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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization
Children's Health Care
% Rebecca Woitalewicz Int CF
Doing business as
Children's Hospitals & Clinics of MN

Number and street (or P O box if mail is not delivered to street address) 2525 Chicago Avenue South
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Minneapolis, MN 554041844

D Employer identification number
41-1754276

E Telephone number
(612) 813-6000

G Gross receipts $ 1,289,735,705

F Name and address of principal officer
Rebecca Woitalewicz Int CFO
2525 Chicago Avenue South
Minneapolis, MN 554041844

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www childrensmn org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Children's Hospitals and Clinics of MN Champions the special needs of children

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	5,536
6	Total number of volunteers (estimate if necessary)	**6**	1,992
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-1,013,541
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,120,021

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	28,809,464	30,780,597
9	Program service revenue (Part VIII, line 2g)	745,071,505	786,609,931
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,922,259	23,083,502
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,723,330	3,148,388
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	801,526,558	843,622,418
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,093,487	2,596,223
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	425,221,492	461,588,940
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	298,923,912	323,680,240
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	728,238,891	787,865,403
19	Revenue less expenses Subtract line 18 from line 12	73,287,667	55,757,015

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,136,462,629	1,217,253,842
21	Total liabilities (Part X, line 26)	387,458,232	387,129,955
22	Net assets or fund balances Subtract line 21 from line 20	749,004,397	830,123,887

Part II Signature Block

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

Sign Here

****** 2017-11-09
Signature of officer Date

REBECCA WOITALEWICZ Interim CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Monroe J Gierl	Monroe J Gierl	2017-11-09		P01413237

Firm's name ▶ KPMG LLP — Firm's EIN ▶
Firm's address ▶ 4200 Wells Fargo Ctr 90 S 7th Minneapolis, MN 55402 — Phone no (612) 305-5000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Children's Hospitals and Clinics of Minnesota champions the special health needs of children and their families We are committed to improving children's health by providing family centered pediatric services We advance these efforts through research and education

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code See Additional Data)	(Expenses $	665,149,454	including grants of $	2,596,223)	(Revenue $ 780,167,970)
4b	(Code See Additional Data)	(Expenses $	3,785,899	including grants of $	)	(Revenue $ 1,289,712)
4c	(Code See Additional Data)	(Expenses $	4,116,774	including grants of $	)	(Revenue $ 5,489)
4d	Other program services (Describe in Schedule O)	(Expenses $		including grants of $	)	(Revenue $)
4e	**Total program service expenses ▶**		673,052,127			

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	451		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	5,536		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ MN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Rebecca Woitalewicz Int CF 2525 Chicago Avenue South Minneapolis, MN 55404 (612) 813-6129

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								12,706,606	471,056	1,719,888

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 ▶ 866

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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
Cerner Corporation, PO Box 412702 Kansas City, MO 64141	Hardware/Software	8,310,325
Sodexo Inc Affiliates, 4880 Paysphere Circle Chicago, IL 60674	Nutrition & Envi Svr	5,216,921
Children's Heart Clinic PA, 2530 Chicago Ave S Suite 500 Minneapolis, MN 55404	Physician Services	5,141,926
Children's Respiratory Critical C, 2530 Chicago Ave S Suite 400 Minneapolis, MN 55404	Physician Services	4,341,540
Conifer Health Solutions LLC, 1500 South Douglas Road Anaheim, CA 92806	Patient Billing	3,833,065

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 ▶ 123

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	18,509,235		
	e Government grants (contributions)	1e	12,271,362		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ 1,079,567				
	h **Total.** Add lines 1a-1f . . . . . ▶		30,780,597		

Program Service Revenue	Business Code				
2a Patient Service Revenue	621400	501,040,791	501,040,791		
b Medicare/Medicaid payment	621400	242,688,275	242,688,275		
c Pharmacy Revenue	621400	1,555,572			1,555,572
d Parking	812930	3,435,054		73,890	3,361,164
e Lab Revenue	621500	37,401,453	37,245,319	156,134	
f All other program service revenue		488,786	488,786		
g **Total.** Add lines 2a–2f . . . . ▶		786,609,931			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		16,548,236		-1,243,565	17,791,801
4 Income from investment of tax-exempt bond proceeds ▶		0			
5 Royalties . . . . . ▶		0			
	(i) Real / (ii) Personal				
6a Gross rents	2,028,687				
b Less rental expenses	1,617,227				
c Rental income or (loss)	411,460 / 0				
d Net rental income or (loss) . . . . . ▶		411,460			411,460
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	450,534,095 / 497,231				
b Less cost or other basis and sales expenses	444,418,425 / 77,635				
c Gain or (loss)	6,115,670 / 419,596				
d Net gain or (loss) . . . . . ▶		6,535,266			6,535,266
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a	0				
b Less direct expenses . . . b	0				
c Net income or (loss) from fundraising events . . ▶		0			
9a Gross income from gaming activities See Part IV, line 19 . . . a	0				
b Less direct expenses . . . b	0				
c Net income or (loss) from gaming activities . . ▶		0			
10a Gross sales of inventory, less returns and allowances . . a	0				
b Less cost of goods sold . . b	0				
c Net income or (loss) from sales of inventory . . ▶		0			
Miscellaneous Revenue	Business Code				
11a Cafeteria	722514	2,310,229			2,310,229
b Marketplace	453220	373,983			373,983
c Vending machines	722514	25,947			25,947
d All other revenue		26,769			26,769
e **Total.** Add lines 11a–11d . . . . . ▶		2,736,928			
12 **Total revenue.** See Instructions . . . . . ▶		843,622,418	781,463,171	-1,013,541	32,392,191

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	527,915	527,915		
2 Grants and other assistance to domestic individuals See Part IV, line 22	2,068,308	2,068,308		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	12,684,614	7,396,132	5,288,482	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	349,387,421	309,484,890	39,902,531	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,386,176	22,608,640	5,777,536	
9 Other employee benefits	46,955,661	40,905,365	6,050,296	
10 Payroll taxes	24,175,068	21,446,665	2,728,403	
11 Fees for services (non-employees)				
a Management	3,432,243	2,804,973	627,270	
b Legal	780,303	34,389	745,914	
c Accounting	256,243		256,243	
d Lobbying	160,215		160,215	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	4,471,757	4,471,757		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	84,775,689	71,566,345	13,209,344	
12 Advertising and promotion	3,572,314	204,649	3,367,665	
13 Office expenses	10,215,162	7,916,123	2,299,039	
14 Information technology	16,472,379		16,472,379	
15 Royalties . .	0			
16 Occupancy	13,952,094	13,196,766	755,328	
17 Travel	1,931,873	1,490,940	440,933	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	2,114,646	1,892,337	222,309	
20 Interest	9,531,075	9,531,075		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	41,741,948	30,030,765	11,711,183	
23 Insurance . . .	1,335,232	1,335,232		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	72,291,749	72,291,749		
b MNCare Tax	14,714,616	14,714,616		
c Medicaid Surcharge	9,762,660	9,762,660		
d Temp Labor	8,327,756	7,147,198	1,180,558	
e All other expenses	23,840,286	20,222,638	3,617,648	
25 **Total functional expenses.** Add lines 1 through 24e	787,865,403	673,052,127	114,813,276	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	14,565,775	1	9,845,476
	2	Savings and temporary cash investments	5,533,060	2	16,796,988
	3	Pledges and grants receivable, net	1,298,214	3	926,072
	4	Accounts receivable, net	115,710,800	4	113,968,230
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	5,851,597	8	6,474,706
	9	Prepaid expenses and deferred charges	10,677,628	9	10,012,116
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 748,382,399			
	b	Less accumulated depreciation — 10b: 376,326,450	380,422,583	10c	372,055,949
	11	Investments—publicly traded securities	463,694,958	11	376,638,108
	12	Investments—other securities See Part IV, line 11	29,757,244	12	170,150,019
	13	Investments—program-related See Part IV, line 11	19,772,171	13	19,599,253
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	89,178,599	15	120,786,925
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,136,462,629	16	1,217,253,842
Liabilities	17	Accounts payable and accrued expenses	108,405,397	17	110,089,270
	18	Grants payable	0	18	0
	19	Deferred revenue	2,188,265	19	2,378,932
	20	Tax-exempt bond liabilities	245,437,278	20	228,854,368
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	229,236	23	187,934
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	31,198,056	25	45,619,451
	26	**Total liabilities.** Add lines 17 through 25	387,458,232	26	387,129,955
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	676,847,001	27	760,463,884
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	72,157,396	29	69,660,003
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	749,004,397	33	830,123,887
	34	Total liabilities and net assets/fund balances	1,136,462,629	34	1,217,253,842

Part XI Reconcilliation 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	843,622,418
2	Total expenses (must equal Part IX, column (A), line 25)	2	787,865,403
3	Revenue less expenses Subtract line 2 from line 1	3	55,757,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	749,004,397
5	Net unrealized gains (losses) on investments	5	24,321,752
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 in Schedule O)	9	1,040,723
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	830,123,887

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 41-1754276

Name: Children's Health Care

Form 990 (2016)

Form 990, Part III, Line 4a:

Hospital program services Families look to Children's Hospitals and Clinics of Minnesota for the finest in pediatric care With two pediatric hospital facilities and 430 staffed beds, we champion the special health needs of children and their families and are committed to providing high-quality, family centered pediatric services The Leapfrog Group's annual list of top hospitals named Children's Hospitals and Clinics of Minnesota's Minneapolis and St Paul hospitals as two of the top ten pediatric hospitals in the country for quality and efficiency See Schedule O

Form 990, Part III, Line 4b:

Education Many efforts to improve the health and well-being of children and youth require long-term investment in their future Children's provides education and training programs for providers, health care students, and other health professionals in the following areas 1) Community medical education for community physicians During the 2016 calendar year, Children's provided training to 393 affiliated residents and fellows, and hosted 287 medical student rotations at Children's Minneapolis, Children's St Paul, or both locations See Schedule O

Form 990, Part III, Line 4c:

Research Children's has 456 open research studies, of which 252 are actively recruiting clinical trials In 2016 Children's received about $32 million from industry contacts and federal state andfoundation 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 andendocrinology, Cardiovascular and critical care, Pain and palliative care, Integrative medicine, Genetics, Cancer and blood disorders, and Neonatology ENT and Rehab See Schedule O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Bonar JR Chief Executive Officer	48 0 2 0	X		X				1,296,845	0	199,973
Stephen Nelson Staff Physician	50 0 0 0	X						334,522	0	69,922
J Hayes Batson Board Chair	1 0 2 0	X		X				0	0	0
Martin L Bassett Vice Chair	1 0 1 0	X		X				0	0	0
Bruce P Shay Treasurer	1 0 1 0	X		X				0	0	0
Russell Becker Board Member	1 0 2 0	X						0	0	0
Matt Furman Board Member	1 0 1 0	X						0	0	0
Greg Goven Board Member	1 0 2 0	X						0	0	0
Sharon Jaeger Board Member	1 0 0 0	X						0	0	0
Mary L Jeffries Board Member	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Paul H Marvin Board Member	1 0 0 0	X						0	0	0
John McNamara MD Board Member	1 0 1 0	X						0	0	0
Richard Migliori MD Board Member	1 0 0 0	X						0	0	0
John Mulligan Board Member	1 0 0 0	X						0	0	0
Richard T Murphy JR Board Member	1 0 0 0	X						0	0	0
Lenny Snellman MD Board Member	1 0 1 0	X						55,000	0	0
Tom Teft Board Member	1 0 1 0	X						0	0	0
David Overman President & COO	50 0 0 0			X				1,044,663	0	79,028
Todd Ostendorf VP, Finance & CFO - April 2016	47 0 3 0			X				288,694	0	61,544
Phil Kibort VP Medical Affairs and CMO	49 0 1 0			X				759,807	0	43,001

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Maria Christu Chief Legal Officer	49 0 1 0			X				530,354	0	86,897
Roxanne Fernandes CNO, VP Patient Care Svcs	50 0 0 0			X				513,151	0	72,834
Jeffrey Young Chief Information Officer	50 0 0 0			X				457,856	0	77,030
Carol Wilcox VP Diagnostic/Therapeutic SVCS	50 0 0 0			X				297,258	0	44,836
Bjorn Gunnerud VP, Marketing & Communications	50 0 0 0			X				331,215	0	65,272
Samantha Hanson CHRO	50 0 0 0			X				422,231	0	77,505
Jennifer Olson VP Business Dev & Strategy	50 0 0 0			X				371,699	0	65,972
Trevor Sawallish Chief Ambulatory Officer	49 0 1 0			X				334,839	0	69,606
Emily Chapman Vice Chief Medical Officer	50 0 0 0			X				254,290	0	49,948
Rabindra Tambyraja Chief Medical Info Officer	50 0 0 0			X				126,487	0	15,691

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Morrey VP Ops Mother Baby Clin Svc	50 0 0 0			X				187,236	0	19,433
Rebecca Woitalewicz Interim CFO through April 2016	47 0 3 0			X				228,363	0	36,211
Claudia Hines Sr Dir Clin Svcs - Pediatrics	50 0 0 0			X				144,606	0	27,420
Gloria Drake Sr Dir Clin Svcs - Periop	49 0 1 0			X				234,958	45,426	40,834
Alice Chernich Sr Dir Clinical Serv - Neonata	50 0 0 0			X				204,202	0	23,805
Anupam Kharbanda Chief of Critical Care Service	50 0 0 0			X				379,660	0	32,854
Theresa Pesch President, Foundation	5 0 45 0			X				47,293	425,630	84,714
Kathleen Penson Sr Dir Clin SVCS - Pediatrics	50 0 0 0				X			198,696	0	23,411
Joseph Petronio Surgical Dir, Peds Neurosurg	50 0 0 0					X		957,464	0	81,075
Meysam Kebriaei Staff Physician	50 0 0 0					X		757,159	0	68,849

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Frank Rimell Staff Physician	50 0 0 0					X		732,725	0	65,865
James Engels Staff Physician	50 0 0 0					X		575,454	0	76,622
Barbara Malone Medical Director	50 0 0 0					X		639,879	0	59,736

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Children's Health Care

Employer identification number
41-1754276

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	4b		
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)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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 **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)	1		
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 1-1/2% 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 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 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 ☐ 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493313036687

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Children's Health Care	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 expenditures ▶ $
3 Volunteer hours

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

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

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

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

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

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 (grass roots 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		
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-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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? ☐ **Yes** ☐ **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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		130,137
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		30,078
j	Total Add lines 1c through 1i			160,215
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Form Sch C Part II-B Line 1a	Children's retains a lobbyist to assist directly with lobbying efforts at the state level Children's Public Policy Director is also responsible for lobbying activities on the city, state, and federal level Those responsibilities include providing testimony at the State Capitol, maintaining relationships, educating legislators and staff, and working with our regulatory agencies With respect to federal lobbying efforts, Children's Senior Director of Child Health Policy, Public Policy Director, and CEO will occasionally travel to Washington to meet with federal lawmakers This is generally done in a collaboration with industry organizations, such as NACHRI, who indirectly provide federal lobbying support on behalf of Children's Children's is a member of the Children's Hospital Association (CHA) $10,911 of membership dues paid to CHA relate to lobbying activities

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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? ☐ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table	
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	39,136,928	41,329,339	39,959,574	33,578,504	30,285,804
b Contributions	100,571,581	211,366	1,216,110	1,416,216	421,789
c Net investment earnings, gains, and losses	6,528,600	-1,037,098	1,904,157	5,959,789	3,955,151
d Grants or scholarships	1,502,571	1,366,679	1,750,502	994,935	1,084,240
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	144,734,538	39,136,928	41,329,339	39,959,574	33,578,504

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

- a Board designated or quasi-endowment ▶ 71 000 %
- b Permanent endowment ▶ 21 000 %
- c Temporarily restricted endowment ▶ 8 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land	0	15,260,701		15,260,701
b Buildings	0	434,123,792	171,014,325	263,109,467
c Leasehold improvements	0	16,042,432	1,690,815	14,351,617
d Equipment	0	277,532,836	198,358,494	79,174,342
e Other	0	5,422,638	5,262,816	159,822
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				372,055,949

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 IN LIMITED PSHIPS	170,150,019	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	170,150,019	

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. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) EXECUTIVE BENEFIT PLANS	7,636,771
(2) PHYSICIAN RELOCATION LOANS REC	76,585
(3) PHARMACEUTICAL SERVICE DEPOSIT	2,112,815
(4) FACILITY DEPOSIT	123,255
(5) UNITED SHARED SERVICE ARRNGMT	13,465,834
(6) INVESTMENT IN MOTHER/BABY	26,570,924
(7) OTHER	1,439,541
(8) BENEFICIAL INT IN NA OF FDTN	69,361,200
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	120,786,925

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	45,619,451

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

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

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

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description	(b) Book value
(1) EXECUTIVE BENEFIT PLANS	7,636,771
(2) PHYSICIAN RELOCATION LOANS REC	76,585
(3) PHARMACEUTICAL SERVICE DEPOSIT	2,112,815
(4) FACILITY DEPOSIT	123,255
(5) UNITED SHARED SERVICE ARRNGMT	13,465,834
(6) INVESTMENT IN MOTHER/BABY	26,570,924
(7) OTHER	1,439,541
(8) BENEFICIAL INT IN NA OF FDTN	69,361,200

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

1 (a) Description of Liability	(b) Book Value
RSVP RETIREMENT PLAN	11,727,922
EXECUTIVE BENEFITS LIABILITY	5,260,070
MN CARE TAX PAYABLE	3,297,219
POST-RETIREMENT BENEFITS	3,275,666
WORKERS COMP LIABILITY	2,019,580
SELF-INSURANCE RESERVE	284,417
ACCRUAL VERP	175,826
INTERCOMPANY PAYABLE	7,993,336
LONG TERM DEFERRED REVENUE	10,822,696
OTHER	762,719

Supplemental Information

Return Reference	Explanation
Form Sch D Part V Line 4	Effective November 1, 2016, the Childrens Board of Directors designated $100 million of un restricted investments for endowment to support programs at Children's Health Care The ma jority of permanent endowment funds are held by Children's Health Care Foundation, a relat ed organization The intended use of the funds is to support the programs at Children's He alth Care There are also two endowment funds that are held and administered by US Bank, a n 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 Ca re

Supplemental Information

Return Reference	Explanation
Form Sch D Part X Line 2	The IRS has determined that Children's and its subsidiaries are exempt organizations as de scribed 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 on ly if those positions are more likely than not of being sustained Recognized income tax p ositions are measured at the largest amount that is greater than 50% likely of being reali zed Changes in recognition or measurement are reflected in the period in which the change in judgment occurs There are no federal income tax expenses, penalties, or interest reco gnized in the consolidated statements of operations and changes in net assets and no unrec ognized tax benefits for the years ended December 31, 2016 and 2015 Children's is not sub ject to an income tax examination for years before 2013

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Children's Health Care

Employer identification number
41-1754276

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					30,726,891
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					30,726,891

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

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Additional Data

Software ID:

Software Version:

EIN: 41-1754276

Name: Children's Health Care

Part V **Supplemental Information**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Self Insurance	122,668
Central America and the Caribbean			Investments	N/A	9,426,961
Europe (Including Iceland and Greenland)			Investments	N/A	4,720,322

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments	N/A	5,286,628
Central America and the Caribbean			Investments	N/A	2,815,994
Central America and the Caribbean			Investments	N/A	969,995

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments	N/A	5,610,475
Central America and the Caribbean			Investments	N/A	1,773,848

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Children's Health Care

Employer identification number
41-1754276

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 275 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☑ 350% ☐ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			945,420		945,420	0 120 %
b Medicaid (from Worksheet 3, column a)			336,945,040	254,963,548	81,981,492	10 490 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			337,890,460	254,963,548	82,926,912	10 610 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			13,640,371	2,595,782	11,044,589	1 410 %
f Health professions education (from Worksheet 5)			7,190,663	2,542,262	4,648,401	0 590 %
g Subsidized health services (from Worksheet 6)			69,738,834	49,616,313	20,122,521	2 570 %
h Research (from Worksheet 7)			4,152,622	3,151,858	1,000,764	0 130 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			125,630		125,630	0 020 %
j **Total.** Other Benefits			94,848,120	57,906,215	36,941,905	4 720 %
k **Total.** Add lines 7d and 7j			432,738,580	312,869,763	119,868,817	15 330 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			5,400		5,400	
2 Economic development						
3 Community support			13,700		13,700	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			55,500		55,500	0 010 %
9 Other						
10 Total			74,600		74,600	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 6,005,834			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 1,501,459			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	130,901
6	Enter Medicare allowable costs of care relating to payments on line 5	6	269,520
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-138,619
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Children's Health Care

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

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Children's Health Care

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 275 % and FPG family income limit for eligibility for discounted care of 350 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) www childrensmn org/your-visit/af			
b	☑ The FAP application form was widely available on a website (list url) www childrensmn org/your-visit/after			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www childrensmn org/your-vis			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ 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	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Children's Health Care

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
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			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Children's Health Care

Name of hospital facility or letter of facility reporting group

		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 ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **8**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part I Line 3c	
Form Sch H Part I Line 6a	Children's includes information on community benefit expenditures in the organization's an nual report The report is available online at https //www childrensmn org/support-childre ns/giving-to-childrens/annual-r eport/ Community benefit numbers, as well as community he alth needs assessment information, are also available on the community health section of t he website http //www childrensmn org/community

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part I Line 7g	
Form Sch H Part II	Community building activities Children's provided the following community building activi ties in 2016 Career Readiness -Achieve Step-Up Step-Up is Minneapolis' largest training program which provides job opportunities to youth Since 2006 Children's Minnesota has hi red Step-Up summer interns The students work in a variety of areas to gain knowledge in p atient care and non-patient care departments Many of the Children's Step-Up students atte nd or will be attending higher education institutions Students may return to their positi ons during breaks in a casual capacity while attending school or volunteer The program at Children's focuses on immersing and integrating students in the hospital work environment to assist with building skills and competitive employment in healthcare In 2016, Childre n's employed 10 Step-Up 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 Initiat ive This program provides college preparatory schooling to inner city minority students a s well as targeted work-study opportunities Children's has provided work-study and mentor opportunities to students since 2007 The goal of this initiative is to provide real-life work experiences that will broaden our minority talent pool while allowing students to ea rn a portion of the cost of their education In 2016, Children's assisted 8 students -Pro ject SEARCH Children's partnered with the Minneapolis Public Schools Transitions Plus pro gram to launch Project SEARCH in 2011 We are the first healthcare organization to launch Project SEARCH in the 5 state areas PS is a unique business-led transition program for st udents with disabilities to work, explore careers and develop transferable job skills, wit h the goal of working in a competitive environment Designed as an unpaid internship progr am, Project SEARCH places students in real situations where they learn all aspects of gain ing 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 accommo dations, adaptations, and on-the-job coaching via Minneapolis school employees Children's worked with 8 PRoject Search students in 2016 -Project for Pride in Living PPL helps lo w-income people achieve self-sufficiency through housing, employment training, support ser vices and education Children's partners with and provides financial support to PPL in the ir Train to Work initiative, which has trained hundreds of people to meet entry-level staf fing needs of Children's and other major area healthcare partners Train to Work offers tr aining in healthcare-specific details, such as medical terminology and electronic health r ecords, as well as a job shadowing internship that has been essential component of the pro gram's success The internship gives participants hands-on experience in healthcare and gi ves employers and opportunity to observe potential employees In 2016, Children's sponsore d 5 PPL interns -Community Support Children's supports the Midtown Safety Center in the Phillips neighborhood where the Minneapolis hospital campus is located The Midtown Safety Center acts as a hub for connecting police and community in important ways -Community Su pport Children's provided a number of donations to community based organizations in 2016 to support their work in supporting community health through their mission The work of th ese organizations varied, both in scope and specific focus, but broadly worked to address the many social conditions that impact health

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part III Line 2	
Form Sch H Part III Line 3	The organization estimates that twenty-five percent of bad debt expenses are attributable to patients who likely would qualify for financial assistance under the organization's cha rity 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part III Line 4	
Form Sch H Part III Line 8	The organization primarily serves pediatric patients and does not generate significant Med icare revenues The organization files a Medicare cost report annually Form 990, Schedule H, Worksheet 3 - Unreimbursed Medicaid and Other Means-Tested Government Programs was use d to calculate the costs associated with Medicare charges reported in Part III, Line 6 Th e organization does not report any amounts from Part III, Line 7 as community benefit

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part III Line 9b	
Form Sch H Part VI Line 2	In 2016, Children's completed its second community health needs assessment, as required un der the Patient Protection and Affordable Care Act of 2010 ("PPACA") The CHNA and accompa nying implementation strategy were approved by the Children's Board of Directors at its bo ard meeting The complete documents are available to the public at http //www childrensmn org/community In conducting the assessment, Children's considered the following topics an d data demographics, economic issues that affect children, community issues, health statu s indicators, health access indicators, health disparities indicators and availability of healthcare facilities and resources In addition to the CHNA process, Children's also regu larly assesses the health care needs of the community in the following ways a Board of D irectors the organization's governing body, comprised primarily of community members who reside locally, provides governance oversight and input on the health care services Childr en's provides to the local community b Children's employed physicians, independent physi cians who provide care at Children's, and numerous clinical care providers assess communit y needs daily through the pediatric care provided throughout the community c Community p artnerships/relationships Children's Advocacy and Health Policy department has developed a core strategy based on active and substantive engagement of the community, in its varyin g forms This includes collaboration with community-based organizations and leaders, align ed non-profits, service delivery agencies and associations We also engage in local and st ate government-driven initiatives around child health issues Through these partnerships C hildren's gains insight and supports progress on a number of key issues impacting children , including early childhood development, childhood obesity, premature birth, tobacco cont rol, equity and the social conditions that impact health d The Family Advisory Council this diverse group of families whose children are present or past patients of Children's r egularly provides input on the services provided at Children's Council members represent a wide range of inpatient and outpatient experiences to help enhance the quality of child and family care experiences at Children's Council responsibilities include - Develop, im plement and evaluate service and facility standards - Communicate with management about t he recommendations and concerns expressed by parents, family members, parent associations and others - Advise on policy review, promote family-centered care and support program de velopment e Youth Advisory Council This is a dedicated group of patients, ages 10 to 18 , who help hospital staff, leaders, clinicians and parents understand what is important to children, teens and siblings during hospital stays, clinic visits and emergency care The YAC brings a valuable perspective and voice to Children's by participating in activities that promote discussion and thought about health care services for pediatric and young adu lt patients The council also brings great perspective to let other children know how to m ake their stay at Children's a more comfortable and positive experience f Other methods include and are not limited to partnerships and projects with third party-payers and other community physicians and hospitals, monitoring and reporting of infectious disease data, disaster readiness efforts, research and education, support groups, and others

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part VI Line 3	
Form Sch H Part VI Line 4	Children's Hospitals and Clinics of Minnesota serves the five state area of the upper Midw est (Minnesota, North Dakota, South Dakota, Iowa, and Wisconsin) In 2016, Children's serv ed patients from 100 percent of Minnesota counties and 62 percent of the total counties in the five state area In support of a highly diverse patient population, Children's provid ed interpreter services for 78 languages with the most frequent languages being Spanish, S omali and Hmong Children's also serves a disproportionate share of economically disadvant aged patients with 43 percent of net patient revenues from government programs The Minnea polis campus is located within the Phillips-Powderhorn neighborhood (MUA), home to one of the most ethnically diverse communities in Minnesota

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part VI Line 5	
Form Sch H Part VI Line 7	List of States Receiving Community Benefit Report MN

Additional Data

Software ID:

Software Version:

EIN: 41-1754276

Name: Children's Health Care

Form 990 Schedule H, Part V Section A. Hospital Facilities

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Form Sch H Part V Line 5	
Form Sch H Part V Line 11	The 2016 CHNA identified six issues as being the most important for Children's Minnesota t o focus in order to support the health and well-being if children and their families The identified focus areas include both health status indicators such as asthma and mental hea lth and well-being, as well as social determinants of health including access to resource s, income and employment, education, and structural racism As implementation strategies a re developed to address these priorities, the Children's Advisory Committee and Children's MN will consider the intersectionality of these topics, as well as how they contribute to disparities Children's continued to provide the following services to address the signif icant needs identified in its CHNA, including Access to care - Interpreter Services Ove rall, the total number of interpreting encounters for 2016 was 90,598 in a total of 78 lan guages The top three languages interpreted at Children's are Spanish, Somali and Hmong - Food Pantry In 2016, the Family Resource Center provided 9,603 meals, which served 741 children and 2,752 adults - Family Resource Center The total number of visits to Childre n's Family Resource Centers in St Paul and Minneapolis in 2016 was 38,416 Staff mediated encounters were 16,717 which include the number of amenity disbursements (meal tickets, pa rking vouchers, cab vouchers, bus passes, personal care items, etc), consumer health resea rch/reference requests, notary transactions, technology support, etc - Financial Counseli ng Children's Financial Resource Center helped 3,109 patients in 2016 apply and receive a pproval for Minnesota Medical Assistance (Medicaid) - Portico Healthnet To help expand a ccess to coverage, Children's continued providing financial support to Portico Healthnet, a non-profit organization that assists uninsured Minnesotans in accessing affordable healt h coverage and care - Sibling Play Area The Sibling Play Area is a creative space especi ally designed for the brothers and sisters of patients It provides siblings of patients a unique place to play during appointment and wait times, surgeries or procedures In 2016, the Sibling Play Area was used by 6,274 kids in Minneapolis and 3,049 in St Paul - Child ren's Immunization Project Kohl's Cares and Children's Flu Prevention Project administere d 6,558 flu vaccinations at 101 school vaccination clinics through funding and support fro m Kohl's We visited 16 schools and provided an educational program on influenza preventio n including hand hygiene and providing and reading a book to 2,860 students in grades K-2 - Health equity The Children's Minnesota Minneapolis campus is located in the heart of o ne of the largest and most vibrant urban communities in the country Recognizing the criti cal role culture and traditions play in a child's health and well-being, we've partnered w ith community organizations to help provide a more culturally responsive and respectful ap proach to health care - The First Gift Initiative grows as a transformative program appro ach that connects traditional knowledge, community healing, positive storytelling/narrativ es, to promote healthy American Indian babies Traditionally, The First Gift is a pair of moccasins given to a baby Children's Minnesota, in partnership with the local American In dian community, gather to make and distribute moccasins to American Indian babies in the S pecial Care Nursery (SCN) and the Neonatal Intensive Care Unit In 2016 the First Gift pro ject gave 20 families at Children's and in the community their First Gift The American In dian Volunteer Cohort has trained over 10 volunteers This cohort is specifically aimed to recruit American Indian Community members to come to Children's to hold babies in our SCN This cohort was designed to create a more inclusive, representative, and culturally awar e environment Maternal and child health - Minnesota Sudden Infant Death (SID) Center The Minnesota SID Center served 90 families in 2016 and provided 15 professional education tr ainings The SID Center conducted 1100 public health nurse visits and sent 17,000 informat ional mailings - Perinatal HIV Prevention Children's served 138 clients in the Perinatal HIV Prevention program, including providing care coordination to 40 HIV-positive pregnant women Children's provided case management for 44 HIV-positive patients in addition to su rveillance for 54 HIV-exposed infants Mental health - The Midwest Children's Resource Ce nter (MCRC) at Children's is a hospital-based program that provides clinical evaluations a nd services to children who have been abused or neglected MCRC brings subspecialty medica l consultation, skilled case management and expert psychological services to communities t hroughout the region, and promotes and delivers expert service in child abuse response In 2016, MCRC treated 1,318 children for suspected abuse Achieving optimal outcomes in malt reated children requires close collaboration with community partners in law enforcement, c hild protection, advocacy, medicine, and mental health Services include medical evaluatio ns and health assessments, psychological assessments, professional consultations, and prev ention programs on shaken baby syndrome, teen parenting programs and child sexual abuse T he MCRC also functions as one of four Regional Children's Advocacy Centers across the nati on, providing training and technical assistance to child abuse professionals across the Mi dwest and nation Morbidity and mortality (focus on obesity and asthma) - Healthy Kids Pa rtnership Children's continued its collaboration with HealthPartners and a variety of com munity-based organizations and health clinics to address childhood obesity at the communit y level Through three neighborhood or city specific initiatives, the partnership is testi ng diverse approaches toward creating healthier environments for children in our communiti es - HealthTeacher Children's financially sponsored the HealthTeacher program for school districts in Hennepin and Ramsey counties HealthTeacher, Inc provides web-based health education curriculum and interactive physical activity breaks related resources focused on health improvement and physical activity These tools provide schools and teachers import ant resources to help children lead healthy lives - Public health and policy coalitions In order to address the policies, systems and environments that impact child health, Child ren's actively participated in several broad based coalitions, including the Minnesota Pr ematurity Task Force, Minnesota Healthy Kids coalition, MinneMinds, Generation Next, the S aint Paul Promise Neighborhood health committee, the Mental Health Legislative Network, an d the Community Health Improvement Partnership collaborations in Hennepin and Ramsey count ies These coalitions address a variety of health issues in our community, including impro ved birth outcomes, childhood weight status, early childhood development, access to health care, social connectedness, and community health overall Social and economic factors - School re-entry program When a child is forced to miss school for a prolonged period of t ime due to an illness, the school re-entry program helps him or her prepare for a return t o the classroom In 2016, Children's conducted 88 school visits which served 2,640 childre n - Child and Family Services The Families as Partners program worked with 206 families that volunteered 2 914 hours of service in 2016 There were 21 individuals who served on t he Family Advisory Council and 20 youth who served on the Youth Advisory Council
Form Sch H Part V Line 15e	Children's Hospitals written financial assistance policy The policy outlines the guidelin es, scope of services covered, availability of information, how to apply, the patient/guar antor's responsibility for providing information and the hospitals responsibility for revi ew and communication of determination The policy is based on the federal poverty guidelin es, updated annually with a differentiation for those families with insurance and those wi thout and includes an exception process Amounts generally billed is defined and Children' s has chosen the look back method inclusive of all claims
Form Sch H Part V Line 16J	Children's Hospitals and Clinics has a written financial assistance policy and a Plain Lan guage Summary of our policy Our policy is posted on our website as well as available at a ll registration areas throughout the hospital and our clinics A copy of the plain languag e summary of our policy is provided to any patient without insurance at each visit and ann ually to all patients The policy and Plain language Summary is currently available in Eng lish, Spanish, Somali, Hmong, Russian and Vietnamese We also have posters identifying key points of our policy displayed in all registration areas In addition, we have a financia l assistance calculator on our website where families are able to key in their income and family size to assess whether they may meet our policy guidelines
Form Sch H Part V Line 22B	CHILDREN'S FINANCIAL ASSISTANCE POLICY IS BASED ON THE FEDERAL POVERTY GUIDELINES FOR FAM ILIES WITH NO INSURANCE AND INCOME LESS THAN 275% OF THE FPL, THE CARE PROVIDED TO THE FAM ILY IS FREE FOR FAMILIES WITH INCOME GREATER THAN 275% OF THE FPL BUT LESS THAN 350% OF T HE FPL, THE FAMILY WILL BE CHARGED NOT MORE THAN AMOUNTS GENERALLY BILLED CHILDREN'S HAS CHOSEN TO USE THE LOOK BACK METHOD AND INCLUDING ALL CLAIM PAYMENTS FOR THE PREVIOUS 12 MO NTH PERIOD

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 15

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2

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 non-cash assistance
(1) Charity Care Assistance to Individuals	1307		2,068,308	Cost	Charity Care to Indv
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Form Sch I Part I Line 2	From time to time, children's grants monies to other organizations Conducting programs and/or research that will benefit the children that Children's serves Children's also occasionally provides monetary support To organizations that promote careers in the health care field and Community organizations that support the economic development of the area Surrounding the children's minneapolis campus Children's receives Periodic updates regarding the use of the funds

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cristo Rey Jesuit High School 2924 4th Ave S Minneapolis, MN 55408	20-4548714	501(c)(3)	30,500		N/A	N/A	Sponsorship - Corporate Work Study
Healthteacher Inc 209 10th Ave S Suite 350 Nashville, TN 37203	000000000	N/A	58,333		N/A	N/A	Classroom-based PE curriculum GoNoodle Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
March of Dimes 5233 Edina Industrial Blvd Edina, MN 55439	13-1846366	501(c)(3)	12,500		N/A	N/A	Sponsorship - Nurse of the Year
Phillips West Neighborhood Org 2400 Park Ave S Suite 152 Minneapolis, MN 55404	90-0122796	501(c)(3)	5,400		N/A	N/A	Sponsorship - Midtown Safety , NNO

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Portico Healthnet 2610 University Ave W Suite 550 St Paul, MN 55114	41-1814659	501(c)(3)	37,547		N/A	N/A	Assist families in obtaining insurance
Project for Pride in Living 1035 E Franklin Ave Minneapolis, MN 55406	23-7232208	501(c)(3)	25,000		N/A	N/A	Health career job training

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MN Wild Foundation 317 Washington Street St Paul, MN 55102	90-0518400	501(c)(3)	18,500		N/A	N/A	Health Career Program Wild about Children's Event
Ronald McDonald House - Upper Midwest 818 Fulton Street NE Suite 1200 Minneapolis, MN 55414	41-1313107	501(c)(3)	17,925		N/A	N/A	Sponsorship - Golf, Brew Love, Gala

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CycleHealth 6545 Flying Cloud Drive Suite 202 Eden Prairie, MN 55344	46-3077108	501(c)(3)	20,000		N/A	N/A	Program Education
Camp Odaytin PO Box 2068 Stillwater, MN 55082	41-2014358	501(c)(3)	7,500		N/A	N/A	Event sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Children's Surgery International 825 Nicollet Mall Suite 706 Minneapolis, MN 55402	41-2013739	501(c)(3)	5,075		N/A	N/A	Phillips Neighborhood revitalization Sponsorship - Gala and Memorial
Greater Mpls Council of Churches 1100 East Lake St Minneapolis, MN 55407	41-0693933	501(c)(3)	10,000		N/A	N/A	'Wild about Children's' Event Sponsorship - LEAP, Comm Baby Showers

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Little Earth Residents Assoc Inc 2495 18th Ave S Minneapolis, MN 55404	36-3309894	501(c)(3)	6,000		N/A	N/A	Operational support and sponsorship Youth mental health and NNO
Nexus Community Partners 2314 University Ave W Suite 18 St Paul, MN 55114	30-0658898	501(c)(3)	10,000		N/A	N/A	The Green Zone Community Advisory Comm

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Reach Out and Read 89 South St Suite 201 Boston, MA 02111	04-3481253	501(c)(3)	6,500		N/A	N/A	Sponsorships - Breakfast Event
Spare Key 101 East 5th St Suite 1100 St Paul, MN 55101	41-1888767	501(c)(3)	10,000		N/A	N/A	Sponsorships - Groove Galas

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Women's Health Leadership Trust 1000 Westgate Dr Suite 252 St Paul, MN 55114	000000000	N/A	13,950		N/A	N/A	Sponsorship

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Children's Health Care

Employer identification number
41-1754276

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Form Sch J Part I Line 1a	ROBERT BONAR IS REIMBURSED FOR HIS MEMBERSHIP FEES FOR THE MINNEAPOLIS CLUB, WHICH IS USED SOLELY FOR BUSINESS PURPOSES Form Sch J Part I Line 4a 2016 Severance Payment David Overman $294,329
Form Sch J Part I Line 4b	Certain employees of Children's Health Care, parent of Children's Clinic Network, are provided the opportunity to participate in the 457(f) Deferral Plan (the Deferral Plan) The Deferral Plan requires that the employee is a physician or executive and is a 5 FTE or more in order to be eligible to participate in the Deferral Plan Payments from the Deferral Plan occur at vesting and are based on percentage of salary The following amounts represent the amount paid under the Deferral Plan in 2016 David Overman - $273,708 Phil Kibort - $83,965 Maria Christu - $41,281 Roxanne Fernandes - $77,899 Jeffrey Young - $36,301 Carol Wilcox - $22,936 Bjorn Gunnerud - $25,609 Samantha Hanson - $18,113 Emily Chapman - $14,160 Anupam Kharbanda - $12,555 Joseph Petronio - $38,461 Meysam Kebriaei - $29,870 Frank Rimell - $24,014 James Engels - $36,567 Barbara Malone - $25,015 Stephen Nelson - $47,897 Theresa Pesch - $39,166
Form Sch J Part II	The Children's Foundation President participates in a long-term incentive plan with payout based on various performance measures The payout received in 2016 was $53,975

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1Robert Bonar JR Chief Executive Officer	(I)	827,671	403,224	65,950	182,092	17,881	1,496,818	0
	(II)				0	0	0	0
1David Overman President & COO	(I)	285,065	191,314	568,284	71,577	7,451	1,123,691	273,708
	(II)				0	0	0	0
2Todd Ostendorf VP, Finance & CFO - April 2016	(I)	286,339		2,355	46,301	15,243	350,238	0
	(II)				0	0	0	0
3Phil Kibort VP Medical Affairs and CMO	(I)	493,342	147,750	118,715	24,400	18,601	802,808	83,965
	(II)				0	0	0	0
4Maria Christu Chief Legal Officer	(I)	369,695	109,138	51,521	64,650	22,247	617,251	41,281
	(II)				0	0	0	0
5Roxanne Fernandes CNO, VP Patient Care Svcs	(I)	332,518	96,998	83,635	55,392	17,442	585,985	77,899
	(II)				0	0	0	0
6Jeffrey Young Chief Information Officer	(I)	319,193	95,609	43,054	56,678	20,352	534,886	36,301
	(II)				0	0	0	0
7Carol Wilcox VP Diagnostic/Therapeutic SVCS	(I)	209,564	61,125	26,569	42,427	2,409	342,094	22,936
	(II)				0	0	0	0
8Bjorn Gunnerud VP, Marketing & Communications	(I)	226,728	67,598	36,889	44,644	20,628	396,487	25,609
	(II)				0	0	0	0
9Samantha HansonCHRO	(I)	310,056	92,153	20,022	55,920	21,585	499,736	18,113
	(II)				0	0	0	0
10Jennifer Olson VP Business Dev & Strategy	(I)	287,765	75,063	8,871	50,672	15,300	437,671	0
	(II)				0	0	0	0
11Trevor Sawallish Chief Ambulatory Officer	(I)	324,922		9,917	48,192	21,414	404,445	0
	(II)				0	0	0	0
12Emily Chapman Vice Chief Medical Officer	(I)	220,389	16,605	17,296	28,584	21,364	304,238	14,160
	(II)				0	0	0	0
13Michael Morrey VP Ops Mother Baby Clin Svc	(I)	179,523		7,713	6,231	13,202	206,669	0
	(II)				0	0	0	0
14Rebecca Woitalewicz Interim CFO through April 2016	(I)	171,932	53,374	3,057	16,880	19,331	264,574	0
	(II)				0	0	0	0
15Claudia Hines Sr Dir Clin Svcs - Pediatrics	(I)	123,535	15,216	5,855	13,687	13,733	172,026	0
	(II)				0	0	0	0
16Kathleen Penson Sr Dir Clin SVCS - Pediatrics	(I)	163,613	30,142	4,941	5,725	17,686	222,107	0
	(II)				0	0	0	0
17Glona Drake Sr Dir Clin Svcs - Periop	(I)	187,223	46,324	1,411	27,640	13,194	275,792	0
	(II)	45,426			0	0	45,426	0
18Alice Chernich Sr Dir Clinical Serv - Neonata	(I)	164,992	39,210		9,778	14,027	228,007	0
	(II)				0	0	0	0
19Joseph Petronio Surgical Dir, Peds Neurosurg	(I)	805,241	51,277	100,946	57,337	23,738	1,038,539	38,461
	(II)				0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 Meysam Kebriaei Staff Physician	(i)	616,229	110,002	30,928	46,409	22,440	826,008	29,870
	(ii)				0	0	0	0
1 Frank RimelliStaff Physician	(i)	515,388	189,880	27,457	42,127	23,738	798,590	24,014
	(ii)				0	0	0	0
2 James EngelsStaff Physician	(i)	508,621	26,360	40,473	53,688	22,934	652,076	36,567
	(ii)				0	0	0	0
3 Barbara Malone Medical Director	(i)	510,473	98,955	30,451	41,628	18,108	699,615	25,015
	(ii)				0	0	0	0
4 Stephen Nelson Staff Physician	(i)	241,214	41,943	51,365	48,541	21,381	404,444	47,897
	(ii)				0	0	0	0
5 Anupam Kharbanda Chief of Critical Care Service	(i)	298,561	67,627	13,472	29,862	2,992	412,514	12,555
	(ii)				0	0	0	0
6 Theresa Pesch President, Foundation	(i)	34,984	7,596	4,713	6,185	2,287	55,765	3,916
	(ii)	314,859	68,355	42,416	55,663	20,579	501,872	35,250

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Children's Health Care

Employer identification number
41-1754276

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	58,475,000	24,625,000	11,800,000	30,810,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	77,550,000	51,550,000	106,148,383	97,071,507
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	810,064	0	862,000	0
8	Credit enhancement from proceeds	1,239,936	0	1,582,951	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	50,000,000	0	103,703,432	51,120,684
11	Other spent proceeds	25,500,000	51,550,000	0	45,950,823
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2004		2009	2011

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
b	Name of provider	Piper Jaffray		Piper Jaffray		Piper Jaffray		0	
c	Term of hedge	2720 %		1720 %		2480 %			
d	Was the hedge superintegrated?		X		X		X		
e	Was the hedge terminated?		X		X		X		

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Supplemental Information	The report periods selected for all four bond issues recorded on Schedule K are not the same as the fiscal year end for the rest of the Form 990 Schedule K uses the bond year ending of August 15, 2017 Part I, Column (g) Although these bonds are not defeased, a portion of the bonds was currently refunded by a reissuance on 3/25/2010 Schedule K, Part I, Line 1 Column A Health Care Facilities Revenue Bonds 1995B/2004A - Issuer of the bond is City of Minneapolis, MN (41-6005375) and Housing and Redevelopment Authority of the City of St Paul, MN (41-6005521) Schedule K, Part I, Line 2 Column A Health Care Facilities Revenue Bonds 2004B - Issuer of the bond is City of Minneapolis, MN (41-6005375) and Housing and Redevelopment Authority of the City of St Paul, MN (41-6005521) Schedule K, Part I, Line 3 Column A Health Care Facilities Revenue Bonds 2007A - Issuer of the bond is City of Minneapolis, MN (41-6005375) and Housing and Redevelopment Authority of the City of St Paul, MN (41- 6005521) Schedule K, Part I, Line 4 Column A Health Care Facilities Revenue Bonds 1995B/2004A-1/2010A - Issuer of the bond is City of Minneapolis, MN (41-6005375) and Housing and Redevelopment Authority of the City of St Paul, MN (41-6005521)

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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Name of the organization
Children's Health Care

Employer identification number
41-1754276

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) John McNamara MD	Board Member	4,341,540	Children's Resp & Crit Care		No
(2) Patrick Ryan	Board Member	9,585,081	Ryan Companies US, Inc		No

Part V Supplemental Information

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

Return Reference	Explanation
Form Sch L Part IV	Business transactions involving interested persons (a) Name of interested person John McNamara, MD (b) Description of transaction board member of children's respiratory & Critical care specialists pa (c) name of interested person Patrick Ryan (d) description of transaction board member of ryan companies us inc

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

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		145,741	Cost/Selling Price
5 Clothing and household goods	X		673,702	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	157	139,905	Cost/Selling Price
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Entertainment)	X	107	83,039	Cost/Selling Price
26 Other ▶ (Electronics)	X	3	37,180	Cost/Selling Price
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

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

Part II **Supplemental Information.**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

▶ **Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Children's Health Care

Employer identification number

41-1754276

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4a	Program Service Accomplishments Children's - St Paul has been named a 2015 Top Hospital by the Leapfrog Group While more than 1,600 hospitals reported safety and quality informa tion to the Leapfrog Group, only 6 percent were recognized this year for their high marks for quality and efficiency We're one of only 12 pediatric hospitals across the U S that has earned this honor and the only one recognized in the Upper Midwest This is the eighth time that Children's (Minneapolis, St Paul or both) has been recognized by the Leapfrog Group since 2006 For the tenth year, U S News & World Report has named Children's as one of America's Best Children's Hospitals, with our pulmonology program ranking 33rd and our diabetes and endocrinology program ranking 49th in the nation for 2016-2017 We are Minne sota's largest provider of care to children with complex surgical conditions, heart diseas e, cancer, diabetes, and extreme pre-maturity In 2016, Children's cared for 14,588 inpati ent admissions representing 106,163 patient days, performed 24,591 surgical cases, treated 96,443 emergency room visits and cared for 447,731 outpatient clinic visits, many of whic h provided to inner city Minneapolis and St Paul residents Children's continues to serve a diverse population with 90,598 family encounters for language interpretation in 78 diff erent languages Children's considers certain major programs as destination programs, whic h 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, i ncluding fetuses, newborns, infants, children, adolescents, and adult, long-term patients with pediatric cardiovascular conditions - Neonatal Intensive Care - Children's specializ es 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 t ertiary 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 153 staffed bed s and more than 41,000 patient days Our neonatal team includes highly-trained and experie nced professionals from a full spectrum of medical specialties We have our Mother Baby Ce nter 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 Pau l - 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4a	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 mult idisciplinary professionals - Cystic Fibrosis - The Cystic Fibrosis (CF) Center at Childr en's of Minnesota diagnoses and treats children in all stages of CF Our dedication to fam ily-centered care and education helps children and their families learn to live with CF C are at Children's for patients with CF ranks among the top 10 programs nationally in key o utcomes measured by the National Cystic Fibrosis Registry Children's provides a continuum of care through coordinated inpatient and outpatient services, from diagnosis through lon g-term follow-up The Cystic Fibrosis Center of Children's provides state-of-the art compr ehensive care for children with CF - Diabetes/Endocrinology - The McNeely Pediatric Diabe tes 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 targe ted 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 diagnos tic services and treatment for children with disorders of growth, advanced or delayed sexu al development, pituitary disorders, thyroid abnormalities, disorders of calcium balance, adrenal disorders, and hypoglycemia The McNeely Pediatric Diabetes Center has received re cognition for its diabetes education program from the American Diabetes Association, by me eting the association's high educational standards - Children's provides other high quali ty programs such as Surgery Children's surgery teams deliver next-generation care in an a ward-winning environment that is exclusively dedicated to pediatrics Health professionals of many disciplines work together to provide children with the best possible surgery expe rience Children's bodies are different than adults For example, they often require speci ally-sized surgical equipment They react differently to anesthesia and to pain Their bod ies 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, over 20,000 surgeries are performed each year on fetuses, newborns, child ren, adolescents, and young adults from throughout the Upper Midwest Surgical treatment r esults rank Children's among the top hospitals in the U S in pediatric surgical care Chi ldren'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 inc lude Neurosciences, ENT and facial plastic surgery, and Trauma care As a charitable organ ization, Children's Hospitals & Clinics of Minnesota also provides a broad spectrum of ben efits to the communities we se

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4a	rve These services and donations account for a measureable portion of the hospitals' cost s and help to promote healthy lifestyles, community development, health education, and aff ordable access to care Please see IRS Form 990, Schedule H for a summary of these communi ty benefits

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4b	Program Service Accomplishments We continue to participate in multiple prestigious national collaborations and clinical trials We are also generating landmark investigator-initiated research, aimed at novel ways to deliver life-saving treatments, manage pain and symptoms and develop new methods for preventing or treating childhood diseases Every day, Children's researchers express their commitment to building better outcomes for our children These outcomes will have both immediate and lasting impact for children receiving state of the science care at our specialty centers Children with cardiac disease, cancer, genetic and blood disorders, diabetes, cystic fibrosis, and other life-impacting conditions all have benefited from research at Children's The vision and strategic innovation of our research leaders have brought us to impressive milestones in the past year We continue to take steps toward advancing our research and committed to thriving into the future with our children and families

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4c	Program Service Accomplishments The rotations were performed in Children's Emergency Depa rtment, inpatient medical/surgical, PICU and neonatal inpatient care units, surgery and an esthesia, ENT surgery, urology, and subspecialty clinics In addition, Children's offered 34 continuing medical education courses, and produced 134 peer reviewed publications Cult ivating medical leaders ensures that we continue our mission - championing the special hea lth needs of children and their families 2) Education and training of health care and oth er providers of services to children i) The Midwest Regional Children's Advocacy Center a t 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 Th e Center offers information, consultation, technical assistance, and training to physician s, nurses, and non-medical members of community child abuse teams, including law enforceme nt personnel, attorneys and child protection workers ii) Recognized, as the nation's lead er 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-bas ed consultation to children who are in need of hospice or palliative care while they are h ospitalized, offers a regional 24/7 telephone consultation program providing education, su pport, and guidance to families and professional providers, and serves as a resource cente r for pediatric palliative care iii) The Minnesota Sudden Infant Death Syndrome (SID) Cen ter is a statewide program that provides information, counseling, and support to anyone ex periencing a sudden and unexpected infant death from any cause The SID Center is the stat e's resource for information on Sudden Infant Death Syndrome (SIDS) and SIDS risk reductio n The Center conducts training and educational programs for health care providers, child- care workers, and other professional and community groups The Center also tracks and repo rts infant mortality trends in Minnesota and participates in local, state, and national in itiatives to reduce the risk of sudden, unexpected infant death The Minnesota SID Center collaborates with the Minnesota Department of Health, county public health nurses, and med ical examiners in every county throughout Minnesota iv) The Emergency Medical Services fo r Children (EMSC) Resource Center housed at Children's creates awareness regarding the spe cial needs of children in emergency medical situations EMSC educational programs are desi gned to train pre-hospital personnel, first responders, physicians, nurses, and school nur ses 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4c	, develops and disseminates pediatric emergency are guidelines, and conducts mortality rev iews and research Education and employment - Because disparities in child health are so c losely associated with low educational attainment and poor job skills, Children's is engag ed in several key community partnerships to improve educational success and earning potent ial among youth and adults Examples include the Roosevelt High School and Cristo Rey Jesu it High School Health Careers Program that provides students interested in health care car eers the opportunity to receive health care specific education and obtain internships with health care organizations, the Achieve Minneapolis/Step-up Summer Jobs Program that place s youth in supervised summer internships at participating companies and organizations, and a partnership with Project for Pride in Living that recognizes that a healthy, sustainabl e community requires residents with well-paying jobs

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 11a	Children's senior management reviews the draft Form 990 with the Audit and Compliance Committee of the governing body prior to filing of the Form This review includes an overview of the Form and discussion related to key sections Copies of the final Form 990 are made available to members of the Committee and all directors prior to the Form being filed The Audit and Compliance Committee has been delegated the authority to oversee the completion and filing of the Form 990 by the full board, and the Committee reports the results of its review and approval to the full board at a regularly scheduled board meeting

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 12c	Management of Children's ensure that conflict of interest disclosure forms are completed by all members of the governing body and board committees at least annually Forms are completed at the beginning of the year, and directors and committee members are instructed to provide additional disclosures if necessary during the course of the year The Governance Committee of the governing body, along with senior management (CEO and General Counsel) review all disclosures provided by governing board members The results of this review and any concerns, limitations, etc , are reported by the Governance Committee to the full board If conflicts are identified, the Governance Committee and management work to ensure that directors do not participate in discussion or voting on the affected matter

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 15a	Children's follows the requirements set forth in the IRS rebuttable presumption of reasonableness in determining compensation for the CEO and other officers and executive leaders of Children's This function is performed by the Compensation Committee of the governing board, which is composed of only independent directors The process includes review of comparability data, retention of an outside compensation consultant and contemporaneous substantiation of the deliberation and decision through detailed minutes of the Compensation Committee and full board meetings where executive compensation is considered

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 16a	Currently Children's does not have any joint ventures with a taxable entity that are mission related or joint ventures that are not mission related Within the context of their investment portfolio, the organization has invested in a number of limited partnership opportunities

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 19	Children's makes financial statement information public through a summary of financial performance in its annual report In addition, financial statements are provided publicly through Digital Assurance Certification, a dissemination agent, who therefore make this information publicly available Children's governing documents and conflict of interest policy are not available to the public

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part XI Line 9	Changes in Net Assets RSVP Retirement plan-related changes (492,293) Change in value of interest rate swap valuation 4,087,270 Change in beneficial interest of net assets of Foundation (2,554,226) Other Changes in net assets (28) Total to Form 990, Part XI, Line 9 1,040,723

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Medical Residents - Pediatrics TOTAL FEES 3633484

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Consulting Fees TOTAL FEES 7312907

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Security TOTAL FEES 63352

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Linen TOTAL FEES 1598386

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Purchased Services TOTAL FEES 64647948

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Stipends and Honorariums TOTAL FEES 294068

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Leased Equipment TOTAL FEES 1991741

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Maintenance/Service Contracts TOTAL FEES 3904336

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION EQUIPMENT REPAIR & MAINTENANCE TOTAL FEES 1329467

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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	(g) No
(1) Children's HC SVCS Inc DBA MINNETonka 2525 Chicago Ave S Minneapolis, MN 55404 41-1756478	Healthcare	MN	501(c)(3)	Line 3	NA	Yes	
(2) Children's Health Care Foundation 2525 Chicago Ave S Minneapolis, MN 55404 41-1814223	Healthcare	MN	501(c)(3)	Line 7	NA	Yes	
(3) Children's Clinic Network 2525 Chicago Ave S Minneapolis, MN 55404 45-3765330	Healthcare	MN	501(c)(3)	Line 3	NA	Yes	
(4) Mother Baby Facility LLC 2525 Chicago Ave S Minneapolis, MN 55404 45-4078371	Healthcare	MN	501(c)(3)	Line 12A	NA	Yes	

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

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

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	(i) No
(1) Children's Health Insurance Network Ltd PO Box 30600 Grand Cayman, MN 55404 46-3226418	Insurance	CJ	NA	C Corp	488,228	9,426,961	100 000 %	Yes	
(2) Children's Health Network 910 East 26th Street Suite 330 Minneapolis, MN 55404	Medical Services	MN	NA	C Corp	-643,617	535,042	100 000 %	Yes	

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

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

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

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

See Additional Data Table

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Children's Health Care Foundation	c	20,617,552	accrual
(1)	Children's Health Care Foundation	l	7,693,597	accrual
(2)	Children's Health Care Foundation	o	4,780,472	accrual
(3)	Children's Health Care Foundation	r	16,115,307	accrual
(4)	Children's Health Care Services Inc	l	783,467	accrual
(5)	Children's Health Care Services Inc	o	314,898	accrual
(6)	Children's Health Care Services Inc	q	11,757,448	accrual
(7)	Children's Health Care Services Inc	p	6,414,156	accrual
(8)	Children's Clinic Network	l	1,270,207	accrual
(9)	Children's Clinic Network	o	89,998	accrual
(10)	Children's Clinic Network	p	2,477,442	accrual
(11)	Children's Clinic Network	q	49,488,703	accrual
(12)	Children's Clinic Network	r	48,838,048	accrual
(13)	Children's Clinic Network	s	138,573	accrual