NONPROFIT RATE AGREEMENT

EIN: 1411677920A1
DATE: 10/23/2019
ORGANIZATION:
FILING REF.: The preceding
Hennepin Healthcare Research Institute
agreement was dated
(formerly Minneapolis Medical Research
10/30/2018
Foundation)
600 HFA Building
914 South Eighth Street
Minneapolis, MN 55404-1249

The rates approved in this agreement are for use on grants, contracts and other
agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

<table>
<thead>
<tr>
<th>RATE TYPES:</th>
<th>FIXED</th>
<th>FINAL</th>
<th>PROV. (PROVISIONAL)</th>
<th>PRED. (PREDETERMINED)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%)</th>
<th>LOCATION</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>FINAL</td>
<td>01/01/2018</td>
<td>12/31/2018</td>
<td>78.30</td>
<td>On Site #1</td>
<td>All Programs</td>
</tr>
<tr>
<td>FINAL</td>
<td>01/01/2018</td>
<td>12/31/2018</td>
<td>47.40</td>
<td>On Site #2</td>
<td>All Programs</td>
</tr>
<tr>
<td>PROV.</td>
<td>01/01/2019</td>
<td>12/31/2021</td>
<td>78.30</td>
<td>On Site #1</td>
<td>All Programs</td>
</tr>
<tr>
<td>PROV.</td>
<td>01/01/2019</td>
<td>12/31/2021</td>
<td>47.40</td>
<td>On Site #2</td>
<td>All Programs</td>
</tr>
</tbody>
</table>

Site Locations:

Site #1 - Animal Based Research
Site #2 - Clinic Based Research

The Site #2 rate includes the Nephrology Analytical Services (NAS) program.

*BASE

Direct salaries and wages including vacation, holiday, sick pay and other paid
absences but excluding all other fringe benefits.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are charged using a rate(s) which are not shown in the Rate Agreement. Over/under recoveries from actual costs are adjusted in current or future periods. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

FRINGE BENEFITS:

FICA
Retirement
Disability Insurance
Worker's Compensation
Life Insurance
Unemployment Insurance
Health Insurance
Dental Insurance
Termination Pay
Employee Health Screening
Parking

The next indirect cost rate proposal based on actual costs for the fiscal year ending 12/31/19, is due by 6/30/20.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000.
SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FAIR RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

B. OTHER:
If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

[Signature]
Kim Miller
(Name)
Interim VP, Operations
(Date) 10/31/2019

ON BEHALF OF THE FEDERAL GOVERNMENT:

[Signature]
Arif M. Karim
(Agency)
Director, Cost Allocation Services
(Title) 10/23/2019
(Date) 4504

NHS REPRESENTATIVE:
Shon Turner
(Phone) (214) 767-3261