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.)

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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), 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), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

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

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/>	\$ 16,638,623.	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
----------------------------------------------------	--------------------------------------------------

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 <hr/> <hr/> <hr/> <hr/>	\$ 874,186.	12/31/24
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) 41-1754276
-------------------------------------------------------	-----------------------------------------------------------

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 EINs 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-.

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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

Schedule C (Form 990) 2024

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		182,453.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		59,990.
j Total. Add lines 1c through 1i			242,443.
2a Did the activities in line 1 cause the organization to not be 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 expenditures 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

CHILDREN'S RETAINS A LOBBYIST TO ASSIST DIRECTLY WITH LOBBYING EFFORTS AT THE STATE AND LOCAL LEVELS. CHILDREN'S PUBLIC POLICY DIRECTOR IS ALSO RESPONSIBLE FOR LOBBYING ACTIVITIES ON THE CITY, STATE, AND FEDERAL LEVEL. THOSE RESPONSIBILITIES INCLUDE COORDINATING AND PROVIDING TESTIMONY AT HEARINGS, MAINTAINING RELATIONSHIPS, EDUCATING ELECTING OFFICIAL AND STAFF, AND WORKING WITH OUR REGULATORY AGENCIES. WITH RESPECT TO FEDERAL LOBBYING EFFORTS, CHILDREN'S SENIOR DIRECTOR OF CHILD HEALTH POLICY, PUBLIC POLICY DIRECTOR, AND CEO WILL OCCASIONALLY TRAVEL TO WASHINGTON TO MEET WITH FEDERAL LAWMAKERS. THIS IS GENERALLY DONE IN A COLLABORATION WITH INDUSTRY ORGANIZATIONS, SUCH AS NACHRI, WHO INDIRECTLY PROVIDE FEDERAL LOBBYING SUPPORT ON BEHALF

Part IV Supplemental Information *(continued)*

OF CHILDREN'S.

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

\$43,798 OF MEMBERSHIP DUES PAID TO CHA RELATE TO LOBBYING ACTIVITIES.

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

\$8,541 OF MEMBERSHIP DUES PAID TO MHA RELATE TO LOBBYING ACTIVITIES.

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

\$7,651 OF MEMBERSHIP DUES PAID TO AHA RELATE TO LOBBYING ACTIVITIES.

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	190,725,414.	176,306,661.	203,877,914.	181,082,325.	171,993,171.
b Contributions	2,580,670.	485,371.	905,579.	2,426,002.	186,678.
c Net investment earnings, gains, and losses	17,507,224.	21,139,096.	-21,107,044.	27,004,317.	14,916,660.
d Grants or scholarships	10,326,485.	7,205,714.	7,369,788.	6,634,730.	6,014,184.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	200,486,823.	190,725,414.	176,306,661.	203,877,914.	181,082,325.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 65.1700 %
 - b Permanent endowment 20.4600 %
 - c Term endowment 14.3700 %
- 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 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		29,998,932.		29,998,932.
b Buildings		478,835,878.	302,955,532.	175,880,346.
c Leasehold improvements		25,180,831.	12,937,843.	12,242,988.
d Equipment		388,311,720.	313,580,659.	74,731,061.
e Other		5,422,638.	5,422,638.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				292,853,327.

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 NAV	531,757,775.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	531,757,775.	

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, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) EXECUTIVE BENEFIT PLANS	9,900,201.
(2) PHYSICIAN RELOCATION LOANS REC	632,014.
(3) PHARMACEUTICAL SERVICE DEPOSIT	4,889,143.
(4) FACILITY DEPOSIT	123,255.
(5) UNITED SHARED SERVICE ARRNGMT	4,425,834.
(6) INVESTMENT IN MOTHER/BABY	16,910,504.
(7) OTHER	3,742,041.
(8) BENEFICIAL INT IN NA OF FDTN	106,280,669.
(9) ROU-BASE ASSET	19,715,817.
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	166,619,478.

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) EXECUTIVE BENEFITS LIABILITY	5,791,034.
(3) MN CARE TAX PAYABLE	7,467,669.
(4) POST-RETIREMENT BENEFITS	2,655,538.
(5) WORKERS COMP LIABILITY	1,604,955.
(6) INTERCOMPANY PAYABLE	20,947,145.
(7) LONG TERM DEFERRED REVENUE	4,983,088.
(8) LEASE LIABILITY	27,638,388.
(9) OTHER	78,950.
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	71,166,767.

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:

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. MANAGEMENT DETERMINED THERE WERE NO MATERIAL INCOME TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2024 OR 2023. CHILDREN'S IS NOT SUBJECT TO AN INCOME TAX EXAMINATION FOR YEARS BEFORE 2021.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
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

**Open to Public
Inspection**

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

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in 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)			INVESTMENTS	N/A	10,744,395.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS	N/A	76,524,575.
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	SELF INSURANCE	337,012.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS	N/A	21,096,331.
3 a Subtotal	0	0			108,702,313.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			108,702,313.

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

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

OMB No. 1545-0047

2024

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 (FAP) during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP 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> %	X	
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 _____ %	X	
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 FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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)			6,103,686.	50,000.	6,053,686.	.53%
b Medicaid (from Worksheet 3, column a)			533,590,487.	356,529,346.	177,061,141.	15.46%
c Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		
d Total. Financial assistance and means-tested government programs			539,694,173.	356,579,346.	183,114,827.	15.99%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			16,192,188.	4,303,320.	11,888,868.	1.04%
f Health professions education (from Worksheet 5)			9,611,130.	3,225,825.	6,385,305.	.56%
g Subsidized health services (from Worksheet 6)			50,625,296.	32,987,311.	17,637,985.	1.54%
h Research (from Worksheet 7)			11,311,653.	7,054,750.	4,256,903.	.37%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			62,500.	0.	62,500.	.01%
j Total. Other benefits			87,802,767.	47,571,206.	40,231,561.	3.52%
k Total. Add lines 7d and 7j			627,496,940.	404,150,552.	223,346,388.	19.51%

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment (CHNA) questions 1 through 12b.

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 FAP that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit <u>275</u> % 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?	14	X
15 Explained the method for applying for financial assistance?	15	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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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?	16	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 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 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) 2024

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 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) on line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) 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 FAP?</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? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2024

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 HEALTH CARE:

PART V, SECTION B, LINE 5: OVER THE COURSE OF 2022, CHILDREN'S MINNESOTA CONNECTED WITH STAKEHOLDERS BOTH WITHIN THE ORGANIZATION AND IN THE SURROUNDING COMMUNITY TO LEARN ABOUT THEIR PERSPECTIVES ON CHILDREN'S HEALTH AND WELL-BEING BY CONDUCTING FOCUS GROUPS WITH YOUTH AND PARENTS/CAREGIVERS, UTILIZING DISCUSSION BOARDS TO ENGAGE WITH PEOPLE AT COMMUNITY EVENTS, CONDUCTING INTERVIEWS WITH REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, DISCUSSION GROUPS WITH CHILDREN'S MINNESOTA EMPLOYEES AND INTERVIEWS WITH CHILDREN'S MINNESOTA CLINICIANS.

THE 2022 CHNA WAS LED AND INFORMED BY THE COMMUNITY VIA A CHNA COMMUNITY ADVISORY COMMITTEE. THE PROCESS, SIMILAR TO 2019, INCLUDED GATHERING INPUT FROM THE COMMUNITY AND CHILDREN'S MINNESOTA STAFF AND REVIEWING EXISTING SECONDARY DATA TO IDENTIFY CRITICAL NEEDS, WHILE PLACING A SPECIFIC EMPHASIS ON THE IMPACT OF THE COVID-19 PANDEMIC AND OTHER LOCAL AND GLOBAL EVENTS. GIVEN THAT MOST OF THE 2019 PRIORITIES FOCUSED ON BROAD SOCIAL ISSUES THAT IMPACT HEALTH, IT WOULD BE UNREALISTIC TO ANTICIPATE SIGNIFICANT, MEASURABLE IMPROVEMENTS TO BE ACHIEVED IN THREE YEARS. TO THAT END, THE 2022 ASSESSMENT WAS DESIGNED TO BUILD UPON KEY LEARNINGS FROM 2019 AND CONTINUED EFFORTS ADDRESS CONCERNS THROUGH INVESTMENTS IN SERVICES AND COMMUNITY RELATIONSHIPS.

A MORE DETAILED DESCRIPTION OF THE CHILDREN'S MINNESOTA COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS AND A COPY OF THE FULL 2022 CHNA REPORT IS AVAILABLE AT 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 2022 CHNA.

CHILDREN'S HEALTH CARE:

PART V, SECTION B, LINE 11: BASED ON COMMUNITY INPUT AND EXISTING DATA EXAMINED BY CHILDREN'S MINNESOTA STAFF AND THE CHNA COMMUNITY ADVISORY COMMITTEE, THE FOLLOWING HEALTH PRIORITIES WERE DETERMINED IN THE 2022 ASSESSMENT: STRUCTURAL RACISM, HEALTH DISPARITIES, ECONOMIC OPPORTUNITY AND INCOME, MENTAL HEALTH, ACCESS TO RESOURCES AND COMMUNITY SAFETY.

CHILDREN'S MINNESOTA 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, ST. PAUL, WEST ST. PAUL AND BROOKLYN PARK PRIMARY CARE CLINICS AND STAFFED BY A TEAM OF MULTI-LINGUAL, MULTI-CULTURAL RESOURCE NAVIGATORS, THE PROGRAM HELPS CONNECT FAMILIES TO ESSENTIAL COMMUNITY SERVICES AND RESOURCES, INCLUDING FOOD, TRANSPORTATION, LEGAL ASSISTANCE, HOUSING SUPPORT, EARLY CHILDHOOD EDUCATION PROGRAMS, EMPLOYMENT SEARCH ASSISTANCE AND MUCH MORE. ALL FAMILIES THAT SCHEDULE AN APPOINTMENT AT A PRIMARY CARE CLINIC WITH A

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 CONNECT NAVIGATOR ARE INVITED TO COMPLETE A RESOURCE SCREENING. A TOTAL OF 1,640 FAMILIES MET WITH A COMMUNITY CONNECT RESOURCE NAVIGATOR FROM JANUARY 2024-DECEMBER 2024.

IN ADDITION TO TRACKING THE NUMBER OF PEOPLE WHO ARE SCREENED, REFERRED AND ENROLL IN COMMUNITY CONNECT, CHILDREN'S MINNESOTA ALSO MEASURES PATIENT SATISFACTION TO BETTER UNDERSTAND FAMILIES' EXPERIENCE WITH THE PROGRAM. IMPRESSIVELY, 96% OF THOSE WHO PARTICIPATED IN THE PROGRAM AND THEN RESPONDED TO OUR PATIENT SATISFACTION QUESTION EXPRESSED THAT SERVICES/RESOURCES WERE HELPFUL. HIGHLIGHT OF SOCIAL NEEDS/RESOURCES MOST REQUESTED BY FAMILIES: FOOD (56%), TRANSPORTATION (10%), EDUCATION/CHILDCARE (16%), ADULT EDUCATION (8%), EMPLOYMENT/INCOME (7%), FINANCIAL ASSISTANCE (14%), HOUSING (7%), (PRIMARILY HOUSEHOLD GOODS, DIAPERS, ETC.) (33%), LEGAL (9%).

IN 2024 CHILDREN'S MINNESOTA LAUNCHED AND IMPLEMENTED A NEW SOCIAL HEALTH SCREENING TECHNOLOGY PLATFORM CALLED FINDHELP THAT WE ANTICIPATE WILL AID IN PROVIDING GREATER LENS ON SOCIAL HEALTH NEEDS IN MINNESOTA. THIS SCREENING TOOL ALSO ALLOWS STAFF TO DIRECTLY CONNECT WITH COMMUNITY BASED ORGANIZATIONS (CBOS). WE ARE WORKING TOGETHER WITH THE COMMUNITY ENGAGEMENT MANAGER AT FINDHELP TO CONTINUE TO FIND PARTNERS FOR RESOURCES AROUND THE COMMUNITY.

HEALTHCARE LEGAL PARTNERSHIP: CHILDREN'S MINNESOTA LAUNCHED THE HEALTHCARE LEGAL PARTNERSHIP (HLP) IN OCTOBER 2017. THE PROGRAM SUPPORTS TWO ATTORNEYS BASED AT THE CHILDREN'S MINNESOTA HOSPITAL CAMPUSES IN ST. PAUL AND MINNEAPOLIS, ALONG WITH A DEDICATED INTAKE COORDINATOR. THIS SPECIALIZED TEAM COLLABORATES WITH HEALTHCARE PROVIDERS TO IDENTIFY, ADDRESS, AND RESOLVE LEGAL ISSUES THAT IMPACT PATIENTS' HEALTH AND WELL-BEING. IN 2024, THE HEALTHCARE LEGAL PARTNERSHIP PROVIDED SERVICES IN 218 CASES ACROSS MULTIPLE LEGAL ISSUES INCLUDING: HOUSING, EDUCATION, EMPLOYMENT, BENEFITS, FAMILY LAW, AND IMMIGRATION.

FOOD SECURITY: IN 2024, THE CHILDREN'S MINNESOTA FOOD SUPPORT PROGRAM PROVIDED 404 BAGS OF FOOD FOR PATIENT FAMILIES OF CHILDREN'S MINNESOTA. THIS INCLUDED 272 BAGS FROM EVERY MEAL, A COMMUNITY-BASED NONPROFIT WHOSE MISSION IS TO FIGHT CHILD HUNGER THROUGH COMMUNITY PARTNERSHIPS AND 132 BAGS OF GROCERIES THROUGH THE FAMILY RESOURCE CENTER FOOD PANTRY. SOCIAL WORKERS AND OTHER CARE STAFF IDENTIFY FAMILIES WHO NEED FOOD SUPPORT.

FAMILY RESOURCE CENTER: IN 2024, THE TOTAL NUMBER OF VISITS TO CHILDREN'S FAMILY RESOURCE CENTERS IN ST. PAUL AND MINNEAPOLIS WAS 2,093. FAMILY RESOURCE CENTER STAFF PROVIDED HANDS-ON HELP AND SUPPORT IN THESE FAMILY ENCOUNTERS WHICH INCLUDED DISTRIBUTING 2,820 PERSONAL CARE ITEMS, PROVIDING ACCESS TO BUSINESS SERVICES (FAX, COPIER, PRINTER), NOTARY TRANSACTIONS, TECHNOLOGY SUPPORT, ETC. THE FAMILY RESOURCE CENTER AMENITIES CART THAT ROUNDS TO PATIENT ROOMS HAD 9,906 PATIENT FAMILY INTERACTIONS.

FINANCIAL COUNSELING: IN 2024, 2,196 FAMILIES WERE ASSISTED WITH WALK- IN VISITS AND APPOINTMENTS AND 2,701 TOTAL APPLICATIONS WERE PROCESSED FOR FINANCIAL ASSISTANCE. TO REACH THE TARGET POPULATION FOR SERVICES THE TEAM LAUNCHED AN ONLINE FINANCIAL ASSISTANCE APPLICATION, PARTNERING WITH INTERNAL AND EXTERNAL COMMUNICATIONS TEAMS TO PROMOTE THE ONLINE TOOL.

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.

INTERPRETER SERVICES: OVERALL, THE TOTAL NUMBER OF INTERPRETING ENCOUNTERS FOR 2024 WAS 129,137 IN A TOTAL OF 75 LANGUAGES. THE TOP THREE LANGUAGES INTERPRETED AT CHILDREN'S ARE: SPANISH, SOMALI AND KAREN.

SIBLING PLAY AREA: THE SIBLING PLAY AREA AT CHILDREN'S MINNESOTA SERVES PATIENTS AND THEIR FAMILIES, AS WELL AS OTHER GUESTS WHO MAY COME TO VISIT A PATIENT DURING THEIR STAY. BOTH INPATIENT AND OUTPATIENT CHILDREN AND THEIR FAMILIES ARE WELCOME TO SPEND TIME ENGAGING IN A VARIETY OF OFFERINGS INCLUDING; PLAY, ARTS & CRAFTS, GAMING, MUSIC, AND MORE. FAMILIES ARE ALSO ABLE TO DROP-OFF SIBLINGS FOR UP TO 90 MINUTES OF SUPERVISED CARE BY THE SIBLING PLAY TEAM. THIS SERVICE ALLOWS FAMILIES TO ATTEND APPOINTMENTS, CARE CONFERENCES, OR EDUCATION SESSIONS WITHOUT THE ADDED DISTRACTION OF ADDITIONAL CHILDREN. FAMILIES LEARN ABOUT SIBLING PLAY THROUGH PRINT MATERIALS AVAILABLE ON UNITS AND IN CLINICS AS WELL AS THROUGH THE CHILDREN'S MINNESOTA WEBSITE. THE CHILD LIFE TEAM ALSO LETS FAMILIES KNOW ABOUT THE SERVICE WHEN THEY SUPPORT A FAMILY WITH CHILD LIFE AND MUSIC THERAPY SERVICES.

IN 2024, THERE WERE A TOTAL OF 4,358 VISITS TO THE SIBLING PLAY AREA ALONG WITH AN INCREASE IN ACCESS FOR PATIENTS WHO REQUIRE 1:1 USE OF THE SPACE DUE TO BEHAVIORAL HEALTH OR SENSORY NEEDS DUE TO PROCESS STANDARDIZATION AND INCREASING AVAILABLE TIMES FOR INDIVIDUAL USE OF THE SPACE.

SCHOOL RE-ENTRY PROGRAM: WHEN A CHILD RETURNS TO SCHOOL AFTER A SIGNIFICANT DIAGNOSIS OR PROLONGED PERIOD DUE TO MEDICAL CARE, THE CHILDREN'S MINNESOTA SCHOOL RE-ENTRY PROGRAM HELPS THE CHILD, FAMILY, AND SCHOOL STAFF TO FEEL CONFIDENT AND BE PREPARED FOR THE TRANSITION. FAMILIES WITH CHILDREN RECEIVING DIABETES, HEMATOLOGY AND ONCOLOGY CARE ARE INVITED TO PARTICIPATE IN THIS PROGRAM BY CHILD LIFE SPECIALISTS AND RECEIVE INFORMATION DURING HOSPITAL ADMISSION. IN 2024, THE TEAM CHILDREN'S MINNESOTA TEAM COMPLETED 48 SCHOOL VISITS. STAFF HAVE ALSO STARTED OFFERING SCHOOL VISITS TO PATIENTS WHO HAVE EXPERIENCED A TRAUMA OR EXTENDED STAY IN OTHER CHILDREN'S MINNESOTA INPATIENT UNITS, KNOWING THAT THIS TRANSITION CAN BE ESPECIALLY CHALLENGING FOR FAMILIES AND PEERS.

REACH OUT AND READ: CHILDREN'S MINNESOTA HAS BEEN A LONG-TIME PARTICIPANT IN REACH OUT AND READ, A PROGRAM THAT TRAINS DOCTORS AND NURSES TO GIVE BOOKS TO CHILDREN AND GIVE DEVELOPMENTAL GUIDANCE TO PARENTS AND CAREGIVERS AT THEIR CHILDREN'S ROUTINE WELL-CHILD VISITS. IN 2024, 22,944 BOOKS WERE DISTRIBUTED AT WELL-CHILD VISITS.

STRUCTURAL RACISM & HEALTH DISPARITIES

EQUITY AND INCLUSION: 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, CHILDREN'S MINNESOTA CONTINUES TO PARTNER WITH COMMUNITY ORGANIZATIONS TO HELP PROVIDE A MORE CULTURALLY RESPONSIVE AND RESPECTFUL APPROACH TO HEALTH CARE.

SPECIFIC EQUITY PROGRAMS AND PARTNERSHIPS INCLUDE:

HEALTH EQUITY INDEX: IN 2024, CHILDREN'S MINNESOTA SUCCESSFULLY COMPLETED THE THREE-YEAR STRATEGIC PLAN FOR THE INDEX. SUSTAINABLE STRATEGIES WERE

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.

TESTED AND IMPLEMENTED IN SEVERAL CORE PEDIATRIC QUALITY METRICS TO IMPROVE CLINICAL OUTCOMES FOR ASTHMA, COMBO-10 VACCINES, AND PATIENT EXPERIENCE. COMMITTEES WERE ESTABLISHED WITHIN CLINICAL DIVISIONS TO SUPPORT THE NEW OPPORTUNITIES AND ENSURE THE WORK TO CLOSE THE GAP ON DISPARITIES CONTINUES.

VACCINE OUTREACH INITIATIVE: IN 2024 THE CHILDREN'S MINNESOTA HEALTH EQUITY TEAM IN PARTNERSHIP WITH THE CHILDREN'S MINNESOTA COLLECTIVE FOR COMMUNITY HEALTH, IN RESPONSE TO COMMUNITY REQUESTS, EXPANDED VACCINE OUTREACH TO INCLUDE ALL CHILDHOOD VACCINES FOR ELEMENTARY AGED CHILDREN. STATE AND LOCAL VACCINE DATA WAS ANALYZED TO DETERMINE WHICH SCHOOLS HAD THE LARGEST NUMBER OF UNVACCINATED OR UNDERVACCINATED STUDENTS. IN 2024, 119 VACCINES WERE ADMINISTERED INCLUDING MMR, POLIO, AND DTAP. CHILDREN'S MINNESOTA ALSO PROVIDED VACCINE EDUCATION AT COMMUNITY EVENTS.

COMMUNITY HEALTH INNOVATION FUND: LAUNCHED IN 2025, THE CHILDREN'S MINNESOTA COMMUNITY HEALTH INNOVATION FUND IS AN INNOVATIVE PARTNERSHIP WITH DELTA DENTAL OF MINNESOTA FOUNDATION, FOCUSED ON COMMUNITY-LED INITIATIVES TO REDUCE PEDIATRIC HEALTH DISPARITIES ACROSS PHYSICAL, DENTAL AND MENTAL HEALTH. THROUGH THE PROGRAM, CHILDREN'S MINNESOTA IS ABLE TO FINANCIALLY SUPPORT ORGANIZATIONS THAT WORK TO ADVANCE HEALTH EQUITY AND OTHER HEALTH PRIORITIES FOR CHILDREN AND FAMILIES IDENTIFIED IN THE ORGANIZATION'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT.

CHILDREN'S HEALTH CARE:

PART V, SECTION B, 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 11 CONTINUED 1:

FIRST GIFT: IN PARTNERSHIP WITH THE NATIVE AMERICAN COMMUNITY CLINIC (NACC), CHILDREN'S MINNESOTA CONTINUES TO SUPPORT THE FIRST GIFT PROGRAM WHICH HOSTS PARTICIPANTS WHO WANT TO LEARN TO MAKE BABY MOCCASINS, A TRADITIONAL "FIRST GIFT" FOR A NEW BABY. THESE MOCCASINS ARE DONATED AT THE NACC ANNUAL COMMUNITY BABY SHOWER.

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 SAFETY LEARNING REPORTS: UTILIZING AN EXISTING

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.

REPORTING PLATFORM CHILDREN'S MINNESOTA IS ABLE TO COLLECT, ANALYZE, AND TRACK EVENTS THAT RESULT IN EMOTIONAL HARM. THESE INCLUDE BUT ARE NOT LIMITED TO MICRO-AGGRESSIONS AGAINST PATIENTS AND STAFF, EVENTS RELATED TO IMPLICIT BIAS, AND OPPORTUNITIES TO IMPROVE HEALTH EQUITY. THE REPORTS ARE REVIEWED BY PATIENT EXPERIENCE COACHES AND HEALTH EQUITY COACHES IN COLLABORATION WITH A PATIENT SAFETY TEAM TO INITIATE REAL-TIME ROOT CAUSE ANALYSIS AND REMEDIATION.

REAL DATA: CHILDREN'S MINNESOTA ACKNOWLEDGES THAT ACCURATE DEMOGRAPHIC DATA IS FOUNDATIONAL TO UNDERSTANDING WHERE HEALTH DISPARITIES EXIST AND QUANTIFYING POTENTIAL IMPROVEMENT IMPACT. A NEW PROCESS FOR UPDATING AND ACQUIRING NEW PATIENT REAL DATA WAS SUCCESSFULLY IMPLEMENTED THROUGHOUT THE SYSTEM.

TALKING PEDIATRICS PODCAST - EQUITY ACTIONS: THE CHILDREN'S MINNESOTA TALKING PEDIATRICS PODCAST INCLUDES A SPECIFIC EQUITY ACTIONS SERIES HOSTED BY THE CHILDREN'S MINNESOTA CHIEF EQUITY AND INCLUSION OFFICER AND HEALTH EQUITY MANAGER. THE SERIES INCLUDES REGULAR INTERVIEWS WITH LEADERS FROM ACROSS THE COUNTRY TO DISCUSS ISSUES RELATED TO HEALTH EQUITY, WORKPLACE DIVERSITY AND CREATING INCLUSIVE ENVIRONMENTS.

LISTENING SESSIONS: THE EQUITY AND INCLUSION (E&I) TEAM IS WORKING CROSS-FUNCTIONALLY WITH HUMAN RESOURCES AND ORGANIZATIONAL LEARNING AND DEVELOPMENT TO CONDUCT LISTENING SESSIONS ACROSS CHILDREN'S MINNESOTA. THESE SESSIONS ARE DESIGNED TO GAIN A DEEPER UNDERSTANDING OF THE MEANINGFULNESS OF THE EMPLOYEE WORK EXPERIENCE IN CLINICAL AND NON-CLINICAL AREAS. THIS INFORMATION WILL BE UTILIZED TO IMPROVE RETENTION RATES FOR DIVERSE EMPLOYEES AND TO CONTINUE TO ADVANCE AN EQUITABLE, DIVERSE AND INCLUSIVE ORGANIZATION. SOME OF THE DEPARTMENTS THAT HAVE PARTICIPATED IN THESE SESSIONS: CVICU, PICU, HEART CLINIC AND SAFETY AND SECURITY

CLINICAL DEPARTMENT WORK: MANY OF THE DEPARTMENTS THAT PARTICIPATED IN LISTENING SESSIONS AND THE INTERCULTURAL DEVELOP INVENTORY (IDI) DECIDED TO PURSUE A JOURNEY INTO EQUITY AND INCLUSION AND PARTNER WITH THE E&I TEAM. THESE ARE LONG-TERM PROJECTS AIMED TO CREATE SUSTAINABILITY IN THE EQUITY AND INCLUSION EFFORTS. THE WORK INVOLVES WORKING WITH LEADERS TO DEVELOP EDUCATIONAL OPPORTUNITIES FOR STAFF AND LEADERS BUILD PERSPECTIVES AND SKILLS AROUND BIAS, INCLUSION, IMPACT OF MICROAGGRESSION, IDENTITY, THE DIFFERENCE BETWEEN EQUITY AND EQUALITY, THE PLATINUM RULE AND OTHER ASPECTS OF EQUITY AND INCLUSION.

IDI: THE INTERCULTURAL DEVELOPMENT INVENTORY IS BEING ADMINISTERED BY THE E&I TEAM TO VARIOUS AREAS OF CHILDREN'S MINNESOTA. THIS ASSESSMENT HELPS TO GAUGE WHERE A GROUP OF PEOPLE AS WELL AS INDIVIDUALS ARE IN NAVIGATING CULTURAL DIFFERENCES. THIS IDI IS ALSO BEING ADMINISTERED EXTERNALLY THROUGH THE CHILDREN'S HEALTH NETWORK TO INDIVIDUAL CLINICS AROUND THE TWIN CITIES.

THE INCLUSIVE LEADERSHIP COHORT PROGRAM IS STRATEGICALLY DESIGNED TO ENGAGE A DIVERSE GROUP OF LEADERS THROUGH A 12-MONTH IMMERSIVE EXPERIENCE. THE SECOND ITERATION OF THE SESSIONS THAT WERE FACILITATED BY SANKOFA LEADERSHIP NETWORK BEGINNING IN 2022 AND ENDED IN 2023, LAUNCHED AT THE END OF 2024. THE SECOND ITERATION INTEGRATES

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.

EXPERIENTIAL LEARNING, STRUCTURED REFLECTION, AND PEER ENGAGEMENT TO FOSTER INCLUSIVE LEADERSHIP COMPETENCIES. KEY STRATEGIES INCLUDE:

IMMERSION & REFLECTION CYCLES: LEADERS PARTICIPATE IN HANDS-ON LEARNING EXPERIENCES THAT ARE INTENTIONALLY SPACED WITH REFLECTION TOUCHPOINTS. THESE CYCLES ALLOW PARTICIPANTS TO INTERNALIZE INCLUSIVE PRACTICES, APPLY THEM IN REAL-TIME, AND RETURN WITH INSIGHTS THAT DEEPEN THEIR LEADERSHIP IMPACT.

MULTI-MODAL LEARNING APPROACHES: THE PROGRAM LEVERAGES A BLEND OF IN-PERSON SESSIONS, VIRTUAL ENGAGEMENTS, AND ASYNCHRONOUS RESOURCES TO MEET LEADERS WHERE THEY ARE ENSURING ACCESSIBILITY AND SUSTAINED ENGAGEMENT ACROSS DIFFERENT LEADERSHIP LEVELS AND LEARNING STYLES.

PEER LEARNING: COHORT MEMBERS ENGAGE IN FACILITATED PEER DISCUSSIONS AND COLLABORATIVE PROBLEM-SOLVING, CREATING A PSYCHOLOGICALLY SAFE SPACE TO EXPLORE CHALLENGES AND SHARE BEST PRACTICES IN INCLUSIVE LEADERSHIP.

TARGETED SUB-COHORTS FOR DEEPER IMPACT: WITHIN THE BROADER COHORT, THE INCLUSIVITY IN ACTION SUB-GROUP FOCUSES ON THE UNIQUE EXPERIENCES OF WOMEN LEADERS. THIS SUBSET RECEIVES EXTENDED, INTENTIONAL PROGRAMMING THAT ADDRESSES INTERSECTIONALITY, EQUITY AND INCLUSIVE DECISION-MAKING -- AMPLIFYING THEIR LEADERSHIP VOICE AND INFLUENCE.

LEADERSHIP ACCOUNTABILITY: THE PROGRAM INCORPORATES LEADERSHIP, SPONSORSHIP, AND ACCOUNTABILITY STRUCTURES, ENCOURAGING SENIOR LEADERS TO CHAMPION INCLUSIVITY AND MODEL BEHAVIORS THAT CASCADE THROUGHOUT THE ORGANIZATION.

DATA-INFORMED : ONGOING FEEDBACK AND ENGAGEMENT METRICS ARE USED TO TAILOR CONTENT AND DELIVERY, ENSURING RELEVANCE AND RESPONSIVENESS TO THE EVOLVING NEEDS OF THE COHORT.

EMPLOYEE RESOURCE GROUPS (ERGS): IT IS THE MISSION OF THE ERGS TO CREATE SOCIAL CONNECTIONS AND INCREASE AWARENESS AND APPRECIATION FOR MULTICULTURAL DIFFERENCES. ERG'S ALSO SERVE AS A BUSINESS AND PROFESSIONAL ADVISORY RESOURCE FOR CHILDREN'S MINNESOTA TO ADDRESS ISSUES OR OPPORTUNITIES. IN 2024, ERG MEMBERSHIP GREW AND 356 NEW MEMBERS WERE WELCOMED ACROSS ALL EIGHT ERGS. IN ADDITION TO REGULAR MEMBER ENGAGEMENT, IN 2024 THE ERGS AT CHILDREN'S MINNESOTA HOSTED 60+ EVENTS CENTERED AROUND CULTURAL CELEBRATION AND RECOGNITIONS. THESE EVENTS INCLUDE INTERNAL EVENTS WITH AN EMPLOYEE FOCUS, AS WELL AS EXTERNAL EVENTS WITH COMMUNITY PARTNERS. ADDITIONALLY, THE CHILDREN'S MINNESOTA EQUITY AND INCLUSION TEAM HOSTED ITS FIRST EVER ERG LEADERSHIP SUMMIT. THIS DYNAMIC EVENT BROUGHT TOGETHER ERG LEADERS FROM VARIOUS ORGANIZATIONS AND SECTORS ACROSS THE TWIN CITIES TO EMPOWER, EDUCATE, AND ENGAGE PARTICIPANTS, PROVIDING A PLATFORM FOR MEANINGFUL CONNECTIONS, INSIGHTFUL DISCUSSIONS, AND STRATEGIC DEVELOPMENT.

THESE ARE THE ERGS:

- ASIAN ERG
- BLACK EMPLOYEE EMPOWERMENT NETWORK (BEEN)
- DISABILITY ADVOCACY ERG

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.

- MILITARY AND VETERANS ERG
- MUSLIM ERG
- NURSES OF COLOR (NOC) ERG
- PEOPLE RESPECTING INDIVIDUAL DIFFERENCES EQUALLY (PRIDE) ERG
- VOCES ERG

ECONOMIC OPPORTUNITY AND INCOME

SUPPLIER DIVERSITY: THE CHILDREN'S MINNESOTA EQUITY AND INCLUSION (E&I) TEAM IS WORKING TO DEVELOP A SUSTAINABLE FRAMEWORK FOR SUPPLIER DIVERSITY. THIS WILL ENABLE CHILDREN'S MINNESOTA TO ENGAGE WITH DIVERSE-OWNED, COMMUNITY BUSINESS WITH MORE INTENTIONALITY WITH THE GOAL OF INCREASING SPENDING AND BUILDING PARTNERSHIPS WITH BUSINESSES THAT REPRESENT THE COMMUNITIES CHILDREN'S MINNESOTA SERVES. AN EXAMPLE OF THIS WORK INCLUDES PARTNERING WITH THE CHILDREN'S MINNESOTA MUSLIM EMPLOYEE RESOURCE GROUP ON THE ROLLOUT OF A PATIENT MODESTY GOWN WITH A SMALL MUSLIM-OWNED BUSINESS CALLED HENNA & HIJABS. THESE GOWNS WILL PROVIDE MORE COVERAGE FOR ALL PATIENTS AND CAN CONNECT TO AN OPTIONAL HIJAB. THESE GOWNS WERE MADE AVAILABLE TO PATIENTS STARTING IN LATE 2023. ADDITIONALLY, MORE DETAILED AND DISAGGREGATED DATA SETS ARE NOW ABLE TO BE USED TO PROVIDE A BETTER NARRATIVE ON THE STATE OF CHILDREN'S MINNESOTA'S SUPPORT OF DIVERSE BUSINESS. AS DATA PROCESS CONTINUES TO BE EXAMINED AND EVOLVE, IT IS THE HOPE THAT IDEA OF "SHOWING UP IN THE COMMUNITY" BECOMES STRONGER AND CONTINUALLY SUSTAINABLE THROUGH SUPPLIER DIVERSITY.

MENTAL HEALTH:

IN ADDITION TO THE EXPANSION OF ACUTE MENTAL HEALTH SERVICES TO INCLUDE 2 PARTIAL HOSPITALIZATION PROGRAMS (2021 AND 2023) AND A NEW INPATIENT MENTAL HEALTH UNIT (2022) CHILDREN'S MINNESOTA ALSO CONTINUES TO IMPLEMENT THE FOLLOWING PROGRAMS:

MIDWEST CHILDREN'S RESOURCE CENTER (MCRC): MCRC IS A HOSPITAL-BASED CHILD ADVOCACY CENTER AND SUBSPECIALTY CLINIC AT CHILDREN'S MN. MCRC PROVIDES NUMEROUS SERVICES AND PROGRAMS THAT ARE ALL AIMED AT IMPROVING OUTCOMES FOR OUR TARGET POPULATION OF CHILDREN WHO ARE SUSPECTED VICTIMS OF CHILD MALTREATMENT.

FORM 990, SCHEDULE H, PART V, LINE 11 CONTINUED 2:

A CORE SERVICE AT MCRC IS THE PROVISION OF CLINICAL SERVICES TO CHILDREN WHO HAVE SUFFERED MALTREATMENT. THIS INCLUDES SUBSPECIALTY MEDICAL EVALUATIONS AND TREATMENTS, PSYCHOLOGICAL ASSESSMENTS AND ONGOING TREATMENT, VICTIM ADVOCACY AND CASE MANAGEMENT. WE SERVE CHILDREN AND FAMILIES THROUGHOUT THE REGION. IN 2024, MCRC PERFORMED OVER 1047 MEDICAL VISITS FOR SUSPECTED ABUSE VICTIMS INCLUDING 756 NEW EVALUATIONS. MANY OF THESE CHILDREN AND FAMILIES ALSO RECEIVED ADVOCACY AND PSYCHOLOGICAL SERVICES.

OUR STRATEGIES FOR REACHING OUR TARGET POPULATION OF CHILDREN WHO ARE SUSPECTED VICTIMS OF CHILD MALTREATMENT OFTEN SERVE MULTIPLE PURPOSES. FIRST, WE MAKE OURSELVES AVAILABLE 24 HOURS A DAY TO ASSIST WITH QUESTIONS AND CONCERNS ABOUT CHILD MALTREATMENT. IN 2024, MCRC PROVIDED CONSULTATION ON OVER 900 CALLS FROM PARENTS, MEDICAL PROVIDERS AND

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 PROFESSIONALS FROM ACROSS THE STATE. SECOND, WE KNOW THAT ACHIEVING OPTIMAL OUTCOMES FOR MALTREATED CHILDREN REQUIRES CLOSE COLLABORATION WITH COMMUNITY PARTNERS IN LAW ENFORCEMENT, CHILD PROTECTION, ADVOCACY, MEDICINE, AND MENTAL HEALTH. WE PARTICIPATE IN FREQUENT MULTIDISCIPLINARY TEAM MEETINGS AND PROVIDE TRAINING TO MEDICAL AND NON-MEDICAL PROFESSIONALS WHO ARE LIKELY TO HAVE CONTACT WITH MALTREATED CHILDREN. THESE STRATEGIES ALLOW US INCREASED ACCESS TO OUR TARGET POPULATION AND IMPROVE THE OVERALL RESPONSE TO CHILD MALTREATMENT.

MCRC ALSO ADMINISTERS THE NATIONALLY RECOGNIZED RUNAWAY INTERVENTION PROGRAM (RIP) WHICH TARGETS RUNAWAY AND EXPLOITED YOUTH. RIP UTILIZES EXPERIENCED TRAUMA-FOCUSED THERAPISTS AND ADVANCED PRACTICE NURSES TO PROVIDE COMMUNITY-BASED MEDICAL AND MENTAL HEALTH CARE. EACH PARTICIPANT IN RIP RECEIVES AT LEAST ONE YEAR OF SERVICES. RIP HAS BEEN DEMONSTRATED TO DRAMATICALLY IMPROVE HEALTH OUTCOMES FOR THESE YOUTH INCLUDING DECREASED SEXUAL ACTIVITY, DECREASED PREGNANCY, INCREASED SAFER SEX PRACTICES, DECREASED ASSAULTS, DECREASED RUNAWAYS, INCREASED CONNECTION TO FAMILY AND SCHOOL AND DECREASED PTSD AND TRAUMA SYMPTOMS.

IN 2024 RIP PROVIDED INTENSIVE SERVICES TO 118 YOUTH.

MCRC ALSO ADMINISTERS THE FIRST STEPS PROGRAM WHICH IS A CHILD ABUSE PREVENTION PROGRAM THAT PROVIDES PARENTING AND SOCIAL SUPPORT TARGETED TO HIGH-NEED TEEN PARENT FAMILIES THAT DELIVER THEIR BABIES AT UNITED HOSPITAL IN ST PAUL. IN 2024, 140 FAMILIES WERE ACTIVE IN THE FIRST STEPS PROGRAM.

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. THIS ALLOWS US TO IMPROVE THE CARE THAT IS PROVIDED TO CHILDREN FAR BEYOND OUR DIRECT SERVICE AREA. FOR EXAMPLE, PARTICIPANTS IN OUR MEDICAL EDUCATION PROGRAM, MEDICAL TRAINING ACADEMY, SHOW A 30% INCREASE IN KNOWLEDGE RELATED TO THE MEDICAL CARE OF CHILD MALTREATMENT VICTIMS. IN 2024 MRCAC PROVIDED TRAINING TO OVER 3,300 INDIVIDUALS AND PROVIDED TECHNICAL ASSISTANCE TO OVER 1,300 ORGANIZATIONS ACROSS THE COUNTRY.

HEALTHYSTEPS: HEALTHYSTEPS IS A NATIONAL PROGRAM SUPPORTED BY ZERO TO THREE AS AN EVIDENCE-BASED MODEL OF INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE FOR VERY YOUNG PATIENTS (BIRTH TO THREE YEARS OLD). THE PROGRAM SUPPORTS THE RELATIONSHIP BETWEEN CAREGIVERS AND THEIR BABIES TO PROMOTE NURTURING, PARENTING, AND HEALTHY DEVELOPMENT. AN INFANT AND EARLY CHILDHOOD MENTAL HEALTH SPECIALIST, KNOWN AS A HEALTHYSTEPS SPECIALIST, CONNECTS WITH FAMILIES DURING WELL-CHILD VISITS AS PART OF THE PRIMARY CARE TEAM. THE HEALTHYSTEPS SPECIALIST BRINGS FOCUS TO THE IMPORTANT SKILLS NEEDED FOR FAMILIES TO FOSTER HEALTHY CHILD DEVELOPMENT AND LIFE-LONG WELL-BEING. AT PRACTICES WITH HEALTHYSTEPS, ALL CHILDREN AGES 0-3 AND THEIR FAMILIES RECEIVE A TIERED MODEL OF SERVICES, FROM UNIVERSAL SCREENING TO RISK-STRATIFIED SUPPORTS, INCLUDING CARE COORDINATION AND ONSITE INTERVENTION, AS NEEDED. A NATIONAL EVALUATION, INCLUDING A RANDOMIZED CONTROLLED TRIAL, AND SUBSEQUENT SITE-LEVEL EVALUATIONS OF HEALTHYSTEPS DEMONSTRATE POSITIVE OUTCOMES FOR CHILDREN, CAREGIVERS, THE CAREGIVER/CHILD RELATIONSHIP,

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.

AND THE PROVIDERS WHO SERVE THEM.

HEALTHYSTEPS' PRIORITY POPULATION IS BABIES AND TODDLERS AGED 0-3 WHO ARE INSURED THROUGH MEDICAID, THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP), TRICARE, OR ARE UNINSURED. A NATIONAL EVALUATION, INCLUDING A RANDOMIZED CONTROLLED TRIAL, AND SUBSEQUENT SITE-LEVEL EVALUATIONS OF HEALTHYSTEPS, DEMONSTRATE POSITIVE OUTCOMES FOR CHILDREN (E.G., IMPROVED WELL-CHILD VISIT AND IMMUNIZATION ADHERENCE), CAREGIVERS (E.G., IMPROVED MATERNAL DEPRESSION SCREENING RATES), THE CAREGIVER/CHILD RELATIONSHIP (E.G., DECREASED USE OF HARSH AND SEVERE DISCIPLINE) AND THE PROVIDERS WHO SERVE THEM (E.G., INCREASED PROVIDER SATISFACTION, INCLUDING A NEW SENSE OF EMOTIONAL SUPPORT AND REPORTED REDUCTIONS IN STRESS).

BASED ON GUIDANCE FROM NATIONAL HEALTHYSTEPS, THE CHILDREN'S MN PRIMARY CARE DEVELOPMENTAL SCREENING SUBCOMMITTEE SUPPORTED THE INTRODUCTION OF THE SURVEY OF WELL-BEING OF YOUNG CHILDREN (SWYC) DURING THIS REPORTING PERIOD (2024- 2025) TO ALL PRIMARY CARE CLINICS OF CHILDREN'S MINNESOTA. THE SWYC IS A COMPREHENSIVE SCREENING TOOL DESIGNED TO ASSESS THE DEVELOPMENT AND WELL-BEING OF CHILDREN UNDER THE AGE OF FIVE. THE SWYC IS USED BY HEALTHCARE PROFESSIONALS TO IDENTIFY POTENTIAL DEVELOPMENTAL OR BEHAVIORAL RISKS IN YOUNG CHILDREN. THE SWYC IS OFFERED TO ALL PATIENTS AND THEIR FAMILIES DURING ALL BIRTH TO 3-YEAR-OLD WELL CHILD VISITS. THIS INSTRUMENT PROVIDES INFORMATION TO IDENTIFY POTENTIAL FAMILIES WHO MAY BENEFIT FROM CONNECTING WITH THE HEALTHYSTEPS SPECIALIST.

HEALTHYSTEPS IS CURRENTLY OPERATING IN THE CHILDREN'S MINNESOTA PRIMARY CARE CLINIC IN MINNEAPOLIS AND SERVED 2,549 PATIENTS, BIRTH TO AGE 3, DURING THE 2024 - 2025 REPORTING PERIOD.

DURING THE 2024 - 2025 REPORTING PERIOD, THE HEALTHYSTEPS PROGRAM IN OUR MINNEAPOLIS CLINIC MET NATIONAL FIDELITY MEASURES FOR DEVELOPMENTAL, AUTISM, AND SOCIAL-EMOTIONAL SCREENINGS, AS WELL AS SCREENING FOR MATERNAL DEPRESSION AND ADDRESSING KEY NEEDS FOR FAMILIES.

AN ADDITIONAL OUTCOME MEASURE THAT IS USED TO EVALUATE THE IMPACT OF SERVICES IS A PROVIDER SATISFACTION SURVEY. THIS SURVEY IS COMPLETED ANNUALLY BY PRIMARY CARE PROVIDERS IN THE MINNEAPOLIS PRIMARY CARE CLINIC TO MEASURE IMPACT AS WELL AS AREAS FOR IMPROVEMENT. DURING THE 2024 - 2025 REPORTING PERIOD, THE SURVEY RESULTS DEMONSTRATED THAT 100% OF PROVIDERS REPORTED THAT ACCESS TO HEALTHYSTEPS HAS A POSITIVE IMPACT ON WELL-CHILD VISITS. ADDITIONALLY, 100% OF PROVIDERS SURVEYED INDICATED THAT HEALTHYSTEPS IMPROVES PATIENT EXPERIENCE, AND 100% OF PROVIDERS ALSO REPORTED THAT HEALTHYSTEPS HAS INCREASED THEIR WORK SATISFACTION. HERE ARE A FEW QUOTES FROM PCPS REGARDING HEALTHYSTEPS (AND OUR HEALTHYSTEPS SPECIALIST, KIM): "I HAD A PARENT STRUGGLING W/ THEIR CHILD'S BEHAVIOR AND KIM (FROM HS) WAS SUPER HELPFUL, I HAVE HAD SO MANY FAMILIES GIVE POSITIVE FEEDBACK AND ASK TO BE INVOLVED WITH FUTURE/YOUNGER CHILDREN , KIM IS SO HUGE FOR ANTICIPATING GUIDANCE, HIGHLIGHTING BRIGHT FUTURES PRINCIPLES, SUPPORTING STRUGGLING FAMILIES IN SO MANY WAYS."

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.

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COMMUNITY SAFETY

TRAUMA AND INJURY PREVENTION: THE CHILDREN'S MINNESOTA TRAUMA AND INJURY PREVENTION DEPARTMENT WORKS IN THE COMMUNITY TO PROVIDE INFORMATION AND EDUCATIONAL RESOURCES TO SUPPORT CAREGIVERS IN THEIR EFFORTS TO KEEP THEIR CHILDREN SAFE IN THEIR HOMES AND OTHER ENVIRONMENTS. ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO: CAR SEAT SAFETY CHECKS, BIKE SAFETY EDUCATION AND HELMET GIVEAWAYS AND THE DEVELOPMENT OF AN ANIMATED VIDEO SERIES THAT SEEKS TO ENGAGE ALL CULTURAL COMMUNITIES WITH INFORMATION ABOUT INJURY PREVENTION IN THE HOME AS WELL AS PARENTAL WELLNESS. IN 2024, THE TRAUMA AND INJURY PREVENTION TEAMWORK INCLUDED THE FOLLOWING:

- 564 HELMETS WERE DISTRIBUTED THROUGH PARTNERSHIPS WITH LAW ENFORCEMENT AGENCIES, HOSPITAL PARTNERS, BIKE SHOPS, AND CHILDREN'S CLINIC PARTNERS
- TARGETING ORGANIZATIONS REACHING CHILDREN IN COMMUNITIES WITH HIGH SOCIAL VULNERABILITY INDEX (SVI)
- ALSO REACHED 500 ADDITIONAL COMMUNITY MEMBERS WITH HEAD INJURY PREVENTION CONTENT IN COLLABORATION WITH CONCUSSION CLINIC
- 412 CAR SEATS CHECKED ACROSS 27 EVENTS AND UNIQUE 1:1 INTERACTIONS
- AS ONE OF THE STATE'S LEADING EXPERTS ON ADAPTIVE NEEDS TRANSPORTATION, DEX ASSISTED WITH 2 SAFE TRAVEL FOR ALL CHILDREN COURSES AND CONDUCTED 60 PHONE, EMAIL, AND IN-PERSON EVALUATIONS FOR FAMILIES AND PATIENTS SEEKING ADVICE ON SAFER TRANSPORTATION OPTIONS
- OUTREACH WORK REACHES LOWER INCOME FAMILIES WHO OTHERWISE DON'T HAVE RESOURCES TO ACCESS ADAPTIVE SEATING AND/OR CAN'T YET ACCESS FUNDING DUE TO DELAYS IN DIAGNOSTICS
- 108 NEW CPSTS WERE TRAINED THROUGH 5 HYBRID COURSES AND 6 IN-PERSON COURSES.
- PARTNERED WITH GREAT PLAINS TRIBAL LEADERS HEALTH BOARD TO DELIVER CAR SEAT EDUCATION AND DONATE CAR SEATS TO PARTICIPANTS FROM TRIBAL ORGANIZATIONS IN NORTH AND SOUTH DAKOTA.
- THROUGH A GRANT FROM THE MDEWAKANTON SIOUX TRIBE, WE DISTRIBUTED 306 CAR SEATS TO 12 DIFFERENT COMMUNITY PARTNERS SERVING FAMILIES IN AREAS OF HIGH SVI, INCLUDING MILLE LACS BAND OF OJIBWE, MISSION OUTPOST, LOCAL ECFE ORGANIZATIONS, DIVISION OF INDIAN WORK, NATIVE AMERICAN COMMUNITY CLINIC, BLOOMINGTON PD, INSPIRE CHANGE CLINIC SERVING EAST AFRICAN FAMILIES, AND PICA HEAD START.
- EDUCATION AND TRAINING WERE PROVIDED TO BUS DRIVERS, DAY CARE AND FOSTER CARE PROVIDERS, REHAB THERAPISTS, AND ECFE PARENT GROUPS
- OVER 40 COMMUNITY PARTNERS COLLABORATE WITH TRAUMA SERVICES TO PROVIDE INJURY PREVENTION EDUCATION AND RESOURCES IN THE COMMUNITY SETTING.

NEXT STEP: IN 2023 CHILDREN'S MINNESOTA WAS THE FIRST FREE-STANDING PEDIATRIC-FOCUSED HEALTH SYSTEM TO PARTNER WITH NEXT STEP, A HOSPITAL VIOLENCE INTERVENTION AND PREVENTION PROGRAM THAT AIMS TO INTERRUPT THE CYCLE OF RECURRENT VIOLENCE AND HELP INDIVIDUALS AVOID RE-INJURY AND FURTHER TRAUMA BY:

- CONNECTING SURVIVORS OF VIOLENT INJURY TO RESOURCES AND SUPPORT.
- PROVIDING BEDSIDE SUPPORT.

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.

-FACILITATING IN-HOSPITAL INTERVENTIONS.

-OFFERING CONTINUING SUPPORT AFTER PARTICIPANTS LEAVE THE HOSPITAL.

THE TARGET POPULATION FOR SERVICES ARE THOSE IMPACTED BY SHOOTINGS, STABBINGS OR ASSAULT. THE PROGRAM SERVES ALL AGES.

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 AND COLLABORATIVES, INCLUDING: THE MENTAL HEALTH LEGISLATIVE NETWORK, THE THIS IS MEDICAID COALITION, THE PRENATAL TO THREE COALITION, MINNESOTANS FOR A SMOKE FREE GENERATION, THE MINNESOTA BUSINESS COALITION FOR RACIAL EQUITY, THE GROUNDBREAK COALITION, THE BIRTH JUSTICE COLLABORATIVE AND LITTLE MOMENTS COUNT. THESE GROUPS ADDRESS A VARIETY OF HEALTH ISSUES IN THE COMMUNITY, INCLUDING MENTAL HEALTH, IMPROVED BIRTH OUTCOMES, ACCESS TO HEALTHY FOOD, EARLY CHILDHOOD DEVELOPMENT, ACCESS TO HEALTH CARE, MENTAL HEALTH, RACIAL EQUITY, ECONOMIC EQUITY, HOUSING, AND COMMUNITY HEALTH OVERALL.

ADDITIONALLY, CHILDREN'S MINNESOTA PARTICIPATES IN THE MINNESOTA HOSPITAL ASSOCIATION AND THE NATIONAL CHILDREN'S HOSPITAL ASSOCIATION - BOTH OF WHOM ARE FOCUSED ON IMPROVING THE HEALTH CARE DELIVERY SYSTEM AND ENHANCING BOTH QUALITY AND ACCESS TO CARE.

PATIENT, FAMILY AND COMMUNITY ENGAGEMENT

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 2024 FAP HAD A TOTAL OF 68 ACTIVE PATIENT FAMILY VOLUNTEERS THAT CONTRIBUTED A COMBINED TOTAL OF 1,484 VOLUNTEER HOURS. IN 2024 THE BIGGEST TARGET POPULATION FOR FAMILIES AS PARTNERS WAS THE NEONATAL COMMUNITY WITH THE DEVELOPMENT OF A NEONATAL CARE FAMILY EXPERIENCE TEAM.

YOUTH ADVISORY COUNCIL (YAC) -- THE YOUTH ADVISORY COUNCIL (YAC) AT CHILDREN'S MINNESOTA IS A DYNAMIC GROUP OF YOUNG PEOPLE WHO PROVIDE VALUABLE INSIGHT INTO THE PATIENT AND FAMILY EXPERIENCE. COMPRISED OF CURRENT AND FORMER PATIENTS AND SIBLINGS, YAC MEMBERS COLLABORATE WITH HOSPITAL STAFF TO IMPROVE CARE, COMMUNICATION, AND PROGRAMMING FROM A YOUTH PERSPECTIVE. THEIR VOICES HELP SHAPE POLICIES, DESIGN SPACES, AND DEVELOP INITIATIVES THAT ARE INCLUSIVE, RESPECTFUL, AND RESPONSIVE TO THE NEEDS OF CHILDREN AND TEENS. THROUGH REGULAR MEETINGS AND SPECIAL PROJECTS, THE COUNCIL EMPOWERS YOUTH TO BE ACTIVE PARTNERS IN CREATING A MORE COMPASSIONATE AND ENGAGING HEALTHCARE ENVIRONMENT. 13 YOUTH PARTICIPATED IN THE YOUTH ADVISORY COUNCIL IN 2024 AND THE MEMBERS VOLUNTEERED A COMBINED TOTAL OF 216 HOURS OF SERVICE.

COMMUNITY ADVISORY COUNCIL

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 MINNESOTA LAUNCHED THE COMMUNITY ADVISORY COUNCIL IN JUNE 2023 TO HELP ADVISE OUR STRATEGIES FOR HEALTH EQUITY AND COMMUNITY ENGAGEMENT. THE COUNCIL WORKS COLLABORATIVELY WITH CHILDREN'S MINNESOTA'S COLLECTIVE FOR COMMUNITY HEALTH TO ENSURE REPRESENTATION OF DIVERSE COMMUNITY VOICES.

AS PART OF OUR MISSION TO BE EVERY FAMILY'S PARTNER IN RAISING HEALTHIER KIDS, THE COUNCIL:

- REPRESENTS AND ADVOCATES FOR THE COMMUNITIES THAT CHILDREN'S MINNESOTA SERVES.
- ENGAGES WITH THE COMMUNITY, INCLUDING CHILDREN AND FAMILIES WHO USE OUR HEALTH SYSTEM TO UNDERSTAND THEIR NEEDS.
- SUPPORTS THE DESIGN OF PROGRAMS AND PROJECTS THAT POSITIVELY IMPACT COMMUNITY HEALTH, INCLUDING THE DEVELOPMENT OF THE CHILDREN'S MINNESOTA COMMUNITY HEALTH NEEDS ASSESSMENT AND THE COMMUNITY HEALTH INNOVATION FUND GRANT PROGRAM.
- ADVISES ON CHILDREN'S MINNESOTA INITIATIVES AND STRATEGIES.
- SUPPORTS CHILDREN'S MINNESOTA IN BUILDING PARTNERSHIPS AND COLLABORATIONS WITH COMMUNITY ORGANIZATIONS.

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

[HTTPS://WWW.CHILDRENSMN.ORG/YOUR-VISIT/AFTER-YOUR-VISIT/BILLING-AND-FINANCIAL-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-FINANCIAL-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-FINANCIAL-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 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, VIETNAMESE, ARABIC AND KAREN. 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.

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? 6

Name and address	Type of facility (describe)
1 CHILDREN'S CLINICS - WOODWINDS 628 BIELENBERG DR, STE 200 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	REHABILITATION CLINIC
4 CHILDREN'S - ROSEVILLE 1835 W. COUNTY RD. C ROSEVILLE, MN 55113	SPECIALTY AND REHABILITATION CLINIC
5 CHILDREN'S REHAB LAKEVILLE 18432 KENDRICK AVE LAKEVILLE, MN 55044	REHABILITATION CLINIC
6 CHILDREN'S SPECIALTY CLINIC 6060 CLEARWATER DRIVE, STE 100 MINNETONKA, MN 55343	SPECIALTY 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 FAP.
- 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 (for example, 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.

PART I, LINE 6A:

CHILDREN'S INCLUDES INFORMATION ON COMMUNITY BENEFIT EXPENDITURES IN THE ORGANIZATION'S ANNUAL REPORT. THE 2024 ANNUAL REPORT IS AVAILABLE ONLINE AT [HTTPS://WWW.CHILDRENSMN.ORG/ABOUT-US/ANNUAL-REPORT/](https://www.childrensmn.org/about-us/annual-report/).

PART I, LINE 7:

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: \$1,361,231

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: \$724,701

THE EATING DISORDERS CLINIC USES LEADING EVIDENCE-BASED TREATMENTS TO PATIENTS OF ALL AGES AND WITH ALL TYPES OF EATING DISORDERS. THE CENTER FOR THE TREATMENT OF EATING DISORDERS IS THE ONLY HOSPITAL-BASED PROGRAM IN THE TWIN CITIES TO OFFER IMMEDIATE ACCESS FOR MEDICAL STABILIZATION: \$548,159

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: \$116,691

Part VI Supplemental Information (Continuation)

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: \$496,553

HOME HEALTH CARE ALLOWS KIDS TO RECEIVE THESE SERVICES NOT AT A HOSPITAL BEDSIDE, BUT AT HOME WITH THEIR FAMILIES. EDUCATION IS ALSO A BIG PART OF A HOME CARE NURSES' ROLE AND THEY ARE ALWAYS AVAILABLE TO ANSWER ANY QUESTIONS OR PROVIDE ASSISTANCE: \$1,053,131

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: \$93,823

ST PAUL PRIMARY CARE CLINIC PROVIDES A WIDE VARIETY OF PRIMARY CARE SERVICES THAT KIDS NEED DURING A TYPICAL CHILDHOOD. AND, IF SOMETHING IS OUT OF THE ORDINARY, THEY CONNECT YOU TO THE REST OF THE SERVICES THROUGHOUT THE CHILDREN'S MINNESOTA SYSTEM: \$129,076

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: \$1,244,723

OUR PHARMACOGENOMICS TEAM EVALUATES PATIENTS WHO DO NOT RESPOND OR MAY HAVE ADVERSE SIDE EFFECTS TO MEDICATIONS. THEY IDENTIFY GENETIC CHANGES THAT IMPACT HOW CHILDREN RESPOND TO MEDICATION IN ORDER TO USE THEM MORE SAFELY AND EFFECTIVELY AND PERFORM SAFE CLINICAL TRIAL TO SEE HOW MUCH BETTER NEW TREATMENTS CAN BE: \$369,510

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: \$1,953,305

THE NEUROSURGERY CLINIC USES CUTTING EDGE SURGICAL TECHNIQUES AND TECHNOLOGY TO TREAT TUMORS, EPILEPSY AND OTHER BRAIN AND NERVOUS SYSTEM CONDITIONS. WE PERFORM HUNDREDS OF SURGERIES EACH YEAR ON BABIES, KIDS AND TEENS. THAT MAKES US ONE THE MOST EXPERIENCED PEDIATRIC NEUROSURGERY CENTERS ANYWHERE: \$1,953,305

THE RHEUMATOLOGY CLINIC USES ADVANCED TOOLS TO DIAGNOSE THESE COMPLEX CONDITIONS, ALLEVIATE PAIN AND RESTORE FUNCTION IN KIDS AND TEENS: \$57,813

PSYCHIATRIC SERVICES PROVIDES ASSESSMENT AND CONSULTATION TO CHILDREN. THEY CAN ALSO PRESCRIBE AND MANAGE MEDICATIONS USED TO TREAT EMOTIONAL AND BEHAVIORAL PROBLEMS: \$1,758,900

PSYCHOLOGICAL SERVICES MEETS WITH CHILDREN FOR OUTPATIENT THERAPY, PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL ASSESSMENTS, AND CONSULTATION TO OUTPATIENT AND INPATIENT MEDICAL SERVICE: \$1,808,447

OUR INFECTIOUS DISEASE PROGRAM HAS EXPERTISE WITH BACTERIAL, VIRAL, FUNGAL

Part VI Supplemental Information (Continuation)

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: \$841,375

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: \$487,380

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: \$181,859

THE SEDATION AND PROCEDURAL SERVICES (SPS) UNIT PROVIDES A BROAD RANGE OF SCHEDULED AND UNSCHEDULED SERVICES INCLUDING, NON-SURGICAL PROCEDURES, DIAGNOSTIC TESTING, MINIMAL, MODERATE, AND DEEP SEDATION, NURSE-ONLY VISITS, AND VASCULAR ACCESS SERVICES FOR THE HOSPITAL SITES. THE SPS UNITS ADMIT SCHEDULED AND UNSCHEDULED MEDICAL AND SURGICAL OBSERVATION STATUS PATIENTS AND CARE FOR INPATIENT OVERFLOW VOLUME IN TIMES OF HIGH CENSUS: \$2,410,211

PART II, COMMUNITY BUILDING ACTIVITIES:

CAREER READINESS:

ACHIEVE TWIN CITIES - 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 BE ATTENDING HIGHER EDUCATION INSTITUTIONS. THE PROGRAM AT CHILDREN'S FOCUSES ON IMMERSING AND INTEGRATING STUDENTS INTO THE HOSPITAL WORK ENVIRONMENT TO ASSIST WITH BUILDING SKILLS AND COMPETITIVE EMPLOYMENT IN HEALTHCARE. IN THE SUMMER OF 2024, CHILDREN'S MINNESOTA HOSTED 3 COLLEGE LEVEL INTERNS AND 2 HIGH SCHOOL LEVEL INTERNS.

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 WILL START USING THEIR EDUCATION TO BUILD A CAREER THAT MAKES A DIFFERENCE. IN THE SUMMER OF 2024, CHILDREN'S MINNESOTA HOSTED 5 COLLEGE LEVEL INTERNS.

CRISTO REY JESUIT HIGH SCHOOL: CHILDREN'S IS ONE OF THE PIONEER ORGANIZATIONS IN THE TWIN CITIES THAT IS INVOLVED IN THE CRISTO REY SCHOOL INITIATIVE. THIS PROGRAM PROVIDES COLLEGE PREPARATORY SCHOOLING TO INNER CITY MINORITY STUDENTS AS WELL AS TARGETED WORK-STUDY OPPORTUNITIES. CHILDREN'S 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 THE MINORITY TALENT POOL WHILE ALLOWING STUDENTS TO EARN A PORTION OF THE COST OF THEIR EDUCATION. IN THE 2024-2025 ACADEMIC YEAR, CHILDREN'S MINNESOTA HOSTED 6 STUDENT INTERNS.

Part VI Supplemental Information (Continuation)

PROJECT SEARCH: CHILDREN'S MINNESOTA PARTNERED WITH THE MINNEAPOLIS PUBLIC SCHOOLS TRANSITIONS PLUS PROGRAM TO LAUNCH PROJECT SEARCH IN 2011. CHILDREN'S MINNESOTA WAS ONE OF THE FIRST HEALTHCARE ORGANIZATIONS 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 ACQUIRING 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 ACCOMMODATION, ADAPTATIONS, AND ON-THE-JOB COACHING VIA MINNEAPOLIS SCHOOL EMPLOYEES. IN 2024-2025 ACADEMIC YEAR, CHILDREN'S MINNESOTA HOSTED 5 INTERNS FROM PROJECT SEARCH.

PROJECT FOR PRIDE IN LIVING (PPL): PPL HELPS LOW-INCOME PEOPLE ACHIEVE SELF-SUFFICIENCY THROUGH HOUSING, EMPLOYMENT TRAINING, SUPPORT SERVICES AND EDUCATION. IN 2024, CHILDREN'S MINNESOTA PARTNERED WITH PPL ON THEIR PHLEBOTOMY PROGRAM AND MET TO DISCUSS FUTURE SCHOLARSHIP OPPORTUNITIES.

RIGHT TRACK: 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 THE SUMMER OF 2024, CHILDREN'S MINNESOTA HOSTED 3 RIGHT TRACK HIGH SCHOOL INTERNS.

WALLIN EDUCATION PARTNERS/UPTURNS: WALLIN EDUCATION PARTNERS WORKS WITH STUDENTS TO PROVIDE FINANCIAL AID, ADVISING, AND ACCESS TO COMMUNITY AND CAREER OPPORTUNITIES. IN THE SUMMER OF 2024 CHILDREN'S MINNESOTA HOSTED 6 COLLEGE LEVEL INTERNS.

YWCA GIRLS INC. EUREKA!: GIRLS INC. EUREKA! IS A TRANSFORMATIVE FIVE-YEAR SUMMER AND SCHOOL YEAR PROGRAM FOR 8TH-12TH GRADE YOUTH INTERESTED IN STEM TO EXPLORE CAREERS, BUILD LIFELONG RELATIONSHIPS, AND PREPARE FOR POST-SECONDARY SUCCESS. IN THE SUMMER OF 2024, CHILDREN'S MINNESOTA HOSTED 1 EUREKA! INTERN.

UNIVERSITY OF MINNESOTA PRESIDENTS EMERGING SCHOLARS: PES IS A COMPREHENSIVE COLLECTION OF PROGRAMS AND SERVICES THAT SUPPORT HIGH-ACHIEVING FIRST-GENERATION AND LOW-INCOME COLLEGE STUDENTS IN THEIR PURSUIT OF A BACHELOR'S DEGREE. IN THE SUMMER OF 2024, CHILDREN'S MINNESOTA HOSTED 1 PES INTERN.

HOPE SCHOOL ACADEMY: HOPE ACADEMY LIVES A COUPLE OF BLOCKS AWAY FROM OUR MINNEAPOLIS CAMPUS, HAS 84% STUDENTS OF COLOR K-12, AND IS AN AFFORDABLE CHRISTIAN ACADEMY SERVING FAMILIES IN MINNEAPOLIS. IN THE SUMMER OF 2024, CHILDREN'S MINNESOTA HOSTED 1 HOPE SCHOOL INTERN.

THE LADDER FOR AMERICA: THE LADDER PROVIDES A STRUCTURED ENVIRONMENT OF SERVICE, MENTORING, AND LEADERSHIP DEVELOPMENT WITH MEMBERS FROM THE 4TH GRADE THROUGH HIGH SCHOOL AND PRACTICING PHYSICIANS, NURSES, AND OTHER HEALTHCARE, MEDICAL, AND STEM PROFESSIONALS. IN THE SUMMER OF 2024, CHILDREN'S MINNESOTA HOSTED 1 LADDER INTERN.

Part VI Supplemental Information (Continuation)

INTERNATIONAL INSTITUTE OF MINNESOTA (IIMN): IIMN HELPS NEW AMERICANS ACHIEVE SELF-SUFFICIENCY AND FULL MEMBERSHIP IN AMERICAN LIFE. CHILDREN'S MINNESOTA HAS BEEN PARTNERING WITH IIMN SINCE 2021 AND CONSULTS WITH THE INTERNATIONAL INSTITUTE OF MINNESOTA ON HIGH NEEDS AREAS, HOSTS INFORMATION SESSIONS, MOCK INTERVIEWS, AND PROVIDES EMPLOYMENT ASSISTANCE AND SITE VISITS FOR NURSING ASSISTANT, HOUSEKEEPING, DIETARY, AND RN STUDENTS. IN 2024, CHILDREN'S MINNESOTA PARTICIPATED IN 1 EVENT AND HIRED 5 STUDENTS FROM IIMN INTO DIETARY AIDE AND HOUSEKEEPING (ENVIRONMENTAL SUPPORT ASSOCIATE) ROLES.

SUMMIT ACADEMY OIC: IN SEPTEMBER 2021 CHILDREN'S MINNESOTA BEGAN WORKING WITH THE SUMMIT ACADEMY PROGRAM WHICH OFFERS TRAINING FOR IN-DEMAND CAREERS, INCLUDING HEALTHCARE. CHILDREN'S MINNESOTA PARTICIPATES IN INFORMATION SESSIONS, MOCK INTERVIEWS, AND CAREER FAIRS WHILE ALSO PROVIDING EMPLOYMENT ASSISTANCE. IN 2024, CHILDREN'S MINNESOTA PARTICIPATED IN 11 EVENTS AND HIRED ONE SAOIC PARTICIPANT INTO A DIETARY AIDE ROLE.

LUTHERAN SOCIAL SERVICES: LSS PROVIDES EMPLOYMENT SERVICES TO HELP DEVELOP A CAREER ACTION PLAN, BUILD JOB AND INTERVIEW SKILLS, AND FIND THE RIGHT POSITION FOR ITS PARTICIPANTS. IN 2023, CHILDREN'S MINNESOTA HIRED 1 PARTICIPANT INTO A DIETARY AIDE ROLE.

CAPI: CAPI CONNECTS IMMIGRANTS, REFUGEES, AND US-BORN PERSONS OF COLOR WITH RESOURCES THEY NEED TO THRIVE. CHILDREN'S MINNESOTA WORKS WITH CAPI ON THEIR NURSING ASSISTANT TRAINING BY OFFERING INFO SESSIONS, MOCK INTERVIEWS, AND JOB ASSISTANCE FOR REFERRALS.

CLUES: CLUES ADVANCES SOCIAL AND ECONOMIC EQUITY AND WELLBEING FOR LATINOS. CHILDREN'S MINNESOTA WORKS WITH CLUES NURSING ASSISTANT, HEALTHCARE TECH, AND PHLEBOTOMY TRAINING BY GOING TO THEIR EVENTS, MOCK INTERVIEWING, INFO SESSIONS, AND OFFERING JOB ASSISTANCE. IN 2024, WE ATTENDED A PHLEBOTOMY MOCK INTERVIEW EVENT.

HIRED: HIRED SUPPORTS PARTICIPANTS WITH RESOURCES AND CONNECTS THEM TO THE RIGHT TRAINING TO BUILD SUSTAINABLE CAREERS. CHILDREN'S MINNESOTA PARTNERS WITH THEM ON THEIR MEDICAL CALL CENTER AND OFFICE ADMIN TRAINING BY DOING INFORMATION SESSIONS AND EMPLOYMENT ASSISTANCE. IN 2024, CHILDREN'S MINNESOTA ATTENDED 6 EVENTS AND WAS ABLE TO HIRE 7 PARTICIPANTS INTO CLINICAL SUPPORT ASSOCIATE AND MEDICAL ADMINISTRATIVE ROLES.

HMONG AMERICA PARTNERSHIP: HAP EMPOWERS THE COMMUNITY WITH CULTURALLY SENSITIVE SOCIAL SERVICES, PROMOTING THE RICH HERITAGE OF ETHNIC COMMUNITIES, AND OFFERING HOUSING AND ECONOMIC DEVELOPMENT OPPORTUNITIES. CHILDREN'S MINNESOTA PARTNERS WITH THEM ON THEIR NURSING ASSISTANT TRAINING PROGRAM AND THEIR JOB FAIRS. IN 2024, CHILDREN'S MINNESOTA WAS ABLE TO ATTEND 2 JOB FAIRS.

TWIN CITIES RISE: TCR TRANSFORMS THE LIVES OF THOSE IMPACTED BY RACIAL OR SOCIO-ECONOMIC BARRIERS THROUGH PERSONAL EMPOWERMENT, CAREER TRAINING, AND MEANINGFUL EMPLOYMENT. CHILDREN'S MINNESOTA PARTNERS WITH THEM ON INFORMATION SESSIONS, MOCK INTERVIEWING, AND JOB FAIRS. IN 2024, CHILDREN'S MINNESOTA WAS ABLE TO ATTEND 1 EVENT AND WAS ABLE TO HIRE 2 PEOPLE INTO HOUSEKEEPING (ENVIRONMENTAL SUPPORT ASSOCIATE) ROLES.

Part VI Supplemental Information (Continuation)

JOB CORPS: JOB CORPS PROVIDES FREE CAREER TRAINING AND EDUCATION FOR 16 THROUGH 24-YEAR-OLDS TO BEGIN A CAREER OR ADVANCE HIGHER EDUCATION. CHILDREN'S MINNESOTA PARTNERS WITH THEM ON THEIR JOB FAIRS AND GENERAL EMPLOYMENT ASSISTANCE. IN 2024, CHILDREN'S MINNESOTA ATTENDED 1 JOB FAIR AND WAS ABLE TO HIRE 1 PERSON INTO A HOUSEKEEPING (ESA) ROLE.

AMERICAN INDIAN OIC: AIOIC EMPOWERS AMERICAN INDIANS WHO WISH TO PURSUE CAREER OPPORTUNITIES, PROVIDING INDIVIDUALIZED EDUCATION, TRAINING, AND HUMAN SERVICES IN A CULTURALLY RICH ENVIRONMENT. IN 2024, CHILDREN'S MINNESOTA ATTENDED 2 JOB FAIRS.

PART III, LINE 2:

BAD DEBT IS DEFINED AS THE UNPAID OBLIGATION FOR CARE PROVIDED TO PATIENTS WHO HAVE BEEN DETERMINED TO BE ABLE TO PAY, BUT HAVE NOT DEMONSTRATED A WILLINGNESS TO PAY. THE AMOUNTS ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY ARE DETERMINED BY A PATIENT'S WILLINGNESS TO PAY WITH A DOCUMENTED INABILITY TO PAY PER MEASURES ESTABLISHED BY OUR POLICY. BAD DEBT IS ESTIMATED BY APPLYING THE RATIO OF PATIENT CARE COST TO CHARGES, AS CALCULATED ON FORM 990, SCHEDULE H, WORKSHEET 2, TO THE ACTUAL PATIENT CHARGES.

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, COMMUNITY BUILDING ACTIVITIES CONTINUED:

AVIVO: AVIVO WORKS TO END HOMELESSNESS, PROVIDES EDUCATION, TRAINING, SUPPORTS RECOVERY AND MENTAL HEALTH, AND PREPARES PEOPLE FOR EMPLOYMENT AND SUCCESS. IN 2024, CHILDREN'S MINNESOTA ATTENDED 1 JOB FAIR.

JUNIOR ACHIEVEMENT NORTH: JA NORTH PREPARES YOUNG PEOPLE WITH THE SKILLSET AND MINDSET TO BUILD THRIVING COMMUNITIES THROUGH EXPERIENTIAL LEARNING FOCUSED ON FINANCIAL LITERACY, CAREER READINESS, AND ENTREPRENEURSHIP. IN 2024, CHILDREN'S MINNESOTA PARTNERED WITH JA NORTH TO PROVIDE A SHADOWING DAY FOR CENTURY HIGH SCHOOL STUDENTS IN WHICH WE HAD STATIONS TO LEARN ABOUT VARIOUS HEALTHCARE CAREERS, OFFERED TOUR, LUNCH AND SPEAKERS. WE ALSO PROVIDED GUEST SPEAKERS TO ROSEVILLE HIGH SCHOOL AND PROVIDED A RESPIRATORY THERAPY DEMO AND LAB SPEAKER FOR THEIR CO LAB.

FOURBLOCK: FOURBLOCK IS DEDICATED TO SUPPORTING RETURNING SERVICE MEMBERS IN THEIR TRANSITION FROM MILITARY SERVICE TO MEANINGFUL CIVILIAN CAREERS. IN 2024 CHILDREN'S MINNESOTA HOSTED 2 INTERVIEWING SUCCESSFULLY EVENTS IN WHICH WE PRESENTED ON BEHALF OF CHILDREN'S AND INVITED OUR OWN VETERAN/MILITARY EMPLOYEES TO MOCK INTERVIEW THEIR PARTICIPANTS.

VA HEALTHCARE: THE VA IN MINNEAPOLIS IS DEDICATED TO IMPROVING THE LIVES OF VETERANS AND THEIR FAMILIES. WE WORK WITH THEIR REHAB TEAM TO EMPLOY VETERANS IN SEARCH OF JOBS. IN 2024, CHILDREN'S MINNESOTA ATTENDED 3 JOB FAIRS, AND HIRED 3 PEOPLE AS A RESULT OF THAT.

Part VI Supplemental Information (Continuation)

BEYOND THE YELLOW RIBBON: BTYR EXISTS TO ESTABLISH AND SUSTAIN A COMPREHENSIVE COMMUNITY AND CORPORATE SUPPORT NETWORK THAT CONNECTS AND COORDINATES AGENCIES, ORGS, AND RESOURCES TO MEET THE NEEDS OF MN'S MILITARY VETERANS, SERVICE MEMBERS, AND FAMILIES IN ALL MILITARY BRANCHES. IN FALL OF 2024, CHILDREN'S MINNESOTA BECAME A BTYR ORGANIZATION AND CONTINUALLY PARTNERS WITH BTYR TO MAINTAIN COMPLIANCE, SUBMIT REPORTS, AND ADVISE ON VETERAN/MILITARY HIRING AND EMPLOYMENT POLICIES.

SPRING LAKE PARK OPPORTUNITIES IN EMERGENCY CARE: SPRING LAKE PARK HIGH SCHOOL HAS AN AWARD-WINNING MEDICAL EDUCATION PROGRAM FOR EMERGENCY MEDICAL SERVICES. STUDENTS LEARN BASIC FIRST AID OR BECOME FULLY PREPARED FOR CAREERS LIKE EMT. IN SPRING 2024, CHILDREN'S MINNESOTA HOSTED THE EMT CLASS FOR A TOUR OF THE ED AND HOSPITAL, AND WERE ABLE TO SPEAK TO NURSING SUPERVISORS AND EMTS AT CHILDREN'S ABOUT A DAY IN THE LIFE HERE.

HOSA: HOSA IS AN INTERNATIONAL STUDENT-LED ORGANIZATION RECOGNIZED BY THE U.S. DEPARTMENT OF EDUCATION AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. HOSA FUTURE HEALTH PROFESSIONALS IS AN ORGANIZATION THAT STUDENTS IN MIDDLE SCHOOL, HIGH SCHOOL, OR COLLEGE CAN JOIN TO GAIN VOLUNTEER AND LEADERSHIP OPPORTUNITIES, COMPETE AND EARN RECOGNITION FOR THEIR ACHIEVEMENTS, AND LEARN IF A CAREER IN HEALTHCARE IS RIGHT FOR THEM. IN 2024, CHILDREN'S MINNESOTA ATTENDED 4 EVENTS INCLUDING JOB SEEKING SKILLS JUDGING, LEADERSHIP CONFERENCE, AND CAREERS INFO SESSION.

SCRUBS CAMP: THE GOAL OF SCRUBS CAMP HAS BEEN TO GET STUDENTS EXCITED AND INTERESTED IN PURSUING A CAREER IN THE HEALTH SCIENCES, AND TO GO BACK HOME MOTIVATED AND FOCUSED ABOUT WHAT THEY CAN DO IN MIDDLE AND HIGH SCHOOL TO PREPARE FOR THAT POTENTIAL CAREER. IN 2024, CHILDREN'S MINNESOTA HELPED WITH TWO EVENTS FOR CPR AND RESPIRATORY DEMONSTRATIONS AT TWO DIFFERENT CAMPS.

MINNESOTA DUAL TRAINING GRANT PIPELINE: IN 2024 CHILDREN'S MN WAS AWARDED THE DUAL TRAINING GRANT ROUND #13 IN WHICH WE PROVIDE PAID ON-THE-JOB TRAINING IN ADDITION TO TUITION SUPPORT UP TO \$8,000 FOR THE FOLLOWING ROLES AND PROGRAMS:

- ANOKA TECHNICAL COLLEGE - TRAINEES WORKING IN CLINIC ASSISTANT ROLE WHILE ATTENDING THE MEDICAL ASSISTANT PROGRAM.
- RASMUSSEN UNIVERSITY - TRAINEES WORKING IN STERILE TECHNICIAN ROLE WHILE ATTENDING THE SURGICAL TECHNOLOGIST PROGRAM.
- CENTURY COLLEGE - TRAINEES WORKING IN CLINIC ASSISTANT ROLE WHILE ATTENDING THE MEDICAL ASSISTANT PROGRAM.

TUITION DISCOUNT PARTNERSHIPS: IN 2024 CHILDREN'S MN SECURED 1 MORE CORPORATE AGREEMENT TO MAKE A TOTAL OF 8 PARTNERSHIPS WITH THE FOLLOWING UNIVERSITIES GIVING OUR EMPLOYEES TUITION DISCOUNT AND SCHOLARSHIPS FOR FURTHERING THEIR EDUCATION:

- NEW - BETHEL UNIVERSITY
- CONCORDIA UNIVERSITY ST. PAUL
- AUGSBURG UNIVERSITY
- HERZING UNIVERSITY
- CROWN COLLEGE UNIVERSITY
- ST. CATHERINE UNIVERSITY

Part VI Supplemental Information (Continuation)

- RASMUSSEN UNIVERSITY
- NORTHWESTERN HEALTH SCIENCES UNIVERSITY

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 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:

UNREIMBURSED MA: ACTUAL MEDICAID REIMBURSEMENT RATE FOR FY 2024 LESS ACTUAL PAYMENTS RECEIVED, MN CARE PROVIDER TAX, MA SURCHARGE AND COSTS DERIVED VIA A COST ACCOUNTING METHODOLOGY THAT ALLOCATES OVERHEAD TO OPERATING DEPARTMENTS. FOR 2024, THE REMAINING COVID RELIEF GRANTS NOT COUNTED IN OTHER CATEGORIES WERE APPLIED AS DIRECT OFFSETTING REVENUE.

COMMUNITY HEALTH IMPROVEMENT SERVICES: A COST ACCOUNTING METHODOLOGY THAT ALLOCATES OVERHEAD TO OPERATING DEPARTMENTS AND REMOVES DIRECT COMMUNITY BENEFITS COSTS ACCOUNTED FOR IN OTHER PORTION OF THE SCHEDULE TO ENSURE WE DO NOT DOUBLE COUNT LESS DIRECT OFFSETTING REVENUE. THIS METHODOLOGY ADDRESSES ALL PATIENT SEGMENTS AND IS A DIFFERENT METHODOLOGY THAN USED IN WORKSHEET 2.

COMMUNITY BENEFIT OPERATIONS: ACTUAL AND ESTIMATED COSTS INCURRED FOR SUPPORTING CHNA AND COMMUNITY BENEFITS OPERATIONS INCLUDING EXTERNAL COSTS, INTERNAL DEPARTMENT TIME, AND A PERCENTAGE OF FOUNDATION SUPPORT COSTS BASED ON ACTUAL COMMUNITY BENEFIT REVENUE ACTIVITIES.

HEALTH PROFESSIONS EDUCATION: A COST ACCOUNTING METHODOLOGY THAT ALLOCATES OVERHEAD TO OPERATING DEPARTMENTS AND REMOVES DIRECT COMMUNITY BENEFITS COSTS ACCOUNTED FOR IN OTHER PORTION OF THE SCHEDULE TO ENSURE WE DO NOT DOUBLE COUNT LESS DIRECT OFFSETTING REVENUE. THIS METHODOLOGY ADDRESSES ALL PATIENT SEGMENTS AND IS A DIFFERENT METHODOLOGY THAN USED IN WORKSHEET 2.

SUBSIDIZED HEALTH SERVICES: A COST ACCOUNTING METHODOLOGY THAT ALLOCATES OVERHEAD TO OPERATING DEPARTMENTS AND REMOVES DIRECT COMMUNITY BENEFITS

Part VI Supplemental Information (Continuation)

COSTS ACCOUNTED FOR IN OTHER PORTION OF THE SCHEDULE TO ENSURE WE DO NOT DOUBLE COUNT LESS DIRECT OFFSETTING REVENUE. THIS METHODOLOGY ADDRESSES ALL PATIENT SEGMENTS AND IS A DIFFERENT METHODOLOGY THAN USED IN WORKSHEET 2. FOR 2024, THE REMAINING COVID RELIEF GRANTS NOT COUNTED IN OTHER CATEGORIES WERE APPLIED AS DIRECT OFFSETTING REVENUE.

RESEARCH: A COST ACCOUNTING METHODOLOGY IS THAT ALLOCATES OVERHEAD TO OPERATING DEPARTMENTS AND REMOVES DIRECT COMMUNITY BENEFITS COSTS ACCOUNTED FOR IN OTHER PORTION OF THE SCHEDULE TO ENSURE WE DO NOT DOUBLE COUNT LESS DIRECT OFFSETTING REVENUE. THIS METHODOLOGY ADDRESSES ALL PATIENT SEGMENTS AND IS A DIFFERENT METHODOLOGY THAN USED IN WORKSHEET 2.

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:

WHEN COLLECTING MEDICAL DEBT, CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA TREATS ITS PATIENT FAMILIES WITH HONOR, DIGNITY, AND RESPECT; DEMONSTRATES COMPASSION; AND ARE GOOD STEWARDS OF HEALTH CARE RESOURCES. THERE IS A ZERO TOLERANCE FOR ABUSIVE, HARASSING, OPPRESSIVE, FALSE, DECEPTIVE, OR MISLEADING LANGUAGE OR COLLECTIONS CONDUCT BY CHILDREN'S EMPLOYEES AND CONTRACTORS WHO COLLECT MEDICAL DEBT FROM PATIENT FAMILIES. THIS POLICY APPLIES BROADLY TO ALL PATIENT FAMILIES WE SERVE.

COMPONENTS OF CHILDREN'S COLLECTION POLICY INCLUDE: DURING THE PRE-REGISTRATION, REGISTRATION, OR ADMISSION PROCESS, CHILDREN'S ATTEMPTS TO IDENTIFY AND INFORM PATIENT FAMILIES WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE OR DISCOUNTED CARE THROUGH THE UNINSURED DISCOUNT OR FINANCIAL ASSISTANCE POLICY. IN ADDITION, ALL FAMILIES ARE PROVIDED WITH A PLAIN LANGUAGE SUMMARY OF OUR FINANCIAL ASSISTANCE POLICY AT REGISTRATION. INFORMATION ON OUR FINANCIAL ASSISTANCE POLICY IS POSTED IN EACH CLINIC AND REGISTRATION AREA, OUR WELCOME CENTER AND ON OUR WEBSITE.

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

A COPY OF THE FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY IS INCLUDED ON THE BACK OF EACH HOSPITAL PATIENT STATEMENT EXPLAINING THE PROCESS AND PHONE NUMBERS TO CONTACT FOR QUESTIONS FOR OBTAINING FINANCIAL ASSISTANCE FOR ALL PATIENT FAMILIES THE LOCATION ON CHILDREN'S WEB SITE WHERE THE POLICIES AND APPLICATIONS RESIDE IS ALSO REFERENCED. IF A PATIENT FAMILY INDICATES THE NEED FOR FINANCIAL ASSISTANCE DURING THE REGISTRATION PROCESS OR THROUGHOUT THE COLLECTION PROCESS, FINANCIAL ASSISTANCE INFORMATION IS PROVIDED TO THE FAMILY BY STAFF. ALL PATIENTS WHO ARE REGISTERED AS SELF PAY ARE OFFERED THE FINANCIAL ASSISTANCE INFORMATION AT THE TIME OF REGISTRATION.

ALL CORRESPONDENCE SEEKING COLLECTION OF MEDICAL DEBTS CONTAIN A REFERENCE

Part VI Supplemental Information (Continuation)

TO THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THE FINAL NOTICE PRIOR TO BAD DEBT PLACEMENT INCLUDE THE REQUIRED LANGUAGE RELATED TO EXTRAORDINARY COLLECTION EFFORTS.

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

PART VI, LINE 2:

IN 2022, CHILDREN'S MINNESOTA COMPLETED ITS FOURTH 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 EXECUTIVE COMMITTEE OF THE CHILDREN'S MINNESOTA BOARD OF DIRECTORS. THE COMPLETE DOCUMENTS ARE AVAILABLE TO THE PUBLIC AT COMMUNITY HEALTH NEEDS ASSESSMENT | CHILDREN'S MINNESOTA (CHILDRENSMN.ORG)

IN CONDUCTING THE ASSESSMENT, CHILDREN'S MINNESOTA 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 MINNESOTA 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 MINNESOTA PROVIDES TO THE LOCAL COMMUNITY.

B. CHILDREN'S MINNESOTA EMPLOYED PHYSICIANS, INDEPENDENT PHYSICIANS WHO PROVIDE CARE AT CHILDREN'S, AND NUMEROUS CLINICAL CARE PROVIDERS ASSESS COMMUNITY NEEDS DAILY THROUGH THE PEDIATRIC CARE PROVIDED THROUGHOUT THE COMMUNITY.

C. COMMUNITY PARTNERSHIPS/RELATIONSHIPS: THE CHILDREN'S MINNESOTA COLLECTIVE FOR COMMUNITY HEALTH, EQUITY AND INCLUSION DEPARTMENT, HEALTH EQUITY TEAM AND OTHERS CONTINUE TO DEVELOP 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. CHILDREN'S MINNESOTA ALSO ENGAGES IN LOCAL AND STATE GOVERNMENT-DRIVEN INITIATIVES AROUND CHILD HEALTH ISSUES. THROUGH THESE PARTNERSHIPS CHILDREN'S MINNESOTA GAINS INSIGHT AND SUPPORTS PROGRESS ON A NUMBER OF KEY ISSUES IMPACTING CHILDREN, INCLUDING: MENTAL HEALTH, ACCESS TO HEALTH CARE, HEALTH AND RACIAL EQUITY, COMMUNITY SAFETY AND OTHER SOCIAL CONDITIONS THAT IMPACT HEALTH.

D. THE FAMILIES AS PARTNERS (FAP) PROGRAM: THE CHILDREN'S MINNESOTA FAP PROGRAM PROMOTES, COORDINATES, AND SUPPORTS PATIENT FAMILY ENGAGEMENT THROUGHOUT THE ORGANIZATION. THE PATHWAYS TO GET INVOLVED INCLUDE THE

Part VI Supplemental Information (Continuation)

FAMILY-TO- FAMILY PROGRAM, FAMILY ADVISORY COUNCIL, FAMILY ADVOCATES, FAMILY ADVISORS, FAMILIES AS FACULTY AND FAMILY SPEAKER'S BUREAU.

-FAMILY-TO-FAMILY PROGRAM - CHILDREN'S MINNESOTA PATIENT FAMILIES THAT MENTOR AND SUPPORT OTHER HOSPITALIZED PATIENTS AND FAMILIES

-FAMILY ADVISORY COUNCIL (FAC) - A DIVERSE GROUP OF FAMILIES WHO COLLABORATE WITH STAFF TO ENHANCE THE PATIENT AND FAMILY EXPERIENCE

-FAMILY ADVOCATES - PATIENT FAMILIES WHO ADVOCATE FOR PEDIATRIC HEALTH POLICIES

-FAMILY ADVISORS - REPRESENT THE FAMILY PERSPECTIVE ON COMMITTEES, EXPERIENCE TEAMS, FACILITY DESIGN TEAMS AND FOCUS GROUPS

-FAMILIES AS FACULTY - PARTICIPATE IN SESSIONS THAT PROVIDE PATIENT AND FAMILY CENTERED CARE EDUCATION FOR PHYSICIANS, NURSES AND STAFF

-FAMILY SPEAKER'S BUREAU - SHARE INFORMATION ABOUT THEIR INDIVIDUAL EXPERIENCE AT SPECIAL EVENTS AND MEETINGS

E. YOUTH ADVISORY COUNCIL (YAC) -- 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 MINNESOTA 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 MINNESOTA A MORE COMFORTABLE AND POSITIVE EXPERIENCE.

F. OTHER METHODS INCLUDE BUT 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 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

Part VI Supplemental Information (Continuation)

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 2024, CHILDREN'S MINNESOTA SERVED PATIENTS FROM 100 PERCENT OF MINNESOTA COUNTIES AND 63 PERCENT OF THE TOTAL COUNTIES IN WI, IA, ND AND SD. IN SUPPORT OF A HIGHLY DIVERSE PATIENT POPULATION, CHILDREN'S MINNESOTA PROVIDED INTERPRETER SERVICES FOR 75 LANGUAGES WITH THE MOST FREQUENT LANGUAGES BEING SPANISH, SOMALI, AND KAREN. CHILDREN'S MINNESOTA ALSO SERVES A DISPROPORTIONATE SHARE OF ECONOMICALLY DISADVANTAGED PATIENTS WITH APPROXIMATELY 49 PERCENT OF THE CHILDREN'S MINNESOTA PATIENT POPULATION BEING ELIGIBLE FOR MEDICAID IN 2024. 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 COLLECTIVE FOR COMMUNITY HEALTH AT CHILDREN'S MINNESOTA PROMOTES THE HEALTH OF THE COMMUNITY THROUGH PROGRAMS AND PARTNERSHIPS THAT ADDRESS PATIENTS' SOCIAL NEEDS AS WELL AS ACTIVE AND INTENTIONAL ADVOCACY AND ENGAGEMENT WITH THE COMMUNITY TO SUPPORT THE HEALTH AND WELL-BEING OF CHILDREN IN THE COMMUNITIES CHILDREN'S MINNESOTA SERVES.

THE MINNESOTA EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) PROGRAM WAS ESTABLISHED IN 1996 TO REDUCE CHILD AND YOUTH MORTALITY AND MORBIDITY RESULTING FROM SEVERE ILLNESS OR TRAUMA. IT IS THE ONLY PROGRAM IN THE UNITED STATES THAT IS FOCUSED ON PEDIATRIC EMERGENCY CARE AND IS HOUSED AT CHILDREN'S MINNESOTA. EMSC WORKS TO ENSURE ALL CHILDREN AND ADOLESCENTS, NO MATTER WHERE THEY LIVE OR TRAVEL, RECEIVE APPROPRIATE CARE IN A HEALTH EMERGENCY. IN 2024, EMSC PROVIDED OVER 20 HOURS OF PEDIATRIC CONTINUING EDUCATION TO ROUGHLY 4,300 PRE-HOSPITAL AND HOSPITAL-BASED PROVIDERS INCLUDING IN-PERSON SIMULATION TRAINING IN GREATER MINNESOTA. ADDITIONALLY, EMSC HAS DISTRIBUTED OVER 7,000 PEDIATRIC RESOURCES (PEDIATRIC PROCEDURES FOR EMERGENCY CARE, PEDIATRIC VITAL SIGN CARDS, COMMUNICATION CARDS, AND COLORING/ACTIVITY BOOKS) TO THE COMMUNITY THIS PAST YEAR.

CLINIC IN THE CLASSROOM IS A WEBINAR SERIES HOSTED AS A COLLABORATIVE EFFORT BETWEEN THE CHILDREN'S MINNESOTA COLLECTIVE FOR COMMUNITY HEALTH AND MEDICAL EDUCATION TEAMS. THE SERIES WAS LAUNCHED IN 2021 AND SUPPORTS SCHOOL NURSES ACROSS THE STATE WITH EDUCATIONAL CONTENT THAT IS ELIGIBLE FOR CONTINUING EDUCATION CREDITS. IN 2024, 1,682 SCHOOL HEALTH STAFF

Part VI Supplemental Information (Continuation)

ATTENDED A LIVE WEBINAR OR VIEWED THE RECORDING LATER FOR CREDIT. THE CONTENT WAS FOCUSED ON MENTAL HEALTH, EATING DISORDERS, CONCUSSIONS, NATURE EXPOSURE FOR KIDS, ADHD, SUPPORTING CHILDREN WITH CANCER, NON-EPILEPTIC EVENTS AND POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME.

THE SIMULATION CENTER HAS BOTH HOSPITAL-BASED SIMULATION SPACES AS WELL AS A MOTOR COACH OUTFITTED WITH SIMULATION EQUIPMENT AND STAFFED WITH CHILDREN'S MINNESOTA TRAINERS THAT TRAVEL THROUGHOUT THE MIDWEST TO TRAIN STAFF FROM HOSPITALS IN THE BEST PRACTICES WHEN RESPONDING TO PEDIATRIC OR NEONATAL MEDICAL EMERGENCIES. CHILDREN'S MN SIMULATION PROGRAM CONSISTS OF SIM CENTERS IN MINNEAPOLIS, ST. PAUL, AND EDINA, A SIMULATION BUS, AND THE ABILITY TO DEPLOY EDUCATION IN-SITU. CHILDREN'S MINNESOTA'S SIMULATION TEAM HOSTS SIMULATION AND EDUCATION OPPORTUNITIES FOR INTERNAL STAFF, PATIENT FAMILIES AND CAREGIVERS, AND THE BROADER COMMUNITY.

NEONATAL TRANSPORT PROGRAM (2024)

COURSES HELD: 1
TOTAL LEARNERS: 21
LEARNER HOURS: 170.25

LIFELINK RNS, PARAMEDICS, AND CHILDREN'S MINNESOTA NEW RTS AND NEW NNPS NEED PREPARATION FOR THE SPECIALTY CARE REQUIRED FOR SAFE AND EFFECTIVE CARE OF THE CRITICALLY ILL NEONATE DURING PHYSICAL TRANSPORT TO CHILDREN'S LEVEL II AND LEVEL III NICUS. THESE TRAININGS ARE HELD QUARTERLY FOR THE NEONATAL TRANSPORT STAFF.

NEONATAL VIRTUAL CARE (2024)

COURSES HELD: 13
TOTAL LEARNERS: 91
LEARNER HOURS: 136.5

NEONATAL VIRTUAL CARE (TELEHEALTH) WAS NOTED AS A KEY CHILDREN'S MINNESOTA STRATEGY TO GROW IN PARTNERSHIP WITH COMMUNITY HOSPITALS WISHING TO UTILIZE NEONATAL VIRTUAL CARE (VC) FOR SUPPORT TO CARE FOR CRITICALLY ILL INFANTS UPON DELIVERY. SIMULATIONS WERE UTILIZED TO TRAIN FOR THE NEW TECHNOLOGY AND TO COMMUNICATE BETWEEN TEAMS IN THIS VIRTUAL CARE ENVIRONMENT. THE SIMULATIONS RESULTED IN HIGH LEARNER SATISFACTION AND IMPROVED COMMUNICATION BETWEEN THE CONSULTING COMMUNITY TEAM AND THE CHILDREN'S MINNESOTA CONSULTANT TEAM. IN ADDITION, A NEONATAL STANDARDS OF CARE HANDBOOK WAS DEVELOPED AS A REFERENCE FOR REMOTE COMMUNITY HOSPITAL PHYSICIANS TO USE TO ENSURE NEONATES IN NEED OF RESUSCITATION RECEIVE CHILDREN'S MINNESOTA STANDARD OF CARE FOR NEONATAL DELIVERIES.

HIGH SCHOOL CAREER EXPLORATION PROGRAM (2024)

COURSES HELD: 1
TOTAL LEARNERS: 17
LEARNER HOURS: 34

THIS PROGRAM IMMERSSES HIGH SCHOOL STUDENTS IN REALISTIC HEALTH CARE SIMULATIONS, ALLOWING THEM TO: UNDERSTAND THE ROLE OF SIMULATION IN MEDICAL TRAINING, EXPLORE THE COLLABORATIVE NATURE OF PEDIATRIC CARE, APPLY THEIR KNOWLEDGE IN SIMULATED PATIENT SCENARIOS, AND DEVELOP PRACTICAL MEDICAL SKILLS. THIS EXPERIENCE PROVIDES VALUABLE INSIGHT INTO HEALTH CARE PROFESSIONS AND PREPARES STUDENTS FOR FUTURE MEDICAL STUDIES.

CAREGIVER AND TRACH VENT CAREGIVER SIMULATION TRAININGS:

Part VI Supplemental Information (Continuation)

COURSES HELD: 22

TOTAL LEARNERS: 59

LEARNER HOURS: 66.25

CVICU HAS A FAMILY ADVISORY GROUP FOR CAREGIVERS OF INFANTS AND CHILDREN WITH CARDIOVASCULAR (CV) CONDITIONS. TAKING AN INFANT HOME WITH A SERIOUS CARDIAC CONDITION IS DAUNTING, HEIGHTENED BY THE ONGOING EXPECTATIONS FOR PARENTAL ASSESSMENT AND REPORTING. SEVERAL YEARS AGO, THE FAMILY ADVISORY GROUP EXPRESSED INTEREST IN UTILIZING SIMULATION TO PROVIDE FAMILIES WITH MORE HANDS-ON EXPERIENCE RELATED TO POSSIBLE HOME SCENARIOS PRIOR TO DISCHARGE. THE FAMILIES WHO HAD PARTICIPATED IN THE HLHS HOME MONITORING PROGRAM POSITED SIMULATION WOULD HELP EASE ANXIETY AS IT WOULD HAVE ALLOWED THEM THE OPPORTUNITY TO PRACTICE NECESSARY SKILLS AND LEARN HOW TO RECOGNIZE AND RESPOND TO POTENTIAL INFANT DECOMPENSATION. THE FAMILY ADVISORY GROUP FEEDBACK WAS SHARED WITH THE SIMULATION TEAM WHO BEGAN TO RESEARCH THE USE OF SIMULATION FOR FAMILIES GOING HOME WITH INFANTS IN THE HOME MONITORING PROGRAM. THE TEAM IDENTIFIED A LACK OF PUBLISHED RESEARCH ON THE EFFICACY OF SIMULATION IN THIS TYPE OF PROGRAM TO PREPARE PARENTS OR CAREGIVERS FOR THEIR HOME MONITORING RESPONSIBILITIES. ACCORDINGLY, A NURSING RESEARCH STUDY WAS DESIGNED. THE STATED AIM OF THE SIMULATION RESEARCH WAS TO EXPLORE IF SIMULATION PRIOR TO DISCHARGE DECREASED CAREGIVER ANXIETY AND IMPROVED CAREGIVER CONFIDENCE AND PERFORMANCE OF HOME MONITORING SKILLS FOR COMPLEX CARDIAC CONDITIONS.

SIMULATION ACTIVITIES ENCOMPASSED PRACTICE OF HOME MONITORING PROGRAM SKILLS INCLUDING WEIGHING THE BABY, SURGICAL SITE CARE, FEEDING THE BABY, AND MEDICATION ADMINISTRATION, AS WELL AS IDENTIFYING RED FLAGS AND WHEN TO CALL THE CV TEAM WITH CONCERNS. CAREGIVERS WERE ENABLED TO LEARN BY PRACTICING THE SKILLS IN A SAFE AND REALISTIC ENVIRONMENT. THROUGHOUT THE SIMULATION EXPERIENCE, PARTICIPANTS WERE INVITED TO REFLECT ON WHAT DID NOT WORK AND TRY THE SKILL AGAIN. IN KEEPING WITH THE SIMULATION-BASED MASTERY VERSION OF LEARNING, CAREGIVERS WERE PROVIDED FEEDBACK AND ASKED TO COMPLETE THE SKILL AGAIN UNTIL THEY GAINED COMPETENCE AND CONFIDENCE.

IN 2024 THE TEAM INTRODUCED THE SIMBABY WITH TRACHEOSTOMY, A VITAL ADDITION TO THE PEDIATRIC SIMULATION CAPABILITIES FOR THIS SPECIFIC PROGRAM. THIS HIGHLY REALISTIC 9-MONTH-OLD MANIKIN ALLOWS THE SIMULATION TEAM TO PROVIDE COMPREHENSIVE TRACHEOSTOMY MANAGEMENT TRAINING, CRUCIAL FOR BOTH CLINICAL TEAMS AND THE FAMILIES. ITS CONTROLLABLE TRACHEOSTOMA AND COMPATIBILITY WITH ADVANCED OPERATING SYSTEMS ENABLE THE TEAM TO SIMULATE COMPLEX SCENARIOS, FROM INITIAL ASSESSMENTS TO EMERGENCY INTERVENTIONS, FOSTERING CRITICAL THINKING AND TEAM COLLABORATION. A KEY FOCUS OF THIS TECHNOLOGY IS EMPOWERING CAREGIVERS. THE SIMULATION TEAM HAS ALREADY SEEN THE IMPACT FIRSTHAND, USING SIMBABY TO INSTRUCT PARENTS ON EMERGENCY TRACHEOSTOMY CARE BEFORE HOSPITAL DISCHARGE, SIGNIFICANTLY BOOSTING THEIR CONFIDENCE IN MANAGING THEIR CHILD'S NEEDS AT HOME.

THE CHILDREN'S MINNESOTA MOBILE CLINIC IS A MOTOR COACH OUTFITTED WITH THE APPROPRIATE MEDICAL EQUIPMENT AND STAFF TO PROVIDE HEALTH SCREENINGS, VACCINATIONS AND OTHER SERVICES AT COMMUNITY EVENTS, SCHOOLS AND OTHER LOCATIONS.

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

Part VI Supplemental Information (Continuation)

RELATIONSHIPS WITH MEDICAL PROVIDERS THROUGHOUT THE STATE TO REFER EXPECTING MOTHERS INTO THE PROGRAM.

PERINATAL HIV PREVENTION (ADULT): CHILDREN'S PROVIDED PERINATAL CARE COORDINATION TO 26 HIV POSITIVE PREGNANT PEOPLE IN 2024.

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

FORM 990, SCHEDULE H, PART VI, LINE 5, CONTINUED:

PERINATAL HIV PREVENTION (INFANT): CHILDREN'S PROVIDED CARE COORDINATION AND SURVEILLANCE FOR 25 HIV EXPOSED INFANTS IN 2024 AND EMERGENCY CONSULTATION AND ASSISTANCE ON PERINATAL HIV PREVENTION TO 8 DIFFERENT HEALTH CARE SYSTEMS ACROSS THE STATE. MEDICAL CASE MANAGEMENT WAS ALSO PROVIDED FOR 107 FAMILIES, CHILDREN AND YOUTH LIVING WITH HIV AND HEALTH EDUCATION/RISK REDUCTION COUNSELING TO 17 PATIENTS/FAMILIES IN 2024. SINCE 2017, THERE HAVE BEEN NO PERINATAL TRANSMISSIONS OF HIV IN THE STATE OF MINNESOTA.

CHILDREN'S MINNESOTA HAS ALSO PROVIDED PERINATAL HIV CAPACITY BUILDING SUPPORT FOR 32 HEALTHCARE SITES AND/OR PROFESSIONALS ACROSS THE STATE AND UPDATED THE EDUCATIONAL E-LEARNING ABOUT PERINATAL HIV PREVENTION TO EXTERNAL AND INTERNAL HEALTH CARE PROVIDERS. ADDITIONALLY, LATE IN 2024, DR. CASSIS-GHAVAMI, MD AND OTHER MEMBERS OF THE PERINATAL CARE TEAM JOINED A COMMUNITY ACTION TEAM LED BY THE MN DEPARTMENT OF HEALTH TO EDUCATE AND SUPPORT PROFESSIONALS INVOLVED IN THE CARE OF A PARENT/CHILD DYAD, WHEN THE PARENT CHOOSES BREASTFEEDING AS THEIR FEEDING CHOICE. IN SEPTEMBER 2024, OUR TEAM ALSO PRESENTED OUR PERINATAL CARE COORDINATION PROGRAM AT THE CITYMATCH CONFERENCE, A NATIONAL ORGANIZATION OF URBAN MATERNAL AND CHILD HEALTH LEADERS.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDRENS DENTAL SERVICES 636 BROADWAY ST NE MINNEAPOLIS, MN 55413	41-0857929	501(C)(3)	62,500.	0.	N/A	N/A	GRANT TO EXPAND DENTAL ACCESS
CHILDRENS HOSPITAL ASSOCIATION 345 SMITH AVE NORTH STE 600A ST. PAUL, MN 55102	41-0711605	501(C)(3)	6,000.	0.	N/A	N/A	CONVO WITH A TWIST SPONSORSHIP
CHILDRENS MN FOUNDATION 5901 LINCOLN DR EDINA, MN 55436	41-1814223	501(C)(3)	15,800.	0.	N/A	N/A	GALA SPONSORSHIP AND MEMORIAL
CHILDRENS THEATRE COMPANY 2400 3RD AVE S MINNEAPOLIS, MN 55404	41-1254553	501(C)(3)	8,500.	0.	N/A	N/A	CURTAIN CALL BALL SPONSORSHIP
HEMOPHILIA FDTN OF MN AND DAKOTAS 750 SOUTH PLAZA DRIVE SUITE 207 MENDOTA HEIGHTS, MN 55120	41-6032276	501(C)(3)	12,000.	0.	N/A	N/A	VARIOUS SPONSORSHIPS
MINNESOTA ZOO FOUNDATION 1300 ZOO BLVD APPLE VALLEY, MN 55124	51-0147653	501(C)(3)	25,000.	0.	N/A	N/A	NATURE WELLNESS DAY

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
QUEERSPACE COLLECTIVE 4030 WASHBURN AVE N MINNEAPOLIS, MN 55412	86-3249777	501(C)(3)	67,500.	0.	N/A	N/A	HEALTH EDUCATION AND OUTREACH
RAE MACKENZIE GROUP INC 333 WASHINGTON AVE N SUITE 300 MINNEAPOLIS, MN 55401	41-1888541		19,000.	0.	N/A	N/A	COLOR CAREER FAIR & CELEBRATE SISTAS
RONDALD MCDONALD HOUSE 818 FULTON ST SE MINNEAPOLIS, MN 55414	41-1313107	501(C)(3)	11,000.	0.	N/A	N/A	GOLF CLASSIC, BREW LOVE, GALA SPONSORSHIP
STATE OF MINNESOTA 658 CEDAR ST ST. PAUL, MN 55155	41-6007162	GOV	15,000.	0.	N/A	N/A	STATE OF MINNESOTA MLK CELEBRATION
VIETNAMESE SOCIAL SERVICES OF MN 277 UNIVERSITY AVE WEST ST. PAUL, MN 55103	36-3532232	501(C)(3)	62,500.	0.	N/A	N/A	IMPROVING HEALTH OUTCOMES FOR VIETNAMESE
WILSONS IMAGE COLLEGE SCHOLARSHIP 2126 WEST BROADWAY MINNEAPOLIS, MN 55411	85-1376567	501(C)(3)	10,000.	0.	N/A	N/A	LIVE YOUR HEALTHY LYFE EVENT
GREATER MSP 370 WABASGA ST N, STE 1900 ST. PAUL, MN 55102	27-4026636	501(C)(3)	40,000.	0.	N/A	N/A	MINNESOTA RACIAL EQUITE COALITION

Schedule I (Form 990)

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	2846	0.	14,148,756.	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)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization CHILDREN'S HEALTH CARE	Employer identification number 41-1754276
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Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (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	X	
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?		X
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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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?	X	
b Participate in or receive payment from a supplemental nonqualified retirement plan?	X	
c Participate in or receive payment from an equity-based compensation arrangement?		X
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?		X
b Any related organization?		X
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?		X
b Any related organization?		X
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		X
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		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) (Rev. 12-2024)

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 and/or 1099-NEC 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) MARC GORELICK M.D. PRESIDENT AND CEO	(i)	1,266,260.	336,546.	2,056,730.	471,310.	25,224.	4,156,070.	312,598.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MEYSAM KEBRIAIEI M.D. SURGICAL DIR, PEDS NEUROSURGEON	(i)	996,394.	84,381.	51,997.	20,700.	28,969.	1,182,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KYLE HALVORSON M.D. STAFF PHYSICIAN	(i)	949,956.	79,964.	50,556.	19,763.	29,724.	1,129,963.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) EMILY CHAPMAN M.D. SVP MEDICAL AFFAIRS & CMO	(i)	704,255.	102,810.	167,614.	20,700.	11,704.	1,007,083.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRENDA MCCORMICK SVP & CFO	(i)	710,574.	119,549.	115,331.	20,700.	29,452.	995,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDREA LAMPLAND M.D. MEDICAL DIRECTOR NEONATOLOGY	(i)	693,128.	80,000.	41,961.	20,700.	30,702.	866,491.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AMY BRUZEK M.D. STAFF PHYSICIAN	(i)	788,637.	23,705.	2,653.	14,110.	23,876.	852,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) WILLIAM MIZE M.D. M.D. RADIOLOGY, BOARD MEMBER	(i)	540,511.	108,165.	76,822.	20,700.	30,674.	776,872.	0.
	(ii)	38,184.	0.	0.	0.	0.	38,184.	0.
(9) BRIANNE ROBY M.D. STAFF PHYSICIAN	(i)	487,534.	179,153.	29,807.	20,700.	30,622.	747,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANDREW PUGH BOARD SECRETARY & SVP CLO	(i)	498,578.	75,235.	87,024.	20,700.	25,833.	707,370.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JENNIFER OLSON MARKET FORMER SVP & COO	(i)	0.	0.	694,568.	0.	0.	694,568.	694,568.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JENNY SODERHOLM FOUNDATION PRESIDENT	(i)	226,392.	0.	0.	0.	0.	226,392.	0.
	(ii)	264,949.	73,760.	81,732.	20,700.	11,544.	452,685.	0.
(13) CAROLINE NJAU SVP PATIENT CARE SVCS & CNO	(i)	480,956.	70,443.	68,930.	20,324.	25,779.	666,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DAVID LUNDAL SVP CIO	(i)	471,746.	72,562.	32,058.	20,700.	25,803.	622,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LAURIN CATHEY SVP & CHRO	(i)	449,296.	67,448.	30,116.	20,700.	18,904.	586,464.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) SUSAN SENCER M.D. VP CHIEF OF SPECIALITY PEDS	(i)	391,419.	69,588.	57,085.	43,936.	23,243.	585,271.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

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 and/or 1099-NEC 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) PAMELA GIGI CHAWLA M.D. VP CHIEF OF GENERAL PEDS	(i)	292,626.	69,552.	48,871.	25,810.	21,038.	457,897.	0.
	(ii)	102,762.	0.	0.	0.	0.	102,762.	0.
(18) TIMOTHY LANDER M.D. CLINICAL VP, CHIEF OF SURGERY	(i)	385,996.	74,686.	39,795.	20,700.	11,805.	532,982.	0.
	(ii)	26,341.	0.	0.	0.	0.	26,341.	0.
(19) ANUPAM KHARBANDA M.D. CLINICAL VP, CHIEF OF CRITICAL CARE	(i)	397,432.	69,570.	46,205.	20,700.	3,786.	537,693.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) MONICA SCHILLER VP AMBULATORY SERVICES	(i)	249,804.	55,775.	19,264.	16,816.	21,908.	363,567.	0.
	(ii)	81,211.	0.	0.	0.	0.	81,211.	0.
(21) JAMES BURROUGHS SVP GOVT & COMM RELATIONS/CEIO	(i)	326,260.	48,145.	21,480.	16,325.	11,088.	423,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) SUSAN SLOCUM CHIEF INVESTMENT OFFICER	(i)	275,830.	35,433.	747.	18,876.	9,115.	340,001.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) JAMES LESTE VP OPERATIONS, THRU JULY 2024	(i)	194,785.	60,630.	27,039.	13,435.	17,696.	313,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) ANDREW BERNDT VP CLINICAL SERVICES	(i)	207,490.	27,688.	123.	14,865.	28,010.	278,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) BRENDA BECKWITH VP CLINICAL SERVICES	(i)	136,627.	36,416.	286.	17,118.	28,242.	218,689.	0.
	(ii)	57,776.	0.	0.	0.	0.	57,776.	0.
	(i)							
	(ii)							
	(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.

FORM 990, PART I, LINE 4A:

JENNIFER OLSON MARKET RECEIVED A SEVERANCE PAYMENT OF \$694,568 IN 2024.

FORM 990, PART I, LINE 4B:

CERTAIN EMPLOYEES OF CHILDREN'S HEALTH CARE 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 2024:

MARC GORELICK - \$2,037,326

EMILY CHAPMAN - \$152,098

BRENDA MCCORMICK - \$104,509

ANDREW PUGH - \$75,778

CAROLINE NJAU - \$67,338

WILLIAM MIZE - \$62,341

MEYSAM KEBRIAIEI - \$49,057

KYLE HALVORSON - \$47,616

ANUPAM KHARBANDA - \$43,128

PAMELA GIGI CHAWLA - \$43,118

SUSAN SENCER - \$39,586

ANDREA LAMPLAND - \$39,079

TIMOTHY LANDER - \$33,598

BRIANNE ROBY - \$28,053

DAVID LUNDAL - \$24,999

LAURIN CATHEY - \$22,517

MONICA SCHILLER - \$16,697

JAMES BURROUGHS - \$15,826

JAMES LESTE - \$15,581

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 <p align="center">CHILDREN'S HEALTH CARE</p>	Employer identification number <p align="center">41-1754276</p>
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Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A 2020A - SEE PART VI	41-6005375	NONE	10/23/20	84,560,000.	REFUNDING OF HEALTHCARE REVENUE BONDS 2007A		X		X		X
B											
C											
D											

Part II Proceeds										
1 Amount of bonds retired	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
2 Amount of bonds legally defeased										
3 Total proceeds of issue	84,560,000.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds										
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds	84,560,000.									
12 Other unspent proceeds										
13 Year of substantial completion	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									
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								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Schedule K (Form 990) (Rev. 12-2024)

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	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							
c Are there any research agreements that may result in private business use of bond-financed property?		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? ...								
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 government00 %		%		%		%
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 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		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						
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							

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						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		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							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
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 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		42,843.	COST/SELLING PRICE
5 Clothing and household goods	X		784,926.	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				
19 Food inventory	X	59	44,042.	COST/SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (ENTERTAINMENT)	X	4	2,375.	COST/SELLING PRICE
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

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.

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

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:

U.S. NEWS & WORLD REPORT HAS NAMED CHILDREN'S AS ONE OF THE TOP 50
PEDIATRIC FACILITIES ACROSS THE US. OUR MAYO CLINIC & CHILDREN'S
COLLABORATIVE RANKED 40TH IN CARDIOLOGY AND HEART SURGERY PROGRAM. OUR
NEPHROLOGY PROGRAM, IN PARTNERSHIP WITH MASONIC CHILDREN'S HOSPITAL,
RANKED 48TH. AND OUR PULMONOLOGY PROGRAM RANKED 48TH.

IN 2021, MPLS.STPAUL MAGAZINE RECOGNIZED 168 OF CHILDREN'S MINNESOTA
PHYSICIANS AS TOP DOCTORS. THE 25TH EDITION OF THE LIST INCLUDES 816
LOCAL PHYSICIANS FROM ACROSS THE TWIN CITIES IN 46 SPECIALTIES. ARE
MINNESOTA'S LARGEST PROVIDER OF CARE TO CHILDREN WITH COMPLEX SURGICAL
CONDITIONS, HEART DISEASE, CANCER, DIABETES, AND EXTREME PRE-MATURITY.
IN 2023, CHILDREN'S CARED FOR 14,510 INPATIENT ADMISSIONS REPRESENTING
105,938 PATIENT DAYS, PERFORMED 19,339 SURGICAL CASES,
TREATED 85,200 EMERGENCY ROOM VISITS AND CARED FOR 389,372 OUTPATIENT
CLINIC VISITS, MANY OF WHICH PROVIDED TO INNER CITY MINNEAPOLIS AND ST.
PAUL RESIDENTS. CHILDREN'S CONTINUES TO SERVE A DIVERSE POPULATION WITH
120,522 FAMILY ENCOUNTERS FOR LANGUAGE INTERPRETATION IN 72 DIFFERENT
LANGUAGES.

CHILDREN'S CONSIDERS CERTAIN MAJOR PROGRAMS AS DESTINATION PROGRAMS,
WHICH ARE SOUGHT OUT DUE TO THEIR HIGH QUALITY OUTCOMES. THESE PROGRAMS
MEET RIGOROUS CRITERIA FOR EXCELLENCE, INCLUDING OUTSTANDING USE OF
EVIDENCE-BASED PRACTICES, CLINICAL RESEARCH, AND ADVANCED TECHNOLOGIES.

- CARDIOVASCULAR - CHILDREN'S PEDIATRIC CARDIOVASCULAR PROGRAM IS ONE
OF THE LARGEST IN THE REGION WITH SOME OF THE MOST IMPRESSIVE OUTCOMES
IN THE U.S. TEAM MEMBERS CARE FOR THOUSANDS OF THE REGION'S SICKEST
CHILDREN WITH HEART CONDITIONS, INCLUDING FETUSES, NEWBORNS, INFANTS,
CHILDREN, ADOLESCENTS, AND ADULT, LONG-TERM PATIENTS WITH PEDIATRIC
CARDIOVASCULAR CONDITIONS.

- NEONATAL INTENSIVE CARE & 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 196 STAFFED BEDS AND MORE THAN 42,500 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

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization CHILDREN'S HEALTH CARE MULTIDISCIPLINARY PROFESSIONALS.	Employer identification number 41-1754276
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- CYSTIC FIBROSIS - THE CYSTIC FIBROSIS (CF) CENTER AT CHILDREN'S OF MINNESOTA DIAGNOSES AND TREATS CHILDREN IN ALL STAGES OF CF. OUR DEDICATION TO FAMILY-CENTERED CARE AND EDUCATION HELPS CHILDREN AND 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 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 17,000 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. WITH CHILDREN'S VERIFIED AS A LEVEL I CHILDREN'S SURGERY CENTER BY THE AMERICAN COLLEGE OF SURGEONS (ACS) CHILDREN'S SURGERY VERIFICATION QUALITY IMPROVEMENT PROGRAM, CHILDREN'S IS AT THE HIGHEST LEVEL OF DISTINCTION FOR HEALTH SYSTEMS THAT PERFORM COMPLEX SURGICAL PROCEDURES IN NEWBORNS, CHILDREN AND TEENS.

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,

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

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 71 CONTINUING MEDICAL EDUCATION
COURSES, AND PRODUCED 216 PEER REVIEWED PUBLICATIONS. CULTIVATING
MEDICAL LEADERS ENSURES THAT WE CONTINUE OUR MISSION - CHAMPIONING THE
SPECIAL HEALTH NEEDS OF CHILDREN AND THEIR FAMILIES.

2) EDUCATION AND TRAINING OF HEALTH CARE AND OTHER PROVIDERS OF
SERVICES TO CHILDREN:

I) THE MIDWEST REGIONAL CHILDREN'S ADVOCACY CENTER AT CHILDREN'S IS A
LEADER IN IMPROVING THE CARE OF ABUSED AND NEGLECTED CHILDREN WHOSE
GOAL IS TO IMPROVE SERVICES FOR ABUSED CHILDREN IN LOCAL COMMUNITIES
THROUGHOUT THE REGION. THE CENTER OFFERS INFORMATION, CONSULTATION,
TECHNICAL ASSISTANCE, AND TRAINING TO PHYSICIANS, NURSES, AND
NON-MEDICAL MEMBERS OF COMMUNITY CHILD ABUSE TEAMS, INCLUDING LAW
ENFORCEMENT PERSONNEL, ATTORNEYS AND CHILD PROTECTION WORKERS.

II) RECOGNIZED, AS THE NATION'S LEADER IN PALLIATIVE CARE EDUCATION,
CHILDREN'S INSTITUTE FOR PALLIATIVE CARE (CIPC) DEVELOPED A MODEL FOR A
REGIONAL TRAINING AND CONSULTATION CENTER. CIPC DEVELOPS AND LEADS
TRAINING SEMINARS USING RECOGNIZED CURRICULUM FOR PEDIATRIC PALLIATIVE
CARE, PROVIDES HOSPITAL-BASED CONSULTATION TO CHILDREN WHO ARE IN NEED
OF HOSPICE OR PALLIATIVE CARE WHILE THEY ARE HOSPITALIZED, OFFERS A
REGIONAL 24/7 TELEPHONE CONSULTATION PROGRAM PROVIDING EDUCATION,
SUPPORT, AND GUIDANCE TO FAMILIES AND PROFESSIONAL PROVIDERS, AND
SERVES AS A RESOURCE CENTER FOR PEDIATRIC PALLIATIVE CARE.

III) THE EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC) RESOURCE CENTER
HOUSED AT CHILDREN'S CREATES AWARENESS REGARDING THE SPECIAL NEEDS OF
CHILDREN IN EMERGENCY MEDICAL SITUATIONS. EMSC EDUCATIONAL PROGRAMS ARE
DESIGNED TO TRAIN PRE-HOSPITAL PERSONNEL, FIRST RESPONDERS, PHYSICIANS,
NURSES, AND SCHOOL NURSES IN THE UNIQUE NEEDS OF INFANTS AND CHILDREN
IN EMERGENCY SITUATIONS. THE EMSC RESOURCE CENTER ALSO PROVIDES
TECHNICAL ASSISTANCE, PARTICIPATES IN STATEWIDE PEDIATRIC
EMERGENCY/DISASTER PREPAREDNESS PLANNING, DEVELOPS AND DISSEMINATES
PEDIATRIC EMERGENCY 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

Name of the organization CHILDREN'S HEALTH CARE	Employer identification number 41-1754276
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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 III, LINE 4C:

PROGRAM SERVICE ACCOMPLISHMENTS:

WE CONTINUE TO PARTICIPATE IN MULTIPLE PRESTIGIOUS NATIONAL COLLABORATIONS AND CLINICAL TRIALS. WE ARE ALSO GENERATING LANDMARK INVESTIGATOR-INITIATED RESEARCH, AIMED AT NOVEL WAYS TO DELIVER LIFE-SAVING TREATMENTS, MANAGE PAIN AND SYMPTOMS AND DEVELOP NEW METHODS FOR PREVENTING OR TREATING CHILDHOOD DISEASES.

EVERY DAY, CHILDREN'S RESEARCHERS EXPRESS THEIR COMMITMENT TO BUILDING BETTER OUTCOMES FOR OUR CHILDREN. THESE OUTCOMES WILL HAVE BOTH IMMEDIATE AND LASTING IMPACT FOR CHILDREN RECEIVING STATE OF THE SCIENCE CARE AT OUR SPECIALTY CENTERS. CHILDREN WITH CARDIAC DISEASE, CANCER, GENETIC AND BLOOD DISORDERS, DIABETES, CYSTIC FIBROSIS, AND OTHER LIFE-IMPACTING CONDITIONS ALL HAVE BENEFITED FROM RESEARCH AT CHILDREN'S. THE VISION AND STRATEGIC INNOVATION OF OUR RESEARCH LEADERS HAVE BROUGHT US TO IMPRESSIVE MILESTONES IN THE PAST YEAR. WE CONTINUE TO TAKE STEPS TOWARD ADVANCING OUR RESEARCH AND COMMITTED TO THRIVING INTO THE FUTURE WITH OUR CHILDREN AND FAMILIES.

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 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

Name of the organization CHILDREN'S HEALTH CARE	Employer identification number 41-1754276
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DETAILED MINUTES OF THE COMPENSATION COMMITTEE AND FULL BOARD MEETINGS WHERE EXECUTIVE COMPENSATION IS CONSIDERED.

FORM 990, PART VI, SECTION C, LINE 19:
CHILDREN'S MAKES FINANCIAL STATEMENT INFORMATION PUBLIC THROUGH A SUMMARY OF FINANCIAL PERFORMANCE IN ITS ANNUAL REPORT. IN ADDITION, FINANCIAL STATEMENTS ARE PROVIDED PUBLICLY THROUGH DIGITAL ASSURANCE CERTIFICATION, A DISSEMINATION AGENT, WHO THEREFORE MAKE THIS INFORMATION PUBLICLY AVAILABLE. CHILDREN'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

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 XI, LINE 9, CHANGES IN NET ASSETS:

RSVP RETIREMENT PLAN-RELATED CHANGES	290,845.
CHANGE IN VALUE OF INTEREST RATE SWAP VALUATION	1,444,798.
CHANGE IN PERPETUAL TRUSTS AND OTHER	4,864,378.
TOTAL TO FORM 990, PART XI, LINE 9	6,600,021.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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

**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) (Rev. 1-2025)

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	
MRP SMA III, LP - 92-0688935 520 NICOLLET MALL, SUITE 700 MINNEAPOLIS, MN 55402	INVESTMENTS	MN	CHC		0.	0.		X	N/A		X	98.36%

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	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	1,341,599.	23,949,589.	100%	X	
CHILDREN'S HEALTH NETWORK - 46-3226418 910 EAST 26TH STREET, SUITE 330 MINNEAPOLIS, MN 55404	MEDICAL SERVICES	MN	N/A	C CORP	408,826.	5,039,396.	100%	X	
CHILDREN'S MN HOME MEDICAL EQUIPMENT - 84-2915398, 2525 CHICAGO AVE, MINNEAPOLIS, MN 55404	MED. EQ. SERVICES	MN	CHC	C CORP	-2,536.	6,065.	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	16,638,623.	ACCRUAL
(2) CHILDREN'S HEALTH CARE FOUNDATION	L	199,268.	ACCRUAL
(3) CHILDREN'S HEALTH CARE FOUNDATION	O	6,473,666.	ACCRUAL
(4) CHILDREN'S HEALTH CARE FOUNDATION	R	15,922,265.	ACCRUAL
(5) CHILDREN'S HEALTH CARE SERVICES, INC.	Q	8,148,393.	ACCRUAL
(6) CHILDREN'S HEALTH CARE SERVICES, INC.	P	5,848,797.	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 CLINIC NETWORK	L	993,698.	ACCRUAL
(8) CHILDREN'S CLINIC NETWORK	P	35,529,273.	ACCRUAL
(9) CHILDREN'S CLINIC NETWORK	Q	38,451,808.	ACCRUAL
(10) CHILDREN'S CLINIC NETWORK	R	53,759.	ACCRUAL
(11) CHILDREN'S CLINIC NETWORK	O	342,820.	ACCRUAL
(12) CHILDREN'S HEALTH NETWORK	P	1,369,251.	ACCRUAL
(13) CHILDREN'S HEALTH NETWORK	Q	8,947,642.	ACCRUAL
(14) CHILDREN'S HEALTH NETWORK	L	674,696.	ACCRUAL
(15) CHILDREN'S HEALTH NETWORK	M	4,679,892.	ACCRUAL
(16) CHILDREN'S HEALTH NETWORK	L	907,042.	ACCRUAL
(17) CHILDREN'S HEALTH NETWORK	R	4,811,362.	ACCRUAL
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

