

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

**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

SEE SCHEDULE O

**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

<b>4a</b>	(Code ) (Expenses \$	1,240,528,520	including grants of \$	0 ) (Revenue \$	2,206,435,783 )
	See Additional Data				

<b>4b</b>	(Code ) (Expenses \$	405,220,551	including grants of \$	72,511,826 ) (Revenue \$	0 )
	See Additional Data				

<b>4c</b>	(Code ) (Expenses \$		including grants of \$		(Revenue \$ )
-----------	----------------------	--	------------------------	--	---------------

<b>4d</b>	Other program services (Describe in Schedule O )				
	(Expenses \$		including grants of \$		(Revenue \$ )

<b>4e</b>	<b>Total program service expenses ▶</b>	1,645,749,071
-----------	---	---------------

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b> Yes	
<b>15</b> 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	<b>15</b> Yes	
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b> Yes	
<b>22</b> 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	<b>22</b>	No

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

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b>	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
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	516
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	16,064	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

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

## Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 14		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b> Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b> Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b> Yes	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> Yes	
<b>b</b> Other officers or key employees of the organization	<b>15b</b> Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

## Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: PA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ 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  
 ▶THOMAS J TODOROW 3401 CIVIC CTR BLVD PHILADELPHIA, PA 191044388 (215) 590-1000

## 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 ☒

☒

● 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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	19,053,496	4,436,570	790,103

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 ▶ 2,584

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
TARGET BUILDING CONSTRUCTION INC, 1124 Chester Pike CRUM LYNNE, PA 19022	CONSTRUCTION	33,036,047
TURNER CONSTRUCTION COMPANY, 1500 Spring Garden Street Suite 22 PHILADELPHIA, PA 19130	CONSTRUCTION	22,984,391
RIGHTSOURCING, 999 STEWART AVENUE SUITE 100 BETHPAGE, NY 11714	CONSULTANTS	18,804,204
LF DRISCOLL COMPANY LLC, 401 City Avenue Suite 500 BALA CYNWYD, PA 19004	CONSTRUCTION	18,145,963
KPMG LLP, PO BOX 120608 DALLAS, TX 753120608	CONSULTING	15,065,465

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 170</p>	
--	--



## 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	144,268,787		
	e	Government grants (contributions)	1e	205,229,870		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	33,079,149		
	g	Noncash contributions included in lines 1a - 1f \$ _____				
	h	Total. Add lines 1a-1f . . . . .		382,577,806		
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code			
			621110	2,113,402,458	2,112,785,514	616,944
	b	RESEARCH PROGRAM SERVICES	622110	31,277,410	31,277,410	
	c	HOME CARE - HEMOPHILIA	621610	1,944,518	1,944,518	
	d	POISON CENTER RECEIPTS	622110	927,958	927,958	
	e	_____				
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .		2,147,552,344		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		7,661,819		7,661,819
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties . . . . .		1,503,816		1,503,816
	6a	Gross rents	(i) Real (ii) Personal			
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . .		12,172,977		12,172,977
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . .		9,451,127		9,451,127
	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	CONTRIBUTIONS RELEASED FROM RESTRICTIONS	622110	8,689,262	8,689,262		
b	PARKING GARAGE REVENUE	812930	8,633,958	8,633,958		
c	ALL OTHER REVENUE	622110	41,560,219	41,560,219		
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		58,883,439			
12	Total revenue. See Instructions . . . . .		2,619,803,328	2,205,818,839	616,944	30,789,739

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	68,052,657	68,052,657		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	4,459,169	4,459,169		
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	24,273,293		24,273,293	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	570,974		570,974	
<b>7</b> Other salaries and wages.	808,305,402	497,064,269	311,241,133	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	66,270,299	39,537,431	26,732,868	
<b>9</b> Other employee benefits.	77,386,284	46,169,324	31,216,960	
<b>10</b> Payroll taxes.	75,315,681	44,933,984	30,381,697	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	1,949,450		1,949,450	
<b>c</b> Accounting.	885,769		885,769	
<b>d</b> Lobbying.	1,133,578		1,133,578	
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	600,234		600,234	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	107,712,659	39,691,496	68,021,163	
<b>12</b> Advertising and promotion.	6,076,409	198,052	5,878,357	
<b>13</b> Office expenses.	22,643,150	11,383,075	11,260,075	
<b>14</b> Information technology.	43,405,329	6,516,731	36,888,598	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	40,614,261	5,347,961	35,266,300	
<b>17</b> Travel.	5,592,835	4,194,626	1,398,209	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	1,327,709	995,782	331,927	
<b>20</b> Interest.	24,208,583	18,156,437	6,052,146	
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	176,266,765	132,200,074	44,066,691	
<b>23</b> Insurance.	52,858,795	41,214,488	11,644,307	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> RESEARCH EXPENSES	399,502,269	399,502,269		
<b>b</b> PATIENT RELATED SUPPLIES	288,494,114	276,343,078	12,151,036	
<b>c</b> DUES & SUBSCRIPTIONS	4,509,272	3,527,821	981,451	
<b>d</b> MISC EXPENSES	-1,947,733	6,260,347	-8,208,080	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	2,300,467,207	1,645,749,071	654,718,136	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		0	<b>1</b>	0
	<b>2</b>	Savings and temporary cash investments . . . . .		542,661,998	<b>2</b>	603,544,585
	<b>3</b>	Pledges and grants receivable, net . . . . .		23,796,935	<b>3</b>	23,313,247
	<b>4</b>	Accounts receivable, net . . . . .		326,429,010	<b>4</b>	460,241,061
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	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	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		27,985,300	<b>7</b>	27,985,300
	<b>8</b>	Inventories for sale or use . . . . .		8,665,041	<b>8</b>	8,227,019
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		38,716,018	<b>9</b>	34,666,650
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	4,733,906,474		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	2,138,395,653		
				2,599,482,144	<b>10c</b>	2,595,510,821
	<b>11</b>	Investments—publicly traded securities . . . . .		250,648,715	<b>11</b>	274,644,565
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		78,769,261	<b>12</b>	82,195,276
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		610,661,092	<b>15</b>	724,615,332	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		4,507,815,514	<b>16</b>	4,834,943,856	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		328,640,895	<b>17</b>	348,701,410
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		87,494,503	<b>19</b>	88,923,962
	<b>20</b>	Tax-exempt bond liabilities . . . . .		906,592,019	<b>20</b>	887,469,857
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		215,147,461	<b>25</b>	288,440,928
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,537,874,878	<b>26</b>	1,613,536,157
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		2,876,990,682	<b>27</b>	3,120,396,243
	<b>28</b>	Temporarily restricted net assets . . . . .		92,949,954	<b>28</b>	101,011,456
	<b>29</b>	Permanently restricted net assets . . . . .		0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		2,969,940,636	<b>33</b>	3,221,407,699
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		4,507,815,514	<b>34</b>	4,834,943,856

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,619,803,328
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,300,467,207
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	319,336,121
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,969,940,636
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,678,288
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-66,190,770
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,221,407,699

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> 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?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-1352166

Name: THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

**Form 990, Part III, Line 4b:**

SINCE ITS FOUNDING IN 1855, THE CHILDREN'S HOSPITAL OF PHILADELPHIA HAS FOSTERED SOME OF THE NATION'S PIONEERS IN PEDIATRIC MEDICINE AND CONTINUES TO BE THE PREMIER TRAINING GROUND FOR FUTURE PEDIATRIC LEADERS ITS EDUCATIONAL PROGRAMS INCLUDE THE LARGEST OR SECOND LARGEST PEDIATRIC RESIDENCY PROGRAM IN THE COUNTRY THE CHILDREN'S HOSPITAL OF PHILADELPHIA IS ALSO COMMITTED TO RESEARCHING AND FINDING CURES FOR CHRONIC AND FATAL PEDIATRIC ILLNESSES THROUGH ITS EXTENSIVE RESEARCH PROGRAM

---

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			
MADLINE BELL ..... CEO & TRUSTEE	40 0 ..... 3 0	X		X				4,788,853	0	28,778
N SCOTT ADZICK MD ..... TRUSTEE	1 0 ..... 44 0	X						0	2,853,433	38,435
CLARK HOOPER BARUCH ..... VICE PRESIDENT & TRUSTEE	1 0 ..... 1 0	X		X				0	0	0
ARTHUR DANTCHIK ..... TRUSTEE	1 0 ..... 1 0	X						0	0	0
DIEM H NGUYEN ..... TRUSTEE	1 0 ..... 1 0	X						0	0	0
MARK E DENNEEN ..... SECRETARY & TRUSTEE	1 0 ..... 2 0	X		X				0	0	0
SHARAD MANSUKANI ..... TREASURER & TRUSTEE	1 0 ..... 2 0	X		X				0	0	0
CHRISTOPHER GHEYSENS ..... TRUSTEE	1 0 ..... 1 0	X						0	0	0
DOMINIC J CARUSO ..... TRUSTEE	1 0 ..... 1 0	X						0	0	0
A LORRIS BETZ MD PHD ..... CHAIRMAN & TRUSTEE	1 0 ..... 2 0	X		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			
REID S BUERGER ..... TRUSTEE	1 0 ..... 1 0	X						0	0	0
DAVID P HOLVECK ..... TRUSTEE	1 0 ..... 1 0	X						0	0	0
LISSA BIESECKER LONGACRE ..... TRUSTEE	1 0 ..... 1 0	X						0	0	0
JOSEPH W ST GEME III MD ..... TRUSTEE	1 0 ..... 44 0	X						0	1,583,137	35,840
GEORGE E AITKEN-DAVIES ..... TRUSTEE	1 0 ..... 1 0	X						0	0	0
GREGORY DAVIS ..... TRUSTEE	1 0 ..... 1 0	X						0	0	0
MICHAEL STOLPER ..... TRUSTEE	1 0 ..... 1 0	X						0	0	0
THOMAS J TODOROW ..... ASSISTANT TREASURER	40 0 ..... 4 0			X				2,019,200	0	284,681
JEFFREY D KAHN ..... ASSISTANT SECRETARY	40 0 ..... 2 0			X				1,422,363	0	40,491
BRYAN WOLF MD PHD ..... EXECUTIVE VP & CSO	40 0 ..... 0 0				X			1,609,420	0	35,799



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			
PAULA AGOSTO ..... SVP & CHIEF NURSING OFFICER	40 0 ..... 0 0				X			667,043	0	37,173
DOUGLAS CARNEY ..... SVP FACILITIES & CONST MGMT	40 0 ..... 0 0				X			582,493	0	28,066
KISHA HAWTHORNE ..... SVP & CHIEF INFO OFFICER	40 0 ..... 0 0				X			745,300	0	22,063
DOUG HOCK ..... EXECUTIVE VP & COO	40 0 ..... 1 0				X			2,001,930	0	45,553
THOMAS R DOLE ..... SVP OPERATIONS	40 0 ..... 0 0				X			648,106	0	28,506
NICHOLAS P PROCYK ..... SVP & CHIEF INVESTMENT OFFICER	40 0 ..... 1 0					X		852,271	0	32,118
ROBERT CRONER ..... SVP HUMAN RESOURCES	40 0 ..... 0 0					X		568,921	0	31,466
STEVEN G DOCIMO ..... SVP CARE NETWORK	40 0 ..... 0 0					X		999,110	0	32,580
MATTHEW BAYLEY MD ..... SVP & CHIEF STRATEGY OFFICER	40 0 ..... 0 0					X		904,388	0	32,831
MONICA TAYLOR LOTTY ..... EVP & CHIEF DEVELOP OFFICER	40 0 ..... 0 0					X		790,771	0	22,988



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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number  
23-1352166

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		



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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 23-1352166  
Name: THE CHILDREN'S HOSPITAL OF PHILADELPHIA

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

Facts And Circumstances Test

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
**▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.**  
**▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2018**

**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 THE CHILDREN'S HOSPITAL OF PHILADELPHIA	Employer identification number 23-1352166
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?	Yes		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?	Yes		41,877
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?	Yes		693,267
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		398,433
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i			1,133,577
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

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

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

**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
SCHEDULE C, PART II-B, LINE 1	DURING THE YEAR ENDING JUNE 30, 2019, CHOP CONDUCTED VARIOUS LOBBYING ACTIVITIES THROUGH THE USE OF ITS EMPLOYEES, VOLUNTEERS, INDEPENDENT CONTRACTORS AND OTHER ORGANIZATIONS THESE LOBBYING ACTIVITIES WERE ON BOTH A FEDERAL AND A STATE LEVEL IN SUPPORT OF VARIOUS CAUSES, ISSUES AND REFORM REGARDING HEALTHCARE THE AMOUNTS RELATING TO THESE ACTIVITIES ARE REPORTED ON LINE 1

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number  
23-1352166

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

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

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 . . . . .	2,047,095,000	1,799,718,000	1,548,981,000	1,480,920,000	1,436,985,000
b Contributions . . . . .	288,776,000	66,476,000	48,920,000	47,320,000	42,717,000
c Net investment earnings, gains, and losses	176,375,000	286,661,000	296,912,000	106,786,000	78,177,000
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	140,305,000	105,760,000	95,095,000	86,045,000	76,959,000
f Administrative expenses . . . . .					
g End of year balance . . . . .	2,371,941,000	2,047,095,000	1,799,718,000	1,548,981,000	1,480,920,000

2

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

a

Board designated or quasi-endowment ▶ 88 000 %

b

Permanent endowment ▶ 8 000 %

c

Temporarily restricted endowment ▶ 4 000 %

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

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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 . . . . .		74,295,675		74,295,675
b Buildings . . . . .		2,618,010,288	765,510,215	1,852,500,073
c Leasehold improvements		3,710		3,710
d Equipment . . . . .		1,871,376,172	1,370,572,667	500,803,505
e Other . . . . .		170,220,629	2,312,771	167,907,858
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				2,595,510,821

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

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) DUE FROM AFFILIATES	598,045,198
(2) INTERCOMPANY RECEIVABLES	31,270,036
(3) DEFERRED COSTS	24,641,234
(4) DUE FROM THIRD PARTIES	33,508,713
(5) Equity Investments	23,932,936
(6) MISCELLANEOUS RECEIVABLES	13,217,215
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	724,615,332

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
SELF INSURANCE LIABILITY	157,597,169
ACCRUED PENSION COST-MIN LIAB	111,459,733
DUE TO AFFILIATES	15,639,766
DEFERRED COMPENSATION	2,509,662
INTEREST RATE SWAP	1,235,971
DUE TO THIRD PARTY	-1,373
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	288,440,928

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



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

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-1352166  
**Name:** THE CHILDREN'S HOSPITAL OF PHILADELPHIA

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS ARE HELD BY THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION, A RELATED ENTITY THE INTENDED USE OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION'S ENDOWMENT FUND IS FOR CAPITAL EXPENDITURES FOR EQUIPMENT, CAPITAL PROJECT OR OTHER CAPITAL NEEDS, MEDICAL EDUCATION PROGRAMS, AND HEALTH CARE PROGRAMS FOR MEDICAL PATIENT AND RESEARCH SERVICES IN ACCORDANCE WITH ANY STIPULATED DONOR RESTRICTIONS

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**  
23-1352166

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
See Add'l Data					
<b>3a</b> Sub-total	0	610			9,047,033
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	0	610			9,047,033

**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.

[illegible]

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 . . . . . 9

3	Enter total number of other organizations or entities . . . . .	41
---	---	----

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	The Children's Hospital of Philadelphia has established controls in place to monitor the use of grant funds both outside and within the United States. Expenditures are monitored based on the guidelines outlined by 45CFR Part 74 Appendix E (OASC-3). It is our policy to follow the federal government-established principles for determining costs applicable to grants, contracts, and other agreements. The Hospital generally applies these same cost principles to non-federal funding. All costs posted to sponsored projects must comply with government and sponsor rules and regulations. Costs must meet several criteria: (1) costs being charged to a grant must be reasonable and necessary for meeting the objectives of the grant/project, (2) costs must be allowable in accordance with the sponsor rules and regulations, (3) costs must be allocable based on the benefit derived, cause and effect, or other equitable relationship, and (4) costs must be consistent with costs charged in similar circumstances to other sponsored projects.



Additional Data

Software ID:  
Software Version:  
EIN: 23-1352166  
Name: THE CHILDREN'S HOSPITAL OF PHILADELPHIA

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	0	18	Program Services	TEACHING AND RESEARCH	155,052
East Asia and the Pacific	0	73	Program Services	TEACHING AND RESEARCH	656,793

**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
Europe (Including Iceland and Greenland)	0	237	Program Services	TEACHING AND RESEARCH	1,830,066
Middle East and North Africa	0	48	Program Services	TEACHING AND RESEARCH	735,643

**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
North America	0	178	Program Services	TEACHING AND RESEARCH	744,824
Russia and the Newly Independent States	0	2	Program Services	TEACHING AND RESEARCH	12,265

**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
South America	0	22	Program Services	TEACHING AND RESEARCH	150,297
South Asia	0	15	Program Services	TEACHING AND RESEARCH	119,023

**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
Sub-Saharan Africa	0	17	Program Services	TEACHING AND RESEARCH	183,901
North America			Grantmaking		3,188,128

**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
Europe (Including Iceland and Greenland)			Grantmaking		390,039
Sub-Saharan Africa			Grantmaking		12,612

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
South Asia			Grantmaking		55,468
East Asia and the Pacific			Grantmaking		757,491

**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
Middle East and North Africa			Grantmaking		50,520
Central America and the Caribbean			Grantmaking		4,911



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(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)
		EAST ASIA AND THE PACIFIC	CANCER TRIAL AALL0434	28,000	CHECK		N/A	FMV
		EAST ASIA AND THE PACIFIC	CANCER TRIAL AALL1331	32,000	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		EAST ASIA AND THE PACIFIC	CANCER TRIAL ALTE15N2	18,700	CHECK		N/A	FMV
		EAST ASIA AND THE PACIFIC	CANCER TRIAL ANHL1131	49,300	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		EAST ASIA AND THE PACIFIC	PEDIATRIC CANCER TRIAL	524,391	CHECK		N/A	FMV
		EAST ASIA AND THE PACIFIC	PROJECT EVERY CHILD	29,500	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		EAST ASIA AND THE PACIFIC	SAIL AWARD	69,600	CHECK		N/A	FMV
		EUROPE	BRAIN TISSUE CONSORTIUM	25,000	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		EUROPE	GENE TRF/NMR STUDY	14,138	CHECK		N/A	FMV
		EUROPE	H-ABC BASAL NUCLEI	20,750	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		EUROPE	HERMANSKY PUDLAK SYND	127,949	CHECK		N/A	FMV
		EUROPE	LAMELLAR BODY BIOGENESIS	11,328	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		EUROPE	MYELIN DISORDERS BIOREP	24,555	CHECK		N/A	FMV
		EUROPE	PEDIATRIC CANCER TRIAL	46,219	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		EUROPE	SAIL AWARD	117,600	CHECK		N/A	FMV
		MIDDLE EAST AND NORTH AFRICA	BILATRESONE-MEDIATE DUCT	40,000	CHECK		N/A	FMV



Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		MIDDLE EAST AND NORTH AFRICA	PEDIATRIC CANCER TRIAL	6,770	CHECK		N/A	FMV
		NORTH AMERICA	ANTHRACYCLINE-HEART FAIL	6,000	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		NORTH AMERICA	BIOPROSTHETICHEARTVALVES	38,426	CHECK		N/A	FMV
		NORTH AMERICA	CANCER TRIAL AALL0434	44,000	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		NORTH AMERICA	CANCER TRIAL AALL1331	73,000	CHECK		N/A	FMV
		NORTH AMERICA	CANCER TRIAL ACCL1333	49,638	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		NORTH AMERICA	CANCER TRIAL ADVL1322	18,400	CHECK		N/A	FMV
		NORTH AMERICA	CANCER TRIAL ALTE11C2	43,200	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		NORTH AMERICA	CANCER TRIAL ALTE15N2	19,000	CHECK		N/A	FMV
		NORTH AMERICA	CANCER TRIAL ANHL1131	68,200	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		NORTH AMERICA	CANCER TRIAL PHASE II	21,000	CHECK		N/A	FMV
		NORTH AMERICA	EXVIVO/INVIVO PLATELETS	18,360	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		NORTH AMERICA	FVIII IMMUNE RESPONSE	202,266	CHECK		N/A	FMV
		NORTH AMERICA	IMMUNOGENOMICS THERAPIES	187,936	WIRE		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		NORTH AMERICA	INSPIRE	12,214	CHECK		N/A	FMV
		NORTH AMERICA	IPSC	12,703	CHECK		N/A	FMV



Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		NORTH AMERICA	KIDS PED DATA RES CTR	940,651	CHECK		N/A	FMV
		NORTH AMERICA	PED MED DEVICE CONSORT	49,765	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		NORTH AMERICA	PED TRACHEAL INTUBATIONS	8,200	CHECK		N/A	FMV
		NORTH AMERICA	PEDIATRIC CANCER TRIAL	1,266,223	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		NORTH AMERICA	PROJECT EVERY CHILD	34,450	CHECK		N/A	FMV
		NORTH AMERICA	PROMIS-SWB MEASURES	8,400	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		NORTH AMERICA	SAIL AWARD	45,600	CHECK		N/A	FMV
		SOUTH ASIA	STOP THE BLEED PROJECT	20,000	CHECK		N/A	FMV

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		SOUTH ASIA	STOP THE BLEED-IREF	30,000	CHECK		N/A	FMV
		SUB-SAHARAN AFRICA	NEUROCOGNITIVE FUNC-HIV	11,087	CHECK		N/A	FMV

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number

23-1352166

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	Yes	
1b	If "Yes," was it a written policy?	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		
	<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
	<input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	Yes	
	<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 400 %		
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		No
	<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		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 eligible for free or discounted care?		
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
b	If "Yes," did the organization make it available to the public?	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)			2,110,725	0	2,110,725	0 090 %
b Medicaid (from Worksheet 3, column a)			730,029,827	627,127,514	102,902,313	4 470 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			732,140,552	627,127,514	105,013,038	4 560 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			34,100,885	17,507,322	16,593,562	0 720 %
f Health professions education (from Worksheet 5)			53,371,544	7,615,724	45,755,820	1 990 %
g Subsidized health services (from Worksheet 6)			142,990,143	117,985,481	25,004,662	1 090 %
h Research (from Worksheet 7)			353,479,484	211,168,604	142,310,880	6 190 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,624,299	0	1,624,299	0 070 %
j Total. Other Benefits			585,566,355	354,277,131	231,289,223	10 060 %
k Total. Add lines 7d and 7j			1,317,706,907	981,404,645	336,302,261	14 620 %

**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
<b>1</b> Physical improvements and housing			71,426	0	71,426	0 %
<b>2</b> Economic development			17,996	0	17,996	0 %
<b>3</b> Community support			269,493	0	269,493	0 010 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy			13,493	0	13,493	0 %
<b>8</b> Workforce development			650,590	0	650,590	0 030 %
<b>9</b> Other						
<b>10 Total</b>			1,022,998	0	1,022,998	0 040 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	4,358,347
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	6,447,367
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-2,089,020
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)

THE CHILDREN'S HOSPITAL OF PHILA

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	Yes
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SEC C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	Yes
<b>a</b>	If "Yes" (list url) <u>SEE PART V, SEC C</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

THE CHILDREN'S HOSPITAL OF PHILA

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 _____ % and FPG family income limit for eligibility for discounted care of 0 _____ %			
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b>	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)			
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b>	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SEC C			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SEC C			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SEC C			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

THE CHILDREN'S HOSPITAL OF PHILA

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

THE CHILDREN'S HOSPITAL OF PHILA

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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.

[illegible]

**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? **43**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	<p>THE HOSPITALS FINANCIAL ASSISTANCE POLICY THAT WAS IN EFFECT DURING TAX YEAR 2018 REQUIRES THAT AVAILABLE ASSET INFORMATION BE REVIEWED IN ADDITION TO INCOME, HOWEVER, THE POLICY ALSO PROVIDED THAT A PATIENT'S/FAMILY'S PRIMARY RESIDENCE AND VEHICLES NEEDED FOR REGULAR TRANSPORTATION ARE NOT CONSIDERED TO BE AVAILABLE ASSETS (NOTE RESPONSE IN PART V, SECTION C, LINE 13C) THE FINANCIAL ASSISTANCE POLICY ALSO PROVIDED THAT PATIENTS/FAMILIES MUST BE RESIDENTS OF CHOPS PRIMARY SERVICE AREA EXCEPTIONS TO THIS RESIDENCY REQUIREMENT WERE GRANTED ON A CASE-BY-CASE BASIS SCHEDULE H, PART I, LINE 6A CHOP PREPARED A COMMUNITY BENEFIT REPORT DURING TAX YEAR 2017, WHICH CAN BE FOUND ON ITS WEBSITE AT <a href="https://www.chop.edu/health-resources/community-benefit-reports">https://www.chop.edu/health-resources/community-benefit-reports</a> SCHEDULE H, PART I, LINE 7 TOTAL AND NET COMMUNITY BENEFIT EXPENSES WERE ASSIGNED TO PART I, LINE 7 AS FOLLOWS A RATIO OF PATIENT CARE COST TO CHARGES BASED ON WORKSHEET 2 WAS APPLIED TO DETERMINE EXPENSE FOR FINANCIAL ASSISTANCE AND MEDICAID MEDICAID EXPENSE ALSO INCLUDED PROVIDER ASSESSMENTS PAID TO THE COMMONWEALTH OF PENNSYLVANIA AND NEW JERSEY THAT REQUIRE SUCH PAYMENTS FROM CHOP DIRECT AND INDIRECT COSTS FOR COMMUNITY HEALTH IMPROVEMENT AND COMMUNITY BENEFIT OPERATIONS WERE ESTIMATED BASED ON CHOPS ACCOUNTING SYSTEMS THE COST OF HEALTH PROFESSIONS EDUCATION PROGRAMS WAS BASED ON THE MEDICARE COST REPORT SCHEDULE H, PART II DIRECT AND INDIRECT COSTS FOR COMMUNITY BUILDING ACTIVITIES WERE ESTIMATED BASED ON CHOP'S ACCOUNTING SYSTEMS SCHEDULE H, PART III, SECTION A, LINE 2 CHOP'S PATIENT ACCOUNTS RECEIVABLE IS REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE IN ACCOUNTING FOR BAD DEBT EXPENSE, UNCOLLECTIBLE SELF-PAY ACCOUNTS (INCLUDING PATIENT ACCOUNT BALANCES DUE AFTER REIMBURSEMENT FROM INSURANCE) ARE WRITTEN OFF AS BAD DEBT EXPENSE AFTER CONDUCTING REASONABLE COLLECTION EFFORTS IN ADDITION, CERTAIN AMOUNTS ARE RECORDED AS BAD DEBT EXPENSE AFTER CHOP ROUTINELY ANALYZES THE HISTORICAL CASH COLLECTIONS OF ITS PATIENT ACCOUNTS RECEIVABLE SCHEDULE H, PART III, SECTION A, LINE 3 CHOP DOES NOT CONSIDER BAD DEBT TO BE A COMMUNITY BENEFIT SCHEDULE H, PART III, SECTION A, LINE 4 CHOP'S AUDITED FINANCIAL STATEMENTS FOR TAX YEAR 2018 INCLUDE A PATIENT SERVICE REVENUE FOOTNOTE ON PAGES 11 AND 12 OF THE CHILDRENS HOSPITAL OF PHILADELPHIA FOUNDATION AND CONTROLLED AFFILIATES AUDITED STATEMENTS WHICH EXPLAINS THE CHANGES IN FASB ASC 606 AND NO BAD DEBT RECORDED</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	CHOP DOES NOT CONSIDER MEDICARE SHORTFALLS (EXCEPT THOSE ASSOCIATED WITH SUBSIDIZED HEALTH SERVICES) TO REPRESENT COMMUNITY BENEFIT ACCORDINGLY, THE SHORTFALL REPORTED IN PART III, LINE 8 IS NOT CONSIDERED TO BE COMMUNITY BENEFIT



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 9B	CHOP'S FINANCIAL ASSISTANCE POLICY OFFERS FULL FINANCIAL ASSISTANCE (FREE CARE) ONLY CHOPS BILLING AND COLLECTIONS POLICY, FINANCIAL ASSISTANCE POLICY, AND ALL RELATED INTERNAL POLICIES AND PRACTICES PROVIDE THAT ACCOUNTS FOR PATIENTS RECEIVING FINANCIAL ASSISTANCE ARE NOT SENT TO OUTSIDE (THIRD-PARTY) AGENCIES FOR COLLECTION

Form and Line Reference	Explanation
NEEDS ASSESSMENT DESCRIPTION	<p>SCHEDULE H, PART VI, LINE 2 IN ADDITION TO CHOPS COMMUNITY HEALTH NEEDS ASSESSMENT, CHOP I IDENTIFIES AND ASSESSES COMMUNITY NEEDS THROUGH SEVERAL OTHER METHODS FOR EXAMPLE, AS PART OF ITS EXTENSIVE RESEARCH AND COMMUNITY SERVICE ACTIVITIES, CHOP PERFORMS SPECIFIC ASSESSMENTS OF COMMUNITY HEALTH NEEDS BASED ON COMMUNITY AND EMPLOYEE FEEDBACK. MANY OF CHOP'S COMMUNITY PROGRAMS ARE PROVIDED IN COLLABORATION WITH COMMUNITY AGENCIES, AND COMMUNITY HEALTH NEEDS ARE IDENTIFIED AND ADDRESSED THROUGH THESE COLLABORATIONS. COMMUNITY NEEDS ARE ALSO IDENTIFIED BY MONITORING HOSPITAL ADMINISTRATIVE DATA, INCLUDING FINANCIAL ASSISTANCE LEVELS, PREVALENCE OF DISEASES, AND THROUGH THE PARTICIPATION OF BOARD MEMBERS IN GOVERNANCE. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE. SCHEDULE H, PART VI, LINE 3 DURING TAX YEAR 2018, CHOP'S FAMILY HEALTH COVERAGE PROGRAM (FHCP, THROUGH WHICH PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE AND FOR APPROPRIATE STATE HEALTH INSURANCE PROGRAMS) PROVIDED INFORMATION IN SIGNAGE AT PATIENT ACCESS POINTS THROUGHOUT THE CHOP CAMPUS, SATELLITE OFFICES, AND ON HOSPITAL AND PHYSICIAN BILLING STATEMENTS. IN ADDITION, PATIENTS/FAMILIES COULD LEARN MORE ABOUT FINANCIAL ASSISTANCE AND THE BILLING PROCESS THROUGH THE FAMILIES GUIDE TO BILLING AND FINANCIAL INFORMATION, THE CHOP INTERNET WEBSITE, AND FINANCIAL ASSISTANCE PACKETS AVAILABLE AT CHOPS CARE NETWORK SITES, OUTPATIENT SUBSPECIALTY AND SPECIALTY CLINICS. FINANCIAL COUNSELORS WERE ALSO AVAILABLE TO FAMILIES EITHER AT THE TIME OF SCHEDULING AN APPOINTMENT FOR SERVICES, DURING TREATMENT, OR AFTER SERVICES WERE PROVIDED. FINANCIAL ASSISTANCE PACKETS WERE AVAILABLE AND WIDELY DISTRIBUTED IN HOSPITAL DEPARTMENTS AND DISPLAYS EXPLAINING WHAT THE FHCP SERVICES ARE AND HOW FAMILIES CAN ACCESS THE SERVICES. THESE PACKETS ALSO CONTAINED FREQUENTLY ASKED QUESTIONS ABOUT THE PROGRAM. DIVISIONS AND DEPARTMENTS REFERRED THEIR SELF-PAY (UNINSURED) PATIENTS TO FHCP FOR ASSESSMENT FOR GOVERNMENT INSURANCE COVERAGE AND/OR FINANCIAL ASSISTANCE. FHCP INFORMATION WAS CONSISTENTLY PROVIDED TO SELF-PAY PATIENTS WHO WERE SEEN IN THE EMERGENCY DEPARTMENT. IF AN ADMITTED PATIENT/FAMILY WAS IDENTIFIED AS SELF-PAY, THEY WERE REFERRED TO FHCP THROUGH CHOP'S OPERATIONAL PROCESSES. CHOP'S FHCP ASSISTS UNINSURED AND UNDERINSURED FAMILIES BY ASSESSING THEIR ELIGIBILITY FOR THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AND FOR ANY AVAILABLE AND APPROPRIATE STATE PROGRAM (PENNSYLVANIA MEDICAID ASSISTANCE (PAMA), PA STATE CHILDREN'S HEALTH INSURANCE PROGRAM (PA SCHIP), NEW JERSEY MEDICAL ASSISTANCE (NJMA), AND NJ FAMILY CARE). THE ASSISTANCE INCLUDES DETERMINING WHICH PROGRAM A PATIENT/FAMILY IS ELIGIBLE FOR BASED ON FEDERAL POVERTY LEVEL GUIDELINES AND OTHER CRITERIA, COLLECTING THE REQUIRED DOCUMENTS, AND SUBMITTING APPLICATIONS FOR THOSE PROGRAMS. THE FAMILY HEALTH COVERAGE PROGRAM HAS A DESIGNATED EMAIL ACCOUNT THAT MAY BE USED BY DIVISIONS WITHIN CHOP TO REFER PATIENTS TO FHCP. IT ALSO HAS TWO HOTLINE NUMBERS THAT ARE UTILIZED TO REFER PATIENTS TO FHCP. AN ACTIVE PARTNERSHIP EXISTS BETWEEN AND AMONG THE HOSPITAL'S SOCIAL WORK DEPARTMENT, CASE MANAGERS, EMERGENCY ROOM CLERKS, FINANCIAL COUNSELORS AND FHCP. ANY ACTIVE PATIENT CASE MAY BE REFERRED TO FHCP FOR ASSISTANCE UP UNTIL AN ACCOUNT IS SENT TO BAD DEBT OR COLLECTIONS. TO NOTIFY AND INFORM MEMBERS OF THE COMMUNITY REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE (INCLUDING THOSE MOST LIKELY TO NEED SUCH ASSISTANCE), THE OFFICE OF COMMUNITY RELATIONS ALSO SENDS OUT A YEARLY NOTICE OF CHOP'S FINANCIAL ASSISTANCE PROGRAM (FAP) TO THE BUCKS COUNTY HEALTH DEPARTMENT, CHESTER COUNTY HEALTH DEPARTMENT, AND MONTGOMERY HEALTH DEPARTMENT, SOCIAL SERVICE AGENCIES IN CHESTER, PA AND KENNETT SQUARE (DELAWARE COUNTY DOES NOT HAVE A COUNTY HEALTH DEPARTMENT), AND COMMUNITY DEVELOPMENT CORPORATIONS AND CITY RECREATION CENTERS IN PHILADELPHIA COUNTY FOR PUBLIC POSTING IN THEIR FACILITIES. INFORMATION ABOUT CHOP'S FAP IS ALSO INCLUDED IN THE COMMUNITY BENEFIT REPORT. COMMUNITY INFORMATION.</p> <p>SCHEDULE H, PART VI, LINE 4 PATIENT CARE SERVICE AREA. CHOP'S MAIN CAMPUS IS LOCATED IN WEST PHILADELPHIA. SEVENTY-FOUR PERCENT OF CHOP'S INPATIENT/OBSERVATION PATIENTS CAME FROM THE GREATER PHILADELPHIA REGION DURING TAX YEAR 2018. FOR PURPOSES OF THE CHNA, PHILADELPHIA COUNTY AND SURROUNDING COUNTIES IN PENNSYLVANIA WERE ASSESSED. DURING THE TAX YEAR 2018, CHOP ALSO PROVIDED CARE TO PATIENTS FROM 72 COUNTRIES AS WELL AS 50 STATES AND THE DISTRICT OF COLUMBIA. CHOP HAD 29,364 INPATIENT OR OBSERVATION DISCHARGES AND 1.44 MILLION OUTPATIENT VISITS AT ITS MAIN HOSPITAL AND 51 OTHER PRIMARY, SPECIALTY, AND URGENT CARE SATELLITE LOCATIONS THROUGHOUT PENNSYLVANIA AND NEW JERSEY. CHOP'S PRIMARY PATIENT CARE SERVICE AREA EXTENDS BEYOND THE FIVE-COUNTY REGION AND IS A LARGE GEOGRAPHIC AREA WITH 1.4 MILLION CHILDREN (&lt;18 YEARS OLD) LIVING IN URBAN, SUBURBAN AND RURAL AREAS. THIS SERVICE AREA INCLUDES ZIP CODES WITHIN 14 COUNTIES IN SOUTHEASTERN PENNSYLVANIA, NOR</p>

Form and Line Reference	Explanation
NEEDS ASSESSMENT DESCRIPTION	<p>             TERN DELAWARE AND SOUTHERN NEW JERSEY PA BUCKS, CHESTER, DELAWARE, LEHIGH, MONTGOMERY AND PHILADELPHIA COUNTIES, DE NEW CASTLE COUNTY, AND, NJ ATLANTIC, BURLINGTON, CAMDEN, CA PE MAY, CUMBERLAND, GLOUCESTER, AND SALEM COUNTIES PRIMARY SERVICE AREA DEMOGRAPHICS AND SERVICE PROVIDERS IN TAX YEAR 2018, THE ESTIMATED MEDIAN INCOME IN THE PRIMARY SERVICE AREA, WAS \$75,062 EIGHTEEN PERCENT OF HOUSEHOLDS HAD ANNUAL INCOMES BELOW \$25,000, WHICH IS CLOSE TO THE 100% POVERTY LEVEL SET AT \$25,750 FOR A FAMILY OF FOUR AN ESTIMATED 40% OF CHILDREN UNDER AGE 18 WERE INSURED BY MEDICAID, WHILE 3% HAD NO INSURANCE CHOP'S PRIMARY SERVICE AREA INCLUDED 578,288 MEDICAID PATIENTS UNDER AGE 18 AND 45,731 UNINSURED PATIENTS UNDER AGE 18 OF CHOP'S 16,307 PEDIATRIC INPATIENT/OBSERVATION PATIENTS FROM THE PRIMARY SERVICE AREA, 8,056 (OR 49%) WERE MEDICAID PATIENTS AND 236 (OR 1 4%) WERE UNINSURED PATIENTS THIRTY PERCENT OF CHOP'S INPATIENT/OBSERVATION PATIENTS LIVED IN PHILADELPHIA COUNTY IN TAX YEAR 2018 MEDIAN HOUSEHOLD INCOME IN PHILADELPHIA COUNTY WAS \$49,353 AND 30% OF THE HOUSEHOLDS HAD ANNUAL INCOMES BELOW \$25,000 AN ESTIMATED 63% OF CHILDREN UNDER AGE 18 WERE INSURED BY MEDICAID, WHILE 3% HAD NO INSURANCE PHILADELPHIA COUNTY INCLUDED 224,850 MEDICAID PATIENTS UNDER AGE 18 AND 15,702 UNINSURED PATIENTS UNDER AGE 18 OF CHOP'S 6,675 PEDIATRIC INPATIENT/OBSERVATION PATIENTS FROM PHILADELPHIA COUNTY, 4,614 (OR 69%) WERE MEDICAID PATIENTS AND 105 (OR 1 6%) WERE UNINSURED IN TAX YEAR 2018, CHOP OPERATED THREE PEDIATRIC &amp; ADOLESCENT CARE PRACTICES IN MEDICALLY UNDERSERVED AREAS IN PHILADELPHIA COUNTY THESE SITES, WHICH PROVIDE COMPREHENSIVE PRIMARY CARE FROM BIRTH THROUGH YOUNG ADULTHOOD, HAD 135,175 PATIENT VISITS OVER 70% OF THE CHILDREN TREATED AT THESE SITES HAVE MEDICAID AS REFLECTED ON THE FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION WEBSITE, THERE ARE 39 MEDICALLY UNDERSERVED AREAS/POPULATIONS IN THE CHOP PRIMARY SERVICE AREA TWENTY-ONE ARE IN PENNSYLVANIA, 12 ARE IN NEW JERSEY, AND 6 ARE IN DELAWARE CHOP IS THE ONLY FREESTANDING, INDEPENDENT (IE NOT AFFILIATED WITH A HEALTH SYSTEM) PEDIATRIC HOSPITAL IN THE COMMONWEALTH OF PENNSYLVANIA, THUS AFFORDING IT AN UNPARALLELED SINGULAR FOCUS ON PEDIATRIC SERVICES IT IS ONE OF ONLY THREE PEDIATRIC HOSPITALS IN ITS PRIMARY SERVICE AREA THE OTHER TWO ARE ST CHRISTOPHER'S HOSPITAL FOR CHILDREN, A 125 BED FACILITY LOCATED IN NORTH PHILADELPHIA, AND ALFRED DUPONT HOSPITAL FOR CHILDREN, A 195 BED FACILITY LOCATED IN WILMINGTON, DELAWARE A NUMBER OF ADULT HOSPITALS IN THE REGION ALSO HAVE PEDIATRIC UNITS TWO SUCH ADULT HOSPITALS THAT HAVE BOTH PEDIATRIC INPATIENT UNITS AND PEDIATRIC SUB-SPECIALISTS ON STAFF ARE COOPER UNIVERSITY HOSPITAL IN CAMDEN, NEW JERSEY AND BRYN MAWR HOSPITAL IN BRYN MAWR, PENNSYLVANIA AS A TERTIARY REFERRAL CENTER, CHOP IS ONE OF THE FEW PROVIDERS IN THE UNITED STATES AND THE ONLY PROVIDER IN THE REGION OF SOME SERVICES (EG PEDIATRIC PROTON BEAM THERAPY AND MULTI-DISCIPLINARY CARE FOR UNBORN BABIES WITH GENETIC ABNORMALITIES)           </p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5</p>	<p>PROMOTION OF COMMUNITY HEALTH CHOP INVESTS A LARGE PORTION OF ITS SURPLUS FUNDS TO SUPPORT T RESEARCH, MEDICAL EDUCATION, FACILITIES, AND COMMUNITY HEALTH IMPROVEMENT PROGRAMS THES E PROGRAMS ARE DESCRIBED BELOW COMMUNITY HEALTH IMPROVEMENT IN ADDITION TO ITS FINANCIAL ASSISTANCE PROGRAMS DESCRIBED ELSEWHERE ON THIS SCHEDULE H, CHOP ALSO OPERATES A BROAD RA NGE OF COMMUNITY EDUCATION AND COMMUNITY HEALTH IMPROVEMENT PROGRAMS SOME OF CHOP'S COMMU NITY PROGRAMMING INCLUDES CENTER FOR AUTISM RESEARCH (CAR) - THE CAR'S 3-PART MISSION IS T O CONDUCT RESEARCH TO UNDERSTAND THE CAUSES OF AUTISM AND TO DEVISE EFFECTIVE TREATMENTS, TO TRAIN THE NEXT GENERATION OF MASTER CLINICIANS AND RESEARCHERS, AND TO SERVE AS A RESOU RCE FOR FAMILIES AFFECTED BY AUTISM CAR'S COMMUNITY HEALTH IMPROVEMENT ACTIVITIES INCLUDE PROVIDING EDUCATION FOR FAMILIES THROUGH THEIR SERIES OF NEXT STEPS WORKSHOPS, CONNECTING FAMILIES WITH RESOURCES, AND PROVIDING ACCESS TO CHOP EXPERT CLINICIANS IN THE COMMUNITY SERVICES ARE OFFERED AT LOW OR NO COST TO FAMILIES AND REACH THOUSANDS OF PEOPLE EACH YEAR WITH INFORMATION ABOUT NAVIGATING AN AUTISM SPECTRUM DISORDER DIAGNOSIS FROM EARLY CHILDH OOD THROUGH ADULTHOOD CENTER FOR INJURY RESEARCH AND PREVENTION (CIRP) - THE CENTER FOR I NJURY RESEARCH AND PREVENTION (CIRP) OFFERS WEB-BASED, EVIDENCE-BASED INFORMATION, RESOURC ES, AND TOOLS FROM CHOP'S INJURY PREVENTION EXPERTS ACROSS ALL OF OUR PEDIATRIC INJURY RESE ARCH PRIORITIES TEEN DRIVER SAFETY, CHILD PASSENGER SAFETY, CONCUSSION, PEDIATRIC BIOMECH ANICS, POST-INJURY CARE AND RECOVERY, VIOLENCE PREVENTION, AND E-HEALTH CHOP CARES COMMUN ITY GRANTS - WITH THE ASSISTANCE OF THE CHOP COMMUNITY ADVISORY BOARD, THE OFFICE OF COMMU NITY RELATIONS AWARDS GRANTS FROM THE CHOP CARES COMMUNITY FUND TO CHOP EMPLOYEES TO BE US ED FOR THE PURCHASE OF SUPPLIES AND RESOURCES NEEDED TO FILL A SPECIFIC NEED IN THE COMMUN ITY, SOME OF THE PROJECTS AWARDED GRANT FUNDING THIS TAX YEAR WERE A HANDS-ON TRAINING IN PEDIATRICS FOR EMS WORKERS, DEVELOPED A CHILDRENS BOOK TO HELP CHILDREN WITH CYSTIC FIBROS IS, COMMUNITY TAX PREPARATION, AND A REFUGEE AND IMMIGRANT HEALTH ORIENTATION CLINICAL PA THWAYS - OVER A HUNDRED CLINICAL PATHWAYS ARE AVAILABLE FREE OF CHARGE ON CHOP'S WEBSITE T HESE PATHWAYS ARE CLINICAL DECISION SUPPORT TOOLS THAT AID CLINICIANS TO MAKE STANDARD DEC ISIONS WHEN CARING FOR CHILDREN COMMUNITY ASTHMA PREVENTION PROGRAM (CAPP) - THE CAPP CON DUCTS COMMUNITY SERVICE AND EDUCATION PROJECTS, COMMUNITY-BASED ASTHMA RESEARCH, AND ASTHM A INTERVENTIONS TO IMPROVE THE LIVES OF CHILDREN IN PHILADELPHIA COMMUNITIES MOST AFFECTED BY ASTHMA, INCLUDING THE CAPP+ PROGRAM, WHICH PROVIDES REPAIRS TO PATIENT FAMILY HOMES IN WEST PHILADELPHIA HEALTHY WEIGHT PROGRAM - THE HEALTHY WEIGHT PROGRAM HELPS CHILDREN ACH IEVE OR MAINTAIN A HEALTHY WEIGHT AND LIFESTYLE THE PROGRAM ACCOMPLISHES THIS THROUGH EVI DENCE-BASED CLINICAL CARE, EXCELLENCE IN EDUCATION, AND COMMUNITY ADVOCACY THE HEALTHY WE IGH T PROGRAM ALSO CONTINUED TO OFFSET THE COST OF HEALTHY KIDS RUNNING SERIES HELD IN WEST PHILADELPHIA IN THE FALL AND SPRING AND ALSO PARTICIPATED IN A NUMBER OF EDUCATIONAL ACTI VITIES IN THE COMMUNITY HOMELESS HEALTH INITIATIVE (HHI) - THE HHI PROVIDES HEALTH OUTREA CH SERVICES THROUGH A COORDINATED, MULTIDISCIPLINARY APPROACH THAT AIMS TO REDUCE HEALTH D ISPARITIES AND IMPROVE HEALTHCARE ACCESS AND HEALTH OUTCOMES FOR CHILDREN RESIDING IN HOME LESS SHELTERS SOME OF THE SERVICES PROVIDED IN WEST PHILADELPHIA FAMILY SHELTERS ARE CHOP NIGHT MEDICAL AND DENTAL EXAMS AND OPERATION CHOICES, AN OBESITY PREVENTION PROGRAM (FITN ESS AND NUTRITION EDUCATION), FOR MOTHERS AND CHILDREN SEPARATELY HHI ALSO PROVIDED ART T HERAPY TO MOTHERS AND CHILDREN AS PART OF ITS OUTREACH INJURY PREVENTION PROGRAM - INJURY PREVENTION PROGRAM THE INJURY PREVENTION PROGRAM AT CHOP EDUCATES FAMILIES ABOUT SAFETY A ND PROVIDES PROTECTIVE EQUIPMENT TO HELP AVOID INJURY TO CHILDREN THIS PROGRAM OFFERS EDU CATION AND SAFETY DEVICES TO INCREASE SAFETY PRACTICES IN THE COMMUNITY POISON CONTROL CE NTER - THE POISON CONTROL CENTER'S HOTLINE, 1-800-222-1222, PROVIDES INFORMATION AND TREAT MENT ADVICE TO THE PUBLIC AT NO CHARGE IN ADDITION TO MAINTAINING THE CALL CENTER OPERATI ONS, POISON CONTROL STAFF PROVIDED MANY PROFESSIONAL AND PUBLIC EDUCATION LECTURES AND DIS TRIBUTED PUBLIC EDUCATION MATERIALS AT COMMUNITY EVENTS POLICY LAB - POLICY LAB USES INTE RDISCIPLINARY RESEARCH TO IMPROVE CHIL D HEALTH AND WELL-BEING BY INFLUENCING PROGRAM AND P OLICY CHANGES INVESTIGATORS PRODUCE PEER-REVIEWED PUBLICATIONS IN LEADING MEDICAL AND HEA LTH JOURNALS ON A BROAD ARRAY OF ISSUES, SUCH AS HEALTH CARE DELIVERY, IMPROVING PUBLIC SY STEMS, AND IMPROVING CHIL D HEALTH OUTCOMES REACH OUT AND READ - CHOP'S REACH OUT AND READ PROGRAM IS PART OF AN EVIDENCE-BASED NATIONAL NONPROFIT ORGANIZATION THAT PROMOTES EARLY LITERACY AND SCHOOL READINESS, WITH A SPECIAL EMPHASIS ON CHILDREN GROWING UP IN LOW-INCOM E COMMUNITIES IN THE EXAM ROOMS DURING WELL VISIT</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>S, PRIMARY CARE PHYSICIANS AND NURSE PRACTITIONERS ADVISE PARENTS ABOUT THE IMPORTANCE OF READING ALOUD AND GIVE BRAND-NEW, DEVELOPMENTALLY AND CULTURALLY APPROPRIATE BOOKS TO CHILDREN AGES 6 MONTHS THROUGH 5 YEARS OLD. SAFE PLACE PROGRAM - SAFE PLACE CENTER FOR CHILD PROTECTION AND HEALTH PROVIDES SERVICES TO CHILDREN AND THEIR FAMILIES IN WHOM A CONCERN FOR CHILD ABUSE OR NEGLECT HAS BEEN IDENTIFIED. SERVICES INCLUDE 1. THE CHILDREN'S COLLABORATIVE CLINIC- A CLINIC TO EVALUATE SUSPECTED CHILD SEXUAL ABUSE CO-LOCATED AND IN PARTNERSHIP WITH THE CITY OF PHILADELPHIA, 2. SAFE PLACE TREATMENT AND SUPPORT PROGRAM- A PSYCHOLOGICAL TREATMENT PROGRAM FOR TRAUMA (MOST OFTEN RELATED TO CHILD SEXUAL ABUSE), 3. FOSTERING HEALTH PROGRAM- COMPREHENSIVE MEDICAL, MENTAL HEALTH AND DEVELOPMENTAL EVALUATIONS OF CHILDREN PLACED INTO FOSTER CARE DUE TO SUBSTANTIATED CHILD ABUSE OR NEGLECT, AND 4. PRICARE- A PARENT TRAINING PROGRAM IN TWO PRIMARY CARE NETWORK SITES TO FACILITATE POSITIVE PARENTING BEHAVIORS IN PARENTS WITH YOUNG CHILDREN STRUGGLING WITH BEHAVIOR PROBLEMS TO REDUCE THE RISK OF CHILD MALTREATMENT. VIOLENCE PREVENTION INITIATIVE (VPI) - THE VPI MODEL WORKS TO REDUCE THE INCIDENCE AND IMPACT OF VIOLENCE AND AGGRESSION ON CHILDREN AND FAMILIES IN THE COMMUNITY. VPI INCLUDES EFFORTS TO REDUCE 1) BULLYING IN SCHOOLS, 2) DOMESTIC VIOLENCE IN THE HOME, AND 3) VIOLENT ASSAULT IN THE COMMUNITY. HEALTH PROFESSIONS EDUCATION CHOP ALSO PROVIDES A TRAINING PROGRAM FOR CHILD LIFE SPECIALISTS AND OTHER ALLIED HEALTH PROFESSIONALS, SUCH AS NURSE MEDICAL STUDENTS, PHYSICAL THERAPISTS, AND OCCUPATIONAL THERAPISTS. RESIDENTS AND FELLOWS FROM 13 OF CHOP'S ACGME ACCREDITED TRAINING PROGRAMS ALSO PARTICIPATE IN CLINICAL TRAINING EXPERIENCES AT THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM WHICH ALSO SERVES AS ONE OF THE TRAINING SITES FOR CHOP. IN TAX YEAR 2018, CHOP SERVED AS A CLINICAL TRAINING SITE FOR 130 TRAINING PROGRAMS FROM 45 AFFILIATED, LOCALLY AND NATIONALLY BASED INSTITUTIONS. IN TOTAL, 803 RESIDENTS AND FELLOWS IN 79 CLINICAL SPECIALTIES WERE TRAINED AS PART OF THE RESIDENCY PROGRAM. CHOP ALSO OFFERS THE COMMUNITY PEDIATRICS AND ADVOCACY PROGRAM (CPAP). THIS LONGITUDINAL CURRICULUM PREPARES MEDICAL RESIDENTS TO BE CHILD AND FAMILY ADVOCATES AND WORK WITH COMMUNITY PARTNERS TOWARDS CREATING PREVENTION AND POPULATION HEALTH PROGRAMS. INCLUDED IN THIS CURRICULUM ARE TRAININGS AND LECTURES FROM COMMUNITY-BASED ADVOCACY GROUPS INCLUDING SUPPORT CENTER FOR CHILD ADVOCATES AND THE DISABILITIES RIGHTS NETWORK. CHOP'S CENTER FOR SIMULATION, ADVANCED EDUCATION, AND INNOVATION OFFERS A UNIQUE PROGRAM EACH YEAR TO ORIENT MATRICULATING CRITICAL CARE FELLOWS TO THE MOST COMMON AND STRESSFUL "SCENARIOS" THEY ARE GOING TO ENCOUNTER. CHOP ALSO PROVIDES NUMEROUS CME OPPORTUNITIES, WHICH ARE OPEN TO HEALTH PROFESSIONALS IN THE COMMUNITY. CONTINUING EDUCATION CREDITS WERE PROVIDED TO HEALTH PROFESSIONALS ON EDUCATIONAL PEDIATRIC HEALTH TOPICS, SUCH AS BREASTFEEDING, CONCUSSIONS, DIABETES, GLOBAL HEALTH, AUDIOLOGY, AND NEUROLOGY. SUBSIDIZED HEALTH SERVICES - CHOP ALSO PROVIDES A RANGE OF SUBSIDIZED HEALTH SERVICES ACROSS VARIOUS DISCIPLINES TO PROVIDE ACCESS TO CARE FOR VULNERABLE CHILDREN AND ADOLESCENTS IN THE COMMUNITY. THE LARGEST PERCENTAGE OF CHOP'S SUBSIDIZED HEALTH SERVICES ARE PROVIDED AT ITS THREE PEDIATRIC &amp; ADOLESCENT CARE PRACTICES IN MEDICALLY UNDERSERVED AREAS IN PHILADELPHIA COUNTY (ALETHA AND NICHOLAS KARABOTS PRIMARY CARE CENTER, COBBS CREEK PRIMARY CARE CENTER, AND THE SOUTH PHILADELPHIA PRIMARY CARE CENTER LOCATED AT THE SOUTH PHILADELPHIA COMMUNITY HEALTH AND LITERACY CENTER). OTHER EXAMPLES OF SUBSIDIZED HEALTH SERVICES EXPENSES INCLUDED IN CHOP'S SCHEDULE H ARE CHILDREN'S INTENSIVE EMOTIONAL &amp; BEHAVIORAL PROGRAM. THE CHILDREN'S INTENSIVE EMOTIONAL &amp; BEHAVIORAL PROGRAM (CIEBP) PROVIDES COMPREHENSIVE PSYCHIATRIC PARTIAL HOSPITAL SERVICES IN A BEHAVIORALLY BASED, TRAUMA INFORMED THERAPEUTIC SETTING FOR CHILDREN BETWEEN THE AGES OF 5 AND 12 Y.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT CHOP COMPLIES WITH ALL APPLICABLE REPORTING REQUIREMENTS ESTABLISHED BY THE PENNSYLVANIA ("PA") DEPARTMENT OF HUMAN SERVICES FOR PARTICIPATION IN THE HOSPITAL UNCOMPENSATED CARE PROGRAM (THE "PROGRAM") CREATED BY THE PA TOBACCO SETTLEMENT ACT (THE "TS ACT"), SIGNED INTO LAW ON JUNE 26, 2001 THE PROGRAM PROVIDES FOR DISBURSEMENT OF APPROPRIATIONS FROM THE TOBACCO SETTLEMENT FUND TO ANNUALLY COMPENSATE HOSPITALS FOR A PORTION OF THE UNCOMPENSATED CARE THEY PROVIDE TO UNINSURED AND UNDERINSURED PATIENTS THE TS ACT REQUIRES THAT A HOSPITAL MUST HAVE A PLAN IN PLACE TO SERVE THE UNINSURED AND MEET SPECIFIC ELIGIBILITY REQUIREMENTS ALTHOUGH NOT EXPRESSLY A "COMMUNITY BENEFIT REPORT," IT ENCOMPASSES REPORTING ON FINANCIAL ASSISTANCE AND OTHER UNCOMPENSATED CARE

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 23-1352166

**Name:** THE CHILDREN'S HOSPITAL OF PHILADELPHIA

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	THE CHILDREN'S HOSPITAL OF PHILA 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191044388 www.CHOP.edu 550401	X	X	X	X		X	X			1

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	THE CHILDRENS HOSPITAL OF PHILADELPHIA (CHOP) CONDUCTED AND PUBLISHED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN TAX YEAR 2018 THE CHNA INCORPORATED PRIMARY DATA FROM 19 GEOGRAPHICALLY-BASED FOCUS GROUPS IN PHILADELPHIA AND THE SURROUNDING COUNTIES, 9 FOCUS GROUPS WITH KEY INFORMANTS FOR POPULATIONS OF SPECIAL INTEREST, AS WELL AS QUANTITATIVE DATA FROM A VARIETY OF SOURCES
SCHEDULE H, PART V, SECTION B, LINES 6A & 6B	THE CHNA WAS SPEARHEADED BY THE HEALTHCARE IMPROVEMENT FOUNDATION AND THE PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH AND ALSO INCLUDED THE FOLLOWING HOSPITALS, HEALTH SYSTEMS, PUBLIC HEALTH DEPARTMENTS, AND OTHER ORGANIZATIONS AS PARTNERS ABINGTON JEFFERSON HEALTH, JEFFERSON NORTHEAST, THOMAS JEFFERSON UNIVERSITY HOSPITALS, CHESTER COUNTY HOSPITAL, HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PENN PRESBYTERIAN MEDICAL CENTER, PENNSYLVANIA HOSPITAL, EINSTEIN MEDICAL CENTER MONTGOMERY, EINSTEIN MEDICAL CENTER PHILADELPHIA, GRAND VIEW HEALTH, HOLY REDEEMER HEALTH SYSTEM, CHESTER COUNTY HEALTH DEPARTMENT, MONTGOMERY COUNTY OFFICE OF PUBLIC HEALTH AND PHILADELPHIA ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS



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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	THE CHNA REPORT CAN BE FOUND AT <a href="https://www.chop.edu/health-resources/community-health-needs-assessment-chna">HTTPS //WWW CHOP EDU/HEALTH-RESOURCES/ COMMUNITY-HEALTH-NEEDS-ASSESSMENT-CHNA</a>
SCHEDULE H, PART V, SECTION B, LINE 10A	THE IMPLEMENTATION STRATEGY CAN BE FOUND AT <a href="https://www.chop.edu/health-resources/community-health-needs-assessment-chna">HTTPS //WWW CHOP EDU/HEALTH-RESOURCES/ COMMUNITY-HEALTH-NEEDS-ASSESSMENT-CHNA</a>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	ALL QUANTITATIVE AND QUALITATIVE INPUTS OF THE CHNA FINDINGS WERE ORGANIZED INTO 16 COMMUNITY HEALTH PRIORITIES THAT WERE CATEGORIZED ACROSS THREE DOMAINS 1) HEALTH ISSUES, INCLUDING PHYSICAL AND BEHAVIORAL HEALTH ISSUES SIGNIFICANTLY IMPACTING THE OVERALL HEALTH AND WELL-BEING OF THE REGION, 2) ACCESS AND QUALITY OF HEALTHCARE AND HEALTH RESOURCES, SUCH AS AVAILABILITY, ACCESSIBILITY, AND QUALITY OF HEALTHCARE AND OTHER RESOURCES TO ADDRESS ISSUES THAT IMPACT HEALTH IN COMMUNITIES ACROSS THE REGION, AND 3) COMMUNITY FACTORS LIKE SOCIAL AND ECONOMIC DRIVERS OF HEALTH AS WELL AS ENVIRONMENTAL AND STRUCTURAL FACTORS THAT INFLUENCE OPPORTUNITY AND DAILY LIFE THE TOP TEN NEEDS IDENTIFIED IN THE CHNA SERVE AS THE FOCUS OF CHOPS IMPLEMENTATION PLAN 1 SUBSTANCE/OPIOID USE AND ABUSE 2 BEHAVIORAL HEALTH DIAGNOSIS AND TREATMENT (E G DEPRESSION, ANXIETY, TRAUMA-RELATED CONDITIONS) 3 ACCESS TO AFFORDABLE PRIMARY AND PREVENTIVE CARE 4 HEALTHCARE AND HEALTH RESOURCES NAVIGATION 5 ACCESS TO AFFORDABLE SPECIALTY CARE 6 CHRONIC DISEASE PREVENTION (E G OBESITY, HYPERTENSION, DIABETES, AND CARDIOVASCULAR DISEASE) 7 FOOD ACCESS AND AFFORDABILITY 8 AFFORDABLE AND HEALTHY HOUSING 9 SEXUAL AND REPRODUCTIVE HEALTH 10 LINGUISTICALLY- AND CULTURALLY-APPROPRIATE HEALTHCARE THE REMAINING SIX IDENTIFIED NEEDS ARE 1 MATERNAL MORBIDITY AND MORTALITY 2 SOCIOECONOMIC DISADVANTAGE (INCOME, EDUCATION, AND EMPLOYMENT) 3 COMMUNITY VIOLENCE 4 RACISM AND DISCRIMINATION IN HEALTHCARE SETTINGS 5 NEIGHBORHOOD CONDITIONS (E G BLIGHT, GREENSPACE, PARKS/RECREATION, ETC ) 6 HOMELESSNESS THE NEEDS IDENTIFIED IN THE 2018 CHNA GO BEYOND TRADITIONAL HEALTHCARE ISSUES TO INCLUDE ACCESS TO AND QUALITY OF AVAILABLE HEALTHCARE AND SOCIAL DETERMINANTS OF HEALTH, WHICH INCLUDE SOCIAL AND ECONOMIC FACTORS, SUCH AS INCOME, EMPLOYMENT, EDUCATION, AND NEIGHBORHOOD ENVIRONMENT THAT PLAY A MAJOR ROLE IN DRIVING THE HEALTH OF INDIVIDUALS AND COMMUNITIES MANY OF THE IDENTIFIED NEEDS, LIKE ACCESS TO PRIMARY CARE, LINGUISTIC AND CULTURALLY APPROPRIATE CARE, AND REPRODUCTIVE HEALTH SERVICES, ARE FAMILIAR TO CHOP AND HAVE APPEARED ON PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENTS A NUMBER OF ADDITIONAL NEEDS (E G , HOUSING, POVERTY, HUNGER, ACCESS TO MENTAL HEALTH SERVICES, AND COMMUNITY VIOLENCE) ARE EMERGING AND WE CAN USE THE DATA COLLECTED FROM THE CHNA TO ENSURE WERE ALLOCATING OUR RESOURCES IN WAYS THAT HAVE THE HIGHEST IMPACT CHOP IS ALREADY DOING MUCH TO SUPPORT THE HEALTH AND WELLBEING OF LOCAL RESIDENTS THROUGH COMMUNITY AND HOSPITAL-BASED PROGRAMS TO ADDRESS FOOD INSECURITY, HOMELESSNESS, REPRODUCTIVE HEALTH, BEHAVIORAL HEALTH AND VIOLENCE PREVENTION, AMONG OTHERS WHILE ONLY TEN NEEDS ARE FORMALLY IDENTIFIED IN THE IMPLEMENTATION PLAN, ALL SIXTEEN ARE ADDRESSED IN SOME CAPACITY, THROUGH CITYWIDE COMMITTEES, INSTITUTIONAL COMMUNITY BENEFIT PROGRAMS, ETC
SCHEDULE H, PART V, SECTION B, LINE 13	THE MISSION OF THE CHILDRENS HOSPITAL OF PHILADELPHIA (CHOP) IS TO ADVANCE HEALTHCARE FOR CHILDREN TO HELP CHILDREN GET THE CARE THAT THEY NEED, CHOP PROVIDES FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY AND EMERGENCY CARE TO PATIENTS WHO MEET THE ELIGIBILITY REQUIREMENTS IF CHOP DETERMINES THAT A PATIENT IS ELIGIBLE, CHOP WILL WAIVE 100% OF THE PATIENTS FINANCIAL RESPONSIBILITY (AFTER ALL APPLICABLE INSURANCES AND OTHER GOVERNMENT ASSISTANCE) TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE FROM CHOP, PATIENT AND PATIENT FAMILIES MUST MEET ALL OF THE FOLLOWING REQUIREMENTS - HAVE A TOTAL HOUSEHOLD INCOME THAT DOES NOT EXCEED 400% OF THE FEDERAL POVERTY GUIDELINES - BE EITHER UNINSURED OR INSURED BY AN INSURANCE COMPANY THAT PARTICIPATES WITH CHOP - RESIDE IN CHOPS PRIMARY SERVICE AREA - COOPERATE IN QUALIFYING FOR ASSISTANCE FROM THE PATIENT'S STATES MEDICAL ASSISTANCE (MEDICAID), CHILDRENS HEALTH INSURANCE PROGRAM (CHIP), AND/OR OTHER STATE PROGRAMS, IF POTENTIALLY ELIGIBLE FOR THESE PROGRAMS - COMPLETE A CHOP FINANCIAL ASSISTANCE APPLICATION (APPLICATION) AND PROVIDE REQUIRED DOCUMENTATION

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 16A AND 16B	THE FAP AND FAP APPLICATION FORM CAN BE FOUND AT <a href="http://www.chop.edu/services/financial-assistance-policy-summary">http //www chop edu/services/financial-assistance-policy-summary</a> SCHEDULE H, PART V, SECTION B, LINE 16C THE PLAIN LANGUAGE SUMMARY OF THE FAP CAN BE FOUND AT <a href="http://www.chop.edu/centers-programs/family-health-coverage-program">HTTP //WWW CHOP EDU/CENTERS-PROGRAMS/FAMILY-HEALTH-COVERAGE-PROGRAM</a>
SCHEDULE H, PART V, SECTION B, LINE 22	CHOP OFFERS FINANCIAL ASSISTANCE TO INDIVIDUALS WHO QUALIFY UNDER ITS POLICY, WHICH ELIMINATES ANY FINANCIAL LIABILITY TO THOSE FAMILIES FOR MEDICALLY NECESSARY SERVICES COVERED BY THE POLICY

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? \_\_\_\_\_

Name and address	Type of Facility (describe)
1 CHOP CARE NETWRK PED & ADOL SPECIAL CARE 550 SOUTH GODDARD BOULEVARD KING OF PRUSSIA, PA 19406	PEDIATRIC & ADOLESCENT SPECIALTY CARE ASF
1 CHOP CARE NETWRK PED & ADOL SPECIAL CARE 1012 LAUREL OAK RD LAUREL OAK CORP VOORHEES, NJ 08043	PEDIATRIC & ADOLESCENT SPECIALTY CARE ASF
2 CHOP CARE NETWRK PED & ADOL SPECIAL CARE 500 WEST BUTLER AVENUE CHALFONT, PA 18914	PEDIATRIC & ADOLESCENT SPECIALTY CARE ASF
3 CHOP CARE NETWORK & ADOLESCENT CLINIC 4865 MARKET STREET PHILADELPHIA, PA 19139	PHYSICIAN PRACTICE & ADOLESCENT CLINIC
4 CHOP CARE NETWRK PED & ADOL SPECIAL CARE 819 BALTIMORE PIKE GLEN MILLS, PA 19342	PEDIATRIC & ADOLESCENT SPECIALITY CARE ASF
5 CHOP CARE NETWORK - SOUTH PHILADELPHIA 1700 SOUTH BROAD STREET SUITE 301 PHILADELPHIA, PA 19145	PHYSICIAN PRACTICE
6 CHOP CARE NETWORK - HAVERFORD 663 WEST LANCASTER AVENUE BRYN MAWR, PA 19010	PHYSICIAN PRACTICE
7 CHOP CARE NETWORK - COBBS CREEK 225 COBBS CREEK PARKWAY PHILADELPHIA, PA 19139	PHYSICIAN PRACTICE
8 CHOP CARE NETWRK PED & ADOL SPECIAL CARE 200 BOWMAN DRIVE SUITE D260 2ND F VORHEES, NJ 08043	PEDIATRIC & ADOLESCENT SPECIALTY CARE
9 CHOP CARE NETWRK PED & ADOL SPECIAL CARE 101 PLAINSBORO ROAD PLAINSBORO, NJ 08536	PEDIATRIC & ADOLESCENT SPECIALTY CARE
10 CHOP CARE NETWORK - CHESTNUT HILL 7700 GERMANTOWN AVENUE PHILADELPHIA, PA 19118	PHYSICIAN PRACTICE
11 CHOP CARE NETWORK - CENTRAL BUCKS 708 NORTH SHADY RETREAT ROAD SUITE DOYLESTOWN, PA 18901	PHYSICIAN PRACTICE
12 CHOP CARE NETWORK - SPRINGFIELD 1001 BALTIMORE PIKE SUITE 208 SPRINGFIELD, PA 19064	PHYSICIAN PRACTICE
13 CHOP CARE NETWORK - MOUNT LAUREL 3201 MARNE HIGHWAY MOUNT LAUREL, NJ 08054	PHYSICIAN PRACTICE
14 CHOP CARE NETWORK - FLOURTOWN 1811 BETHLEHEM PIKE SUITE A106 FLOURTOWN, PA 19031	PHYSICIAN PRACTICE

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> CHOP CARE NETWRK PED & ADOL SPECIAL CARE 481 JOHN YOUNG WAY OAKLANDS CORP EXTON, PA 19341	PEDIATRIC & ADOLESCENT SPECIALITY CARE
<b>1</b> CHOP CARE NETWORK - WEST CHESTER 440 E MARSHALL ST 3RD FL N STE WEST CHESTER, PA 19380	PHYSICIAN PRACTICE
<b>2</b> CHOP CARE NETWORK - INDIAN VALLEY 3456 BETHLEHEM PIKE SECOND FLOOR SOUDERTON, PA 18964	PHYSICIAN PRACTICE
<b>3</b> CHOP CARE NETWORK - HIGHPOINT 1700 HORIZON DRIVE SUITE 200 CHALFONT, PA 18914	PHYSICIAN PRACTICE
<b>4</b> CHOP CARE NETWORK - NEWTOWN 104 PHEASANT RUN NEWTOWN BUS COMM NEWTOWN, PA 18940	PHYSICIAN PRACTICE
<b>5</b> CHOP CARE NETWORK - SALEM ROAD 2006 SALEM ROAD BURLINGTON TOWNSHIP, NJ 08016	PHYSICIAN PRACTICE
<b>6</b> CHOP CARE NETWORK - PAOLI 250 WEST LANCASTER AVENUE SUITE 34 PAOLI, PA 19301	PHYSICIAN PRACTICE
<b>7</b> CHOP CARE NETWORK - DREXEL HILL 2100 KEYSTONE AVENUE SUITE 404 DREXEL HILL, PA 19026	PHYSICIAN PRACTICE
<b>8</b> CHOP CARE NETWORK - ROXBOROUGH 5003 UMBRIA STREET PHILADELPHIA, PA 19128	PHYSICIAN PRACTICE
<b>9</b> THE CARDIAC CENTER CHOP ST PETERS UNIVERSITY HOSPITAL 254 E NEW BRUNSWICK, NJ 08901	PEDIATRIC & ADOLESCENT SPECIALITY CARE
<b>10</b> CHOP CARE NETWORK - WEST GROVE 455 WOODVIEW ROAD SUITE 220 WEST GROVE, PA 19390	PHYSICIAN PRACTICE
<b>11</b> CHOP CARE NETWORK - COATESVILLE 495 HIGHLANDS BLVD SUITE 100 COATESVILLE, PA 19320	PHYSICIAN PRACTICE
<b>12</b> CHOP CARE NETWRK PED & ADOL SPECIAL CARE 4009 BLACK HORSE PIKE MAYS LANDING, NJ 08330	PEDIATRIC & ADOLESCENT SPECIALITY CARE
<b>13</b> CHOP CARE NETWORK - KENNETT SQUARE 891 EAST BALTIMORE PIKE KENNETT SQUARE, PA 19348	PHYSICIAN PRACTICE
<b>14</b> CHOP CARE NETWORK - NORTH HILLS 795 EAST MARSHALL STREET SUITE 301 WEST CHESTER, PA 19380	PHYSICIAN PRACTICE

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>31</b> CHOP CARE NETWORK - SOMERS POINT 505 BAY AVENUE BAYSIDE COMMONS SOMERS POINT, NJ 08244	PHYSICIAN PRACTICE
<b>1</b> CHOP CARE NETWORK - CHADDS FORD 1766 WILMINGTON PIKE GLEN MILLS, PA 19342	PHYSICIAN PRACTICE
<b>2</b> CHOP CARE NETWORK - BROOMALL 2000 SPROUL ROAD SUITE 206 BROOMALL, PA 19008	PHYSICIAN PRACTICE
<b>3</b> CHOP CARE NETWORK - MEDIA 176 S NEW MIDDLETOWN ROAD SUITE 2 MEDIA, PA 19063	PHYSICIAN PRACTICE
<b>4</b> CHOP CARE NETWRK PED & ADOL SPECIAL CARE 1245 HIGHLAND AVENUE SUITE 204 ABINGTON, PA 19001	PEDIATRIC & ADOLESCENT SPECIALITY CARE
<b>5</b> CHOP CARE NETWORK - POTTSTOWN 1590 MEDICAL DRIVE SUITE E POTTSTOWN, PA 19464	PHYSICIAN PRACTICE
<b>6</b> CHOP CARE NETWORK - GIBBSBORO 13 LAKEVIEW DRIVE S SILVER LAKE S GIBBSBORO, NJ 08026	PHYSICIAN PRACTICE
<b>7</b> CHOP CARE NETWORK - NORRISTOWN 1340 DEKALB PIKE SUITE 4 NORRISTOWN, PA 19401	PHYSICIAN PRACTICE
<b>8</b> CHOP CARE NETWORK - CAPE MAY COUNTY 1315 ROUTE 9 SOUTH CAPE MAY COURT HOUSE, NJ 08201	PHYSICIAN PRACTICE
<b>9</b> CHOP CARE NETWORK - SMITHVILLE 48 SOUTH NEW YORK ROAD ROUTE 9 SMITHVILLE, NJ 08205	PHYSICIAN PRACTICE
<b>10</b> CHOP CARE NETWRK PED & ADOL SPECIAL CARE 2106 HARRISBURG PIKE SUITE 22 LANCASTER, PA 17601	PEDIATRIC & ADOLESCENT SPECIALITY CARE
<b>11</b> CHOP CARE NETWRK PED & ADOL SPECIAL CARE 1001 BALTIMORE PIKE SUITE 208 SPRINGFIELD, PA 19064	PEDIATRIC & ADOLESCENT SPECIALITY CARE
<b>12</b> CHOP CARE NETWRK PED & ADOL SPECIAL CARE 1766 WILMINGTON PIKE GLEN MILLS, PA 19342	PEDIATRIC & ADOLESCENT SPECIALITY CARE

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number  
23-1352166

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . 221

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

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	MONITORING PROCEDURES THE CHILDREN'S HOSPITAL OF PHILADELPHIA HAS ESTABLISHED CONTROLS IN PLACE TO MONITOR THE USE OF GRANT FUNDS BOTH OUTSIDE AND WITHIN THE UNITED STATES EXPENDITURES ARE MONITORED BASED ON THE GUIDELINES OUTLINED BY 45 CFR PART 74 APPENDIX E (OASC-3) IT IS OUR POLICY TO FOLLOW THE FEDERAL GOVERNMENT-ESTABLISHED PRINCIPLES FOR DETERMINING COSTS APPLICABLE TO GRANTS, CONTRACTS, AND OTHER AGREEMENTS THE HOSPITAL GENERALLY APPLIES THESE SAME COST PRINCIPLES TO NON-FEDERAL FUNDING ALL COSTS POSTED TO SPONSORED PROJECTS MUST COMPLY WITH GOVERNMENT AND SPONSOR RULES AND REGULATIONS COSTS MUST MEET SEVERAL CRITERIA (1) COSTS BEING CHARGED TO A GRANT MUST BE REASONABLE AND NECESSARY FOR MEETING THE OBJECTIVES OF THE GRANT/PROJECT, (2) COSTS MUST BE ALLOWABLE IN ACCORDANCE WITH THE SPONSOR RULES AND REGULATIONS, (3) COSTS MUST BE ALLOCABLE BASED ON THE BENEFIT DERIVED, CAUSE AND EFFECT OR OTHER EQUITABLE RELATIONSHIP, AND (4) COSTS MUST BE CONSISTENT WITH COSTS CHARGED IN SIMILAR CIRCUMSTANCES TO OTHER SPONSORED PROJECTS



Additional Data

Software ID:  
Software Version:  
EIN: 23-1352166  
Name: THE CHILDREN'S HOSPITAL OF PHILADELPHIA

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
ACTUATED MEDICAL INC 310 ROLLING RIDGE DR BELLEFONTE, PA 16823	20-8111286		25,000		FMV	N/A	RESEARCH
ADVENTIST HEALTH SYSTEM 601 E ROLLINS ST ORLANDO, FL 32803	59-0724459	501(c)(3)	94,924		FMV	N/A	RESEARCH

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
ADVOCATE HOPE CHILDRENS HOSPITAL 4440 W 95TH ST OAK LAWN, IL 60453	36-2169147	501(c)(3)	111,350		FMV	N/A	RESEARCH
AKRON CHILDREN'S HOSPITAL ONE PERKINS SQ AKRON, OH 44308	34-0714357	501(c)(3)	105,110		FMV	N/A	RESEARCH

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
ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVE ALBANY, NY 122083412	14-1338310	501(c)(3)	46,140		FMV	N/A	RESEARCH
ALBRIGHT COLLEGE 13TH BERN STS READING, PA 19612	23-1352615	501(c)(3)	40,188		FMV	N/A	RESEARCH

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
ALL CHILDREN'S HOSPITAL PO BOX 31020 ST PETERSBURG, FL 337318920	59-0683252	501(c)(3)	7,500		FMV	N/A	RESEARCH
ALL CHILDREN'S RESEARCH INSTITUTE INC 501 6TH AVE S ST PETERSBURG, FL 337014634	59-2481742	501(c)(3)	224,249		FMV	N/A	RESEARCH

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
AMERICAN ACADEMY OF PEDICATRICS PO BOX 776413 CHICAGO, IL 606676413	36-2275597	501(c)(3)	57,670		FMV	N/A	RESEARCH
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL 225 E CHICAGO AVE BOX 271 CHICAGO, IL 60611	36-2170833	501(c)(3)	427,161		FMV	N/A	RESEARCH

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
ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 852876011	86-0196696	501(c)(3)	43,467		FMV	N/A	RESEARCH
ARKANSAS CHILDREN'S HOSPITAL 800 MARSHALL ST LITTLE ROCK, AR 72205	71-0694931	501(c)(3)	99,308		FMV	N/A	RESEARCH

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
ASCENSION ST JOHN HOSPITAL 28000 DEQUINDRE RD DETROIT, MI 482362148	38-1359063	501(c)(3)	39,267		FMV	N/A	RESEARCH
ATLANTIC HEALTH SYSTEM PO BOX 48328 NEWARK, NJ 071014828	52-1958352	501(c)(3)	78,372		FMV	N/A	RESEARCH

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
AURI PO BOX 945552 ATLANTA, GA 303945552	58-1418202	501(c)(3)	13,750		FMV	N/A	RESEARCH
AZUSA PACIFIC UNIVERSITY 901 E ALOSTA AVE AZUSA, CA 917027000	95-1744369	501(C)(3)	7,500		FMV	N/A	RESEARCH



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
BANNER HEALTH 1441 N 12TH ST PHOENIX, AZ 85006	45-0233470	501(c)(3)	82,016		FMV	N/A	RESEARCH
BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 753031207	74-1613878	501(c)(3)	1,902,542		FMV	N/A	RESEARCH

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
BAYSTATE MEDICAL CENTER INC 2 MORRISSEY BLVD DORCHESTER, MA 02125	04-2790311	501(c)(3)	21,512		FMV	N/A	RESEARCH
BETH ISRAEL MEDICAL CENTER FIRST AVENUE AT 16TH ST NEW YORK, NY 10003	04-2103881	501(c)(3)	60,488		FMV	N/A	RESEARCH

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
BLANK HEALTH PROVIDERS 1200 PLEASANT ST DES MOINES, IA 503091406	42-0680452	501(c)(3)	58,100		FMV	N/A	RESEARCH
BOSTON MEDICAL CENTER 600 HARRISON AVENUE BOSTON, MA 02118	04-3314093	501(c)(3)	7,586		FMV	N/A	RESEARCH

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
BRONSON METHODIST HOSPITAL 601 JOHN ST STE M-005 KALAMAZOO, MI 490075381	38-1359087	501(c)(3)	12,550		FMV	N/A	RESEARCH
BROWARD HEALTH ATTN LAURA SWANEY/CME FT LAUDERDALE, FL 33316	59-6012065	501(c)(3)	35,875		FMV	N/A	RESEARCH

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
CAMC HEALTH EDUC & RESEARCH INSTIT PO BOX 765 1600 S ANDREWS AVENUE CHARLESTON, WV 25326	55-0753754	501(c)(3)	66,250		FMV	N/A	RESEARCH
CARILION CLINIC CHILDRENS HOSPITAL 1212 THIRD ST ROANOKE, VA 240164612	54-0506332	501(c)(3)	24,920		FMV	N/A	RESEARCH

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
CAROLINAS HEALTHCARE SYSTEM PO BOX 601428 CHARLOTTE, NC 282601428	56-1392829	501(c)(3)	68,317		FMV	N/A	RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(c)(3)	305,467		FMV	N/A	RESEARCH

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
CEDARS-SINAI MEDICAL CENTER PO BOX 48750 LOS ANGELES, CA 900481865	95-1644600	501(c)(3)	31,440		FMV	N/A	RESEARCH
CHILDREN'S HEALTHCARE OF ATLANTA 1584 TULLEY CIR ATLANTA, GA 30329	58-2367819	501(c)(3)	490,805		FMV	N/A	RESEARCH

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 HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD MS 47 LOS ANGELES, CA 90027	95-1890977	501(c)(3)	922,991		FMV	N/A	RESEARCH
CHILDRENS HOSPITAL & MEDICAL CENTER OMAHA 8200 DODGE ST OMAHA, NE 681140000	47-0379754	501(c)(3)	74,440		FMV	N/A	RESEARCH



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 HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 022414413	04-2774441	501(c)(3)	490,345		FMV	N/A	RESEARCH
CHILDREN'S HOSPITAL OAKLAND 747 52ND STREET OAKLAND, CA 94609	94-0382330	501(c)(3)	77,150		FMV	N/A	RESEARCH

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
CHILDRENS HOSPITAL OF COLORADO 13123 E 16TH AVE AURORA, CO 80045	84-0166760	501(c)(3)	468,103		FMV	N/A	RESEARCH
CHILDRENS HOSP OF ORANGE COUNTY 455 S MAN ST ORANGE, CA 92868	95-2321786	501(c)(3)	303,753		FMV	N/A	RESEARCH

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
CHILDRENS HOSP OF THE KINGS DAUGHTERS INC 601 CHILDRENS LN NORFOLK, VA 23507	54-0506321	501(c)(3)	182,758		FMV	N/A	RESEARCH
CHILDRENS HOSPITALS & CLINICS OF MINNESOTA 2525 CHICAGO AVENUE S MINNEAPOLIS, MN 554044518	41-1754276	501(c)(3)	310,073		FMV	N/A	RESEARCH

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
CHILDRENS MEDICAL CENTER OF DAYTON ONE CHILDRENS PLZ DAYTON, OH 454041815	31-0672132	501(c)(3)	73,300		FMV	N/A	RESEARCH
CHILDREN'S MERCY HOSPITAL & CLINIC 2401 GILHAM RD KANSAS CITY, MO 64108	44-0605373	501(c)(3)	311,087		FMV	N/A	RESEARCH

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
CHILDRENS NATIONAL MEDICAL CENTER 801 ROEDER RD SILVER SPRING, MD 20910	53-0196580	501(c)(3)	727,866		FMV	N/A	RESEARCH
CHILDREN'S RESEARCH INSTITUTE 801 ROEDER ROAD SILVER SPRING, MD 20910	52-1654453	501(c)(3)	15,438		FMV	N/A	RESEARCH

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
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVE CINCINNATI, OH 452293039	31-0833936	501(c)(3)	1,110,294		FMV	N/A	RESEARCH
CITY OF HOPE NATIONAL MED CTR 1500 E DURATE RD DUARTE, CA 91010	95-3435919	501(c)(3)	108,173		FMV	N/A	RESEARCH

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
CLEVELAND CLINIC FOUNDATION 9500 ELCLID AVE CLEVELAND, OH 44195	34-0714585	501(c)(3)	79,951		FMV	N/A	RESEARCH
COLUMBIA UNIV NY STATE PSYCHIATRIC INST 1051 RIVERSIDE DRIVE NEW YORK, NY 10032	13-3908649	501(c)(3)	736,944		FMV	N/A	RESEARCH

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
CONNECTICUT CHILDRENS MED CTR 282 WASHINGTON ST HARTFORD, CT 06106	06-0646755	501(c)(3)	216,613		FMV	N/A	RESEARCH
COOK CHILDRENS MEDICAL CENTER 901 7TH AVE FORT WORTH, TX 761042733	75-2051646	501(c)(3)	268,192		FMV	N/A	RESEARCH



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
CORNELL UNIVERSITY PO BOX 22660 ITHACA, NY 14851	15-0532082	501(c)(3)	7,022		FMV	N/A	RESEARCH
COVANCE LABORATORIES PO BOX 2464 BURLINGTON, NC 272162464	54-0898188		25,240		FMV	N/A	RESEARCH

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
COVENANT CHILDRENS HOSPITAL 465 HALSTEAD ST STE 160 PASADENA, CA 91107	75-2428911	501(c)(3)	35,261		FMV	N/A	RESEARCH
DANA FARBER FOUNDATION 450 BROOKLINE AVE BOSTON, MA 02115	04-2263040	501(c)(3)	963,072		FMV	N/A	RESEARCH

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
DARTMOUTH COLLEGE 11 ROPE FERRY RD 6210 HANOVER, NH 037551404	02-0222111	501(c)(3)	19,607		FMV	N/A	RESEARCH
DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DR LEBANON, NH 03756	22-2519596	501(c)(3)	21,000		FMV	N/A	RESEARCH

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
DELL CHILDREN'S MED CTR OF CENTRAL TEXAS PO BOX 204242 DALLAS, TX 753204242	74-1109643	501(c)(3)	62,028		FMV	N/A	RESEARCH
DEVEREUX CTR EFFECTIVE SCHOOLS 1819 JFK BLVD PHILADELPHIA, PA 19171	23-1390618	501(c)(3)	16,875		FMV	N/A	RESEARCH

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
DREXEL UNIVERSITY P O BOX 9500 1090 PHILADELPHIA, PA 191951090	23-1352630	501(c)(3)	1,594,541		FMV	N/A	RESEARCH
DRISCOLL CHILDRENS HOSPITAL 3533 S ALAMEDA ST CORPUS CHRIST, TX 784111721	74-2577746	501(c)(3)	33,717		FMV	N/A	RESEARCH

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
DUKE UNIVERSITY 119 BIOLOGICAL SCIENCES DURHAM, NC 27708	56-0532129	501(c)(3)	740,918		FMV	N/A	RESEARCH
EAST CAROLINA UNIVERSITY 2200 S CHARLES BLVD GREENVILLE, NC 278584353	56-6000403	501(c)(3)	179,529		FMV	N/A	RESEARCH

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
EAST TENN CHILDRENS HOSPITAL 2018 W CLINCH AVE KNOXVILLE, TN 379162301	62-6002604	501(c)(3)	67,902		FMV	N/A	RESEARCH
EASTERN MAINE MEDICAL CENTER 489 STATE STREET BANGOR, ME 044020404	01-0211501	501(c)(3)	17,828		FMV	N/A	RESEARCH

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
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23501	54-6055378	501(c)(3)	210,945		FMV	N/A	RESEARCH
EDUCATION PLUS HEALTH 970 SPROUL RD BRYN MAWR, PA 19010	82-0374669	501(c)(3)	34,550		FMV	N/A	RESEARCH



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
EL PASO CHILDREN'S HOSPITAL 4845 ALAMEDA AVE EL PASO, TX 79905	26-3075429	501(c)(3)	90,176		FMV	N/A	RESEARCH
EMORY UNIVERSITY P O BOX 935084 ATLANTA, GA 311935084	58-0566256	501(c)(3)	101,658		FMV	N/A	RESEARCH

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
FEINSTEIN INST FOR MED RESEARCH PO BOX 95000-7530 MANHASSET, NY 11030	11-2673595	501(c)(3)	311,112		FMV	N/A	RESEARCH
FLOATING HOSPITAL FOR CHILDREN AT TUFTS MEDICAL CE 755 WASHINGTON ST BOSTON, MA 021111520	04-3400617	501(c)(3)	42,096		FMV	N/A	RESEARCH

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
FRED HUTCHINSON RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	23-7156071	501(c)(3)	325,954		FMV	N/A	RESEARCH
GEISINGER CLINIC 100 N ACADEMY AVE DANVILLE, PA 17822	23-6291113	501(c)(3)	181,020		FMV	N/A	RESEARCH

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
GEORGETOWN UNIVERSITY BOX 571164 WASHINGTON, DC 200571164	53-0196603	501(c)(3)	113,888		FMV	N/A	RESEARCH
GOOGLE LLC DEPT 33654 PO BOX 390000 SAN FRANCISCO, CA 94139	82-2182297		29,772		FMV	N/A	RESEARCH

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
GREENVILLE CANCER TREATMENT CENTER 900 WEST FARIS RD GREENVILLE, SC 296054255	57-6007863	501(C)(3)	43,500		FMV	N/A	RESEARCH
H LEE MOFFITT CANCER CENTER PO BOX 742801 ATLANTA, GA 303742801	59-3238634	501(c)(3)	47,653		FMV	N/A	RESEARCH

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
HACKENSACK UNIVERSITY MED CTR 30 PROSPECT AVENUE HACKENSACK, NJ 07601	22-1487576	501(c)(3)	144,341		FMV	N/A	RESEARCH
HEMATOLOGICS INC PO BOX24712 SEATTLE, WA 98124	91-1685196		78,000		FMV	N/A	RESEARCH

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
HEMOPHILIA CENTER WESTERN PA FIVE PARKWAY CENTER PITTSBURGH, PA 15220	25-1562716	501(c)(3)	48,668		FMV	N/A	RESEARCH
HIMA SAN PABLO CAGUAS PO BOX 4980 CAGUAS, PR 00726	66-0465905	501(C)(3)	32,850		FMV	N/A	RESEARCH

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
HURLEY MEDICAL CENTER INC 1 HURLEY PLZ FLINT, MI 485035902	38-6005601	501(c)(3)	5,100		FMV	N/A	RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PL NEW YORK, NY 10029	13-6171197	501(c)(3)	71,346		FMV	N/A	RESEARCH



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
INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 482780867	35-6001673	501(c)(3)	696,303		FMV	N/A	RESEARCH
INOVA RESEARCH CENTER 2990 TELESTAR CT FALLS CHURCH, VA 220421207	54-0620889	501(c)(3)	88,198		FMV	N/A	RESEARCH

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
INVENTIV 202 CARNEGIE CENTER PRINCETON, NJ 085406239	59-2407464		62,145		FMV	N/A	RESEARCH
JOHNS HOPKINS UNIVERSITY PO BOX 65045 BALTIMORE, MD 212645045	52-0595110	501(c)(3)	1,311,997		FMV	N/A	RESEARCH

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
KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST 16TH FL OAKLAND, CA 946123433	94-1105628	501(c)(3)	382,485		FMV	N/A	RESEARCH
KAPIOLANI MEDICAL CENTER 1319 PUNAHOU ST HONOLULU, HI 96826	99-0177350	501(c)(3)	79,267		FMV	N/A	RESEARCH

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
LANKENAU INSTITUTE FOR MED RESEARCH PO BOX 1025 HAVERTOWN, PA 19083	23-2175659	501(c)(3)	33,938		FMV	N/A	RESEARCH
LEE MEMORIAL HEALTH SYSTEM 9981 HEALTH PARK DRIVE FORT MYERS, FL 33908	59-0714812	501(c)(3)	57,000		FMV	N/A	RESEARCH

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
LEGACY RESEARCH INSTITUTE 1919 NORTHWEST LOVEJOY PORTLAND, OR 97210	93-0386823	501(c)(3)	88,057		FMV	N/A	RESEARCH
LEHIGH VALLEY HOSPITAL DIV OF EDUCATION 1247 S CEDAR CREST BLVD ALLENTOWN, PA 18103	23-1689692	501(c)(3)	84,784		FMV	N/A	RESEARCH

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
LOMA LINDA UNIVERSITY 11175 CAMPUS ST RM CE A 1120 LOMA LINDA, CA 92551	95-1816009	501(c)(3)	259,496		FMV	N/A	RESEARCH
LOS ANGELES BIOMED RESEARCH PO BOX 60637 LOS ANGELES, CA 90060	95-2138184	501(c)(3)	56,395		FMV	N/A	RESEARCH

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
LOUISIANA STATE UNIV HEALTH SCIENCES CENTER NEW OR 433 BLOIVAR ST NEW ORLEANS, LA 70112	72-6087770	501(c)(3)	55,700		FMV	N/A	RESEARCH
LOVELACE BIOMEDICAL ENVIRONMENTAL 2425 RIDGECREST DR SE ALBUQUERQUE, NM 87108	51-0154068	501(c)(3)	352,828		FMV	N/A	RESEARCH

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
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611	36-1408475	501(c)(3)	43,450		FMV	N/A	RESEARCH
MAINE CHILDRENS CANCER PROGRAM 100 CAMPUS DR SCARBOROUGH, ME 040747172	01-0238552	501(c)(3)	70,100		FMV	N/A	RESEARCH



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
MARSHFIELD CLINIC RESEARCH FOUNDATION 1000 N OAK AVE MARSHFIELD, WI 54449	39-0452970	501(c)(3)	18,100		FMV	N/A	RESEARCH
MARY BRIDGE CHILDRENS HOSPITAL 317 MARTIN LUTHER KING TACOMA, WA 984054234	91-1352172	501(c)(3)	14,550		FMV	N/A	RESEARCH

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
MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DR LEBANON, NH 03756	02-0222140	501(c)(3)	14,900		FMV	N/A	RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 399 REVOLUTION DR STE 750 BOSTON, MA 02114	04-2697983	501(c)(3)	109,896		FMV	N/A	RESEARCH

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
MAYO CLINIC ROCHESTER PO BOX 860334 MINNEAPOLIS, MN 554860334	41-6011702	501(c)(3)	168,474		FMV	N/A	RESEARCH
MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 770304009	74-6001118	501(c)(3)	130,527		FMV	N/A	RESEARCH

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
MEDICAL CITY DALLAS HOSPITAL 7777 FOREST LANE DALLAS, TX 752302584	62-1682198		80,817		FMV	N/A	RESEARCH
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(c)(3)	304,181		FMV	N/A	RESEARCH

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
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE STE 303 MSC 804 CHARLESTON, SC 294258040	57-6000722	501(c)(3)	50,100		FMV	N/A	RESEARCH
MEMORIAL HEALTHCARE SYSTEM PO BOX 538514 ATLANTA, GA 303538514	59-6014973	501(c)(3)	54,517		FMV	N/A	RESEARCH

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
MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVE 12TH FL NEW YORK, NY 100656007	13-1924236	501(c)(3)	161,582		FMV	N/A	RESEARCH
MEMORIAL UNIVERSITY MEDICAL CENTER PO BOX 550 NASHVILLE, TN 372020550	82-1969974		53,096		FMV	N/A	RESEARCH

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
MERCY HOSPITAL ST LOUIS 607 S NEW BALLAS RD ST LOUIS, MO 63141	43-0653493	501(c)(3)	10,650		FMV	N/A	RESEARCH
METHODIST HEALTHCARE SYSTEM 7700 FLOYD CURL DR SAN ANTONIO, TX 782293979	74-2730328	501(c)(3)	92,850		FMV	N/A	RESEARCH

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
MIAMI CANCER INSTITUTE AT BAPTIST HEALTH 8900 N KENDALL DR MIAMI, FL 33176	47-3090066	501(c)(3)	25,745		FMV	N/A	RESEARCH
MIAMI CHILDREN'S HOSPITAL RESEARCH INSTIT 3100 SW 62ND AVE MIAMI, FL 33155	59-2602318	501(c)(3)	43,485		FMV	N/A	RESEARCH



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
MICHIGAN STATE UNIVERSITY B240 LIFESCIENCES BLDG EAST LANSING, MI 488241317	38-6005984	501(c)(3)	40,146		FMV	N/A	RESEARCH
MILLER CHILDRENS HOSPITAL 2801 ATLANTIC AVE LONG BEACH, CA 908061701	95-3527031	501(c)(3)	108,000		FMV	N/A	RESEARCH

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
MISSION HOSPITALS INC 509 BILTMORE AVE ASHEVILLE, NC 28801	58-1450888	501(c)(3)	55,072		FMV	N/A	RESEARCH
MONELL CHEMICAL SENSES CENTER 3500 MARKET ST PHILADELPHIA, PA 19104	23-2020897	501(c)(3)	180,451		FMV	N/A	RESEARCH

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
MONTCLAIR STATE UNIVERSITY 1 NORMAL AVE MONTCLAIR, NJ 07042	22-2912682		8,579		FMV	N/A	RESEARCH
MONTEFIORE MEDICAL CENTER 3301 BAINBRIDGE AVE BRONX, NY 104672490	13-1740114	501(c)(3)	13,600		FMV	N/A	RESEARCH

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
MONTGOMERY EARLY LEARNING CENTER 201 SABINE AVENUE NARBERTH, PA 190721611	23-1676836	501(c)(3)	111,843		FMV	N/A	RESEARCH
MOUNTAIN STATES TUMOR PO BOX 1023 BOISE, ID 83712	82-0295026	501(c)(3)	64,105		FMV	N/A	RESEARCH

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
NACHRI 16011 COLLEGE BLVD LENEXA, KS 66219	51-0120256	501(c)(3)	16,137		FMV	N/A	RESEARCH
NAT'L JEWISH CTR FOR IMMUN & RESP MED PO BOX 17232 DENVER, CO 802170379	74-2044647	501(c)(3)	28,175		FMV	N/A	RESEARCH

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
NATIONWIDE CHILDREN'S HOSP HOME CARE SRVS 255 E MAIN ST COLUMBUS, OH 43215	31-1296332	501(c)(3)	447,411		FMV	N/A	RESEARCH
NEMOURS CHILDREN'S CLINIC PO BOX 269 WILMINGTON, DE 198990269	59-0634433	501(c)(3)	641,235		FMV	N/A	RESEARCH

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
NEVADA CANCER RESEARCH FOUNDATION 601 S RANCHO DR LAS VEGAS, NV 891064825	88-0189404	501(c)(3)	47,600		FMV	N/A	RESEARCH
NEW YORK BLOOD CENTER PO BOX 419137 BOSTON, MA 022419137	13-1949477	501(c)(3)	170,096		FMV	N/A	RESEARCH

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
NEW YORK MEDICAL COLLEGE 50 PLAZA WEST RD VALHALLA, NY 10595	13-1099420	501(c)(3)	93,861		FMV	N/A	RESEARCH
NEW YORK UNIVERSITY 29 WASHINGTON SQ W STE 1D NEW YORK, NY 100119123	13-5562308	501(c)(3)	174,511		FMV	N/A	RESEARCH



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
NEWARK BETH ISRAEL MED CTR 201 LYONS AVE NEWARK, NJ 071122094	22-3452311	501(c)(3)	43,796		FMV	N/A	RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	36-2167817	501(c)(3)	82,530		FMV	N/A	RESEARCH

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
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HWY NEW ORLEANS, LA 70121	72-0502505	501(c)(3)	45,756		FMV	N/A	RESEARCH
OCULOGICA INC 33 IRVING PL NEW YORK, NY 100032332	46-2931935		50,000		FMV	N/A	RESEARCH

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
OHIO STATE UNIVERSITY RESEARCH 1960 KENNY RD COLUMBUS, OH 43210	31-6025986	501(c)(3)	267,412		FMV	N/A	RESEARCH
OREGON HEALTH & SCIENCES UNIVERSITY PO BOX 3595 PORTLAND, OR 97207	93-1176109	501(c)(3)	396,032		FMV	N/A	RESEARCH

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
ORLANDO HEALTH INC 1414 S KUHL AVE ORLANDO, FL 32806	59-1726273	501(c)(3)	81,667		FMV	N/A	RESEARCH
PENN STATE HERSHEY MEDICAL CENTER P O BOX 850 HERSHEY, PA 170330850	24-6000376	501(c)(3)	449,063		FMV	N/A	RESEARCH

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
PHILADELPHIA RESEARCH & EDUCATION FDN 3900 WOODLAND AVE PHILADELPHIA, PA 19104	23-3066002	501(c)(3)	16,323		FMV	N/A	RESEARCH
PHOENIX CHILDREN'S HOSPITAL 1919 E THOMAS RD PHOENIX, AZ 85016	86-0422559	501(c)(3)	244,389		FMV	N/A	RESEARCH

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
PRESBYTERIAN HEMBY CHILDRENS HOSPITAL 200 HAWTHORNE LANE CHARLOTTE, NC 282042515	56-0554230	501(c)(3)	28,767		FMV	N/A	RESEARCH
PRESBYTERIAN ST LUKE MED CTR 1719 E 19TH AVE DENVER, CO 802181235	84-1321373	501(c)(3)	31,825		FMV	N/A	RESEARCH

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
PROVIDENCE ALASKA MEDICAL CTR 3851 PIPER ST ANCHORAGE, AK 99508	92-0016429		46,380		FMV	N/A	RESEARCH
PROVIDENCE SACRED HEART MED CTR&CHILDRENS 101 W 8TH AVE SPOKANE, WA 992202555	51-0216586	501(c)(3)	108,492		FMV	N/A	RESEARCH

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
PUBLIC HEALTH INSTITUTE 555 12TH ST OAKLAND, CA 946074046	94-1646278	501(c)(3)	10,470,750		FMV	N/A	RESEARCH
PUBLIC HEALTH MANAGEMENT CORP 1500 MARKET ST PHILADELPHIA, PA 19102	23-7221025	501(c)(3)	83,380		FMV	N/A	RESEARCH



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
RADY CHILDREN'S HOSPITAL-SAN DIEGO 3020 CHILDRENS WAY SAN DIEGO, CA 921234223	95-6006144	501(c)(3)	43,196		FMV	N/A	RESEARCH
REGENTS OF THE UNIV OF CA SF PO BOX 39000 SAN FRANCISCO, CA 941399157	94-6036493	501(c)(3)	605,744		FMV	N/A	RESEARCH

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
REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 S STATE ST ANN ARBOR, MI 481091287	38-6006309	501(c)(3)	542,930		FMV	N/A	RESEARCH
RESEARCH FDN OF THE STATE UNIV OF NY P O BOX 9 ALBANY, NY 122010009	14-1368361	501(c)(3)	132,678		FMV	N/A	RESEARCH

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
RHODE ISLAND HOSPITAL ONE HOPPIN ST STE 1300 PROVIDENCE, RI 02903	05-0258954	501(c)(3)	81,116		FMV	N/A	RESEARCH
ROSWELL PARK CANCER INSTITUTE ELM CARLTON STREETS BUFFALO, NY 142630001	14-1402155	501(c)(3)	100,500		FMV	N/A	RESEARCH

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
RUTGERS BIOMEDICAL & HEALTH SCIENCES 65 DAVIDSON RD PISCATAWAY, NJ 08854	46-2354111	501(c)(3)	166,105		FMV	N/A	RESEARCH
RUTGERS THE STATE UNIV OF NJ 390 GEORGE ST FL 6 NEW BRUNSWICK, NJ 089012019	22-6001086	501(c)(3)	12,645		FMV	N/A	RESEARCH

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
SAINT LOUIS UNIVERSITY 3545 LAFAYETTE AVE STLOUIS, MO 63104	43-0654872	501(c)(3)	28,974		FMV	N/A	RESEARCH
SAINT PETER'S UNIV HOSPITAL 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	22-1487330	501(c)(3)	39,159		FMV	N/A	RESEARCH

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
SAINT VINCENT HOSPITAL 835 SOUTH VAN BUREN ST GREEN BAY, WI 54301	39-0817529	501(c)(3)	25,800		FMV	N/A	RESEARCH
SAN JORGE CHILDRENS HOSPITAL 258 SAN JORGE ST SABTURCE, PR 00912	66-0646725	501(c)(3)	22,400		FMV	N/A	RESEARCH

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
SANFORD MEDICAL CENTER FARGO 720 4TH ST N FARGO, ND 581224520	45-0226909	501(c)(3)	26,700		FMV	N/A	RESEARCH
SANFORD MEDICAL CENTER SIOUX FALLS 1305 W 18TH ST SIOUX FALLS, ND 571050401	46-0227855	501(c)(3)	32,300		FMV	N/A	RESEARCH

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
SANTA BARBARA COTTAGE HOSPITAL PUEBLO AT BATH ST SANTA BARBARA, CA 931054390	95-1644629	501(c)(3)	42,839		FMV	N/A	RESEARCH
SARAH CANNON RESEARCH INSTITUTE PO BOX 27025 RICHMOND, VA 232617025	20-1557751		43,840		FMV	N/A	RESEARCH



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
SCOTT & WHITE MEMORIAL HOSPITAL 2401 S 31ST ST TEMPLE, TX 76508	74-1166904	501(c)(3)	38,375		FMV	N/A	RESEARCH
SEATTLE CHILDREN'S HOSPITAL PO BOX 24049 SEATTLE, WA 981240049	91-0564748	501(c)(3)	1,323,299		FMV	N/A	RESEARCH

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
SEVEN BRIDGES GENOMICS INC 1 MAIN STREET CAMBRIDGE, MA 021421531	45-3415885		153,924		FMV	N/A	RESEARCH
SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	95-3492461	501(c)(3)	27,600		FMV	N/A	RESEARCH

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
SINAI HOSPITAL OF BALTIMORE 2401 WEST BELVEDER AVE BALTIMORE, MD 212150000	52-0486540	501(c)(3)	46,590		FMV	N/A	RESEARCH
SOUTHERN ILLINOIS UNIV SCHOOL OF MEDICINE 801 N RUTLEDGE ST SPRINGFIELD, IL 627024910	37-6005961	501(c)(3)	15,892		FMV	N/A	RESEARCH

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
SPACE TANGO INC 333 E SHORT ST LEXINGTON, KY 40507	61-1336389		94,194		FMV	N/A	RESEARCH
SPACEPHARMA INC 237 WASHINGTON AVE PALO ALTO, CA 94301	81-2712026		243,870		FMV	N/A	RESEARCH

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
SPECTRUM HEALTH HOSPITALS 100 MICHIGAN ST GRAND RAPIDS, MI 49503	38-1360529	501(c)(3)	34,400		FMV	N/A	RESEARCH
ST JOSEPH'S HOSPITAL FLORIDA 3003 W MARTIN LUTHER KING BLVD TAMPA BAY, FL 33607	59-0774199	501(c)(3)	24,850		FMV	N/A	RESEARCH

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
ST JOSEPH'S REGIONAL MED CTR 703 MAIN ST PATERSON, NJ 07503	22-1487602	501(c)(3)	52,516		FMV	N/A	RESEARCH
ST JUDE CHILDREN'S RESEARCH PO BOX 1000 DEPT 516 MEMPHIS, TN 381480949	62-0646012	501(c)(3)	607,335		FMV	N/A	RESEARCH

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
ST MARY'S MEDICAL CENTER PO BOX 532541 ATLANTA, GA 30352	75-2932830		66,150		FMV	N/A	RESEARCH
ST VINCENT HEALTH INC 8425 HARCOURT RD INDIANAPOLIS, IN 462602036	35-0869066	501(c)(3)	75,203		FMV	N/A	RESEARCH

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
STANFORD UNIVERSITY 3145 PORTER DR PALO ALTO, CA 94304	94-1156365	501(c)(3)	997,953		FMV	N/A	RESEARCH
SUTTER INSTITUTE FOR MEDICAL RESEARCH 2801 CAPITOL AVE SACRAMENTO, CA 95816	94-1156621	501(c)(3)	57,243		FMV	N/A	RESEARCH



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
TAMPA GENERAL HOSPITAL 409 BAYSHORE BLVD TAMPA, FL 33606	59-3458145	501(c)(3)	13,350		FMV	N/A	RESEARCH
TC THOMPSON CHILDRENS HOSPITAL 910 BLACKFORD ST CHATTANOOGA, TN 374031405	62-6000101	501(c)(3)	50,440		FMV	N/A	RESEARCH

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
TEMPLE UNIVERSITY BROAD CECIL B MOORE AVE PHILADELPHIA, PA 19122	23-2825878	501(c)(3)	196,169		FMV	N/A	RESEARCH
TEXAS TECH UNIVERSITY HEALTH SCIENCES CTR 3601 4TH STREET MS6540 LUBBOCK, TX 794306540	75-2668014	501(c)(3)	18,590		FMV	N/A	RESEARCH

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
THE HENRY M JACKSON FOUNDATION 6720-A ROCKLEDGE DR BETHESDA, MD 20817	52-1317896	501(c)(3)	100,465		FMV	N/A	RESEARCH
THE RSRCH INSTAT NATIONWIDE CHILD HOSP PO BOX 78000 DETROIT, MI 482781653	31-1036372	501(c)(3)	1,404,556		FMV	N/A	RESEARCH

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
THE VALLEY HOSPITAL INC 223 NORTH VAN DIEN AVE RIDGEWOOD, NJ 07450	22-1487307	501(c)(3)	55,000		FMV	N/A	RESEARCH
THE WISTAR INSTITUTE 4 NEW YORK PLZ NEW YORK, NY 10004	23-6434390	501(c)(3)	61,715		FMV	N/A	RESEARCH

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
THERADEx SYSTEMS INC 4365 ROUTE 1 SOUTH PRINCETON, NJ 08540	22-2418075		695,911		FMV	N/A	RESEARCH
THOMAS JEFFERSON UNIVERSITY 170 S INDEPENDENCE MALL WEST PHILADELPHIA, PA 191063333	23-1352651	501(c)(3)	92,178		FMV	N/A	RESEARCH

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
TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 436063896	34-4428256	501(c)(3)	27,517		FMV	N/A	RESEARCH
TRUSTEES OF THE UNIV OF PENNSYLVANIA PO BOX 824320 PHILADELPHIA, PA 191046059	23-1352685	501(c)(3)	10,176,302		FMV	N/A	RESEARCH

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
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 SECOND AVE S BIRMINGHAM, AL 352940109	63-6005396	501(c)(3)	540,821		FMV	N/A	RESEARCH
UNIVERSITY OF WISCONSIN-MADISON 5-151 WISCONSIN CENTER MADISON, WI 53705	39-6006492	501(c)(3)	577,643		FMV	N/A	RESEARCH

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
UNIVERSITY OF TEXAS HEALTH PO BOX 301418 DALLAS, TX 753031418	74-1761309	501(c)(3)	321,220		FMV	N/A	RESEARCH
UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD BOX 3 TUCSON, AZ 857190521	74-2652689	501(c)(3)	27,050		FMV	N/A	RESEARCH



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
UNIVERSITY OF CALIFORNIA-DAVIS PO BOX 45368 SAN FRANCISCO, CA 941450368	94-6036494	501(c)(3)	351,710		FMV	N/A	RESEARCH
UNIVERSITY OF CALIFORNIA BOX 951432 1125 MURPHY HALL LOS ANGELES, CA 900959000	95-6006143	501(c)(3)	222,620		FMV	N/A	RESEARCH

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
UNIVERSITY OF CHICAGO 97 E 58TH ST CHICAGO, IL 60637	36-2177139	501(c)(3)	1,301,666		FMV	N/A	RESEARCH
UNIVERSITY OF COLORADO PO BOX 447 BOULDER, CO 803090447	84-6000555	501(c)(3)	244,690		FMV	N/A	RESEARCH

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
UNIVERSITY OF CONNECTICUT HEALTH CENTER 263 FARMINGTON AVE FARMINGTON, CT 060303001	52-1725543	501(c)(3)	28,538		FMV	N/A	RESEARCH
UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 326111235	59-6002052	501(c)(3)	197,937		FMV	N/A	RESEARCH

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
UNIVERSITY OF ILLINOIS MEDICAL CENTER 840 S WOOD STREET CHICAGO, IL 60612	37-6000511	501(c)(3)	197,783		FMV	N/A	RESEARCH
UNIVERSITY OF IOWA 5 CALVIN HALL IOWA CITY, IA 52242	42-6004813	501(c)(3)	218,302		FMV	N/A	RESEARCH

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
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION PO BOX 931113 CLEVELAND, OH 44193	61-6001218	501(c)(3)	109,504		FMV	N/A	RESEARCH
UNIVERSITY OF LOUISVILLE 300 E MARKET ST STE 300 LOUISVILLE, KY 40202	61-1029626	501(c)(3)	121,333		FMV	N/A	RESEARCH

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
UNIVERSITY OF MARYLAND 660 WEST REDWOOD STREET BALTIMORE, MD 21201	52-6002033	501(c)(3)	94,232		FMV	N/A	RESEARCH
UNIVERSITY OF MASSACHUSETTS 715 N PLEASANT ST/111 ARNOLD H AMHERST, MA 010039304	04-3167352	501(c)(3)	50,266		FMV	N/A	RESEARCH

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
UNIVERSITY OF MIAMI 1951 NW 7TH AVE MIAMI, FL 33136	59-0624458	501(c)(3)	64,150		FMV	N/A	RESEARCH
UNIVERSITY OF MINNESOTA 200 OAK STREET SE SUITE 450 MINNEAPOLIS, MN 554552070	41-6007513	501(c)(3)	495,390		FMV	N/A	RESEARCH

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
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 N STATE STREET JACKSON, MS 392164500	64-6008520	501(c)(3)	91,197		FMV	N/A	RESEARCH
UNIVERSITY OF MISSOURI P O BOX 807012 KANSAS CITY, MO 641807012	43-6003859	501(c)(3)	54,502		FMV	N/A	RESEARCH



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
UNIVERSITY OF NEBRASKA MED CTR 985045 NEBRASKA MEDICAL CENTER OMAHA, NE 681985045	47-0049123	501(c)(3)	23,675		FMV	N/A	RESEARCH
UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 871310001	85-6000642	501(c)(3)	316,031		FMV	N/A	RESEARCH

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
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DR CHAPEL HILL, NC 27599	56-6001393	501(c)(3)	269,464		FMV	N/A	RESEARCH
UNIVERSITY OF OKLAHOMA P O BOX 26901 URP 865 STE 490 OKLAHOMA, OK 731260901	73-6017987	501(c)(3)	189,675		FMV	N/A	RESEARCH

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
UNIVERSITY OF PITTSBURGH 3100 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501(c)(3)	1,697,408		FMV	N/A	RESEARCH
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE BOX 777 ROCHESTER, NY 14642	16-0743209	501(c)(3)	347,892		FMV	N/A	RESEARCH

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
UNIVERSITY OF SAN DIEGO 9500 GILMAN DRIVE LO JOLLA, CA 920930830	33-0833316	501(c)(3)	91,914		FMV	N/A	RESEARCH
UNIVERSITY OF SOUTH ALABAMA 380 ADMINISTRATION BLDG MOBILE, AL 366880001	63-0477348	501(c)(3)	10,483		FMV	N/A	RESEARCH

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
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST COLUMBIA, SC 29208	57-6001153	501(c)(3)	30,950		FMV	N/A	RESEARCH
UNIVERSITY OF TEXAS 5323 HARRY HINES BLVD DALLAS, TX 752359076	75-6002868	501(c)(3)	715,382		FMV	N/A	RESEARCH

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
UNIVERSITY OF TEXAS HEALTH SCIENCE CTR 7703 FLOYD CURL DR SAN ANTONIO, TX 78229	74-1586031	501(c)(3)	114,350		FMV	N/A	RESEARCH
UNIVERSITY OF TEXAS RIO GRANDE 1201 W UNIVERSITY DR EDINBURG, TX 78539	46-5292740	501(c)(3)	271,419		FMV	N/A	RESEARCH

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
UNIVERSITY OF UTAH 201 S PRESIDENTS CIR RM 406 SALT LAKE CITY, UT 841129020	87-6000525	501(c)(3)	620,944		FMV	N/A	RESEARCH
UNIVERSITY OF VERMONT 1 S PROSPECT ST BURLINGTON, VT 05401	03-0179440	501(c)(3)	32,849		FMV	N/A	RESEARCH

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
UNIVERSITY OF VIRGINIA PO BOX 400202 CHARLOTTESVILLE, VA 229044202	54-6001796	501(c)(3)	141,273		FMV	N/A	RESEARCH
UNIVERSITY OF WASHINGTON PO BOX 15290 SEATTLE, WA 981150290	91-6001537	501(c)(3)	179,777		FMV	N/A	RESEARCH



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
VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDRENS PL MADERA, CA 936388762	94-1294954	501(c)(3)	245,347		FMV	N/A	RESEARCH
VANDERBILT UNIVERSITY MED CTR 1161 21ST AVE S NASHVILLE, TN 372325545	35-2528741	501(c)(3)	307,815		FMV	N/A	RESEARCH

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
VANDERBILT UNIVERSITY MEDICAL PO BOX 121236 DALLAS, TX 753121236	62-0476822	501(c)(3)	32,188		FMV	N/A	RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 232193039	54-6001758	501(c)(3)	130,184		FMV	N/A	RESEARCH

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
VOXELLO 2500 CROSSPARK RD CORALVILLE, IA 52241	46-2681186		17,149		FMV	N/A	RESEARCH
WAKE FOREST UNIVERSITY MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	22-3849199	501(c)(3)	118,653		FMV	N/A	RESEARCH

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
WASHINGTON UNIVERSITY PO BOX 502432 ST LOUIS, MO 63110	43-0653611	501(c)(3)	727,182		FMV	N/A	RESEARCH
WAYNE STATE UNIVERSITY 5700 CASS AVE DETROIT, MI 42802	38-6028429	501(c)(3)	73,250		FMV	N/A	RESEARCH

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
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 525 E 68TH ST NEW YORK, NY 10065	13-1623978	501(c)(3)	344,110		FMV	N/A	RESEARCH
WEST VIRGINIA RESEARCH CORP 866 CHESTNUT RIDGE RD MORGANTOWN, WV 26506	55-0665758	501(c)(3)	92,989		FMV	N/A	RESEARCH

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
WESTAT PO BOX 1004 ROCKVILLE, MD 20850	84-0529566		24,437		FMV	N/A	RESEARCH
WILLIAM BEAUMONT HOSPITAL 3811 WEST 13 MILE RD ROYAL OAK, MI 48073	38-1459362	501(c)(3)	13,850		FMV	N/A	RESEARCH

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
WINTHROP UNIVERSITY HOSPITAL 259 FIRST ST MINEOLA, NY 115013957	11-1633486	501(c)(3)	56,023		FMV	N/A	RESEARCH
WOMEN AND INFANTS HOSPITAL OF RHODE ISLAND 101 DUDLEY PROVIDENCE, RI 02905	05-0258937	501(c)(3)	86,765		FMV	N/A	RESEARCH

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
YALE UNIVERSITY PO BOX 208250 NEW HAVEN, CT 062508250	06-0646973	501(c)(3)	234,412		FMV	N/A	RESEARCH



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number  
23-1352166

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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

**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?

**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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

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?

**b** Any related organization?

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?

**b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

**1b**

**2**

**4a**

Yes

**4b**

Yes

**4c**

No

**5a**

Yes

**5b**

No

**6a**

No

**6b**

No

**7**

Yes

**8**

No

**9**

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.

See Additional Data Table**Schedule J (Form 990) 2018**

**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
SCHEDULE J, PART I, LINE 4A	CHARLES S. HOUGH - 453,326 SCHEDULE J, PART I, LINE 4B MADELINE BELL - 251,519 N SCOTT ADZICK MD - 271,946 THOMAS J TODOROW - 124,312 DOUG HOCK - 131,782 JOSEPH W ST GEME III MD - 88,954 BRYAN WOLF MD, PHD - 75,140 MATTHEW BAYLEY MD - 63,891 JEFFREY D KAHN - 59,268 NICHOLAS P PROCYK - 44,333 MONICA TAYLOR LOTTY - 42,026 KISHA HAWTHORNE - 47,254 ROBERT CRONER - 16,410 PAULA AGOSTO - 35,377 THOMAS R DOLE - 32,482 DOUGLAS CARNEY - 22,362 STEVEN G DOCIMO - 66,920 SCHEDULE J, PART I, LINE 5A The Long Term Incentive Program for members of Senior Management and Department Chairs for Fiscal Years 2016, 2017 and 2018 was paid in Fiscal Year 2019 with a metric related to Gross Operating Cashflow

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	INCENTIVES ARE AVAILABLE FOR MEMBERS OF SENIOR MANAGEMENT AND DEPARTMENT CHAIRS BASED ON ACHIEVEMENT OF ORGANIZATION AND INDIVIDUAL GOALS TYPICALLY RELATED TO QUALITY, OPERATING, AND FINANCIAL PERFORMANCE AS WELL AS OTHER SIGNIFICANT CLINICAL, QUALITY, AND SCIENTIFIC ACHIEVEMENTS PAYMENT OF INCENTIVES IS DEPENDENT UPON ACHIEVING SUFFICIENT OPERATING MARGIN TO FUND THE INCENTIVES

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN (C)	THE AMOUNT REPORTED HERE MAY INCLUDE CHANGES IN ACTUARIAL VALUES OF SERPS AS REQUIRED TO BE REPORTED BY THE IRS



Additional Data

Software ID:  
Software Version:  
EIN: 23-1352166  
Name: THE CHILDREN'S HOSPITAL OF PHILADELPHIA

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
THOMAS J TODOROW ASSISTANT TREASURER	(i)	828,424	535,165	655,611	250,240	34,441	2,303,881	0
	(ii)	0	0	0	0	0	0	0
JEFFREY D KAHN ASSISTANT SECRETARY	(i)	531,083	388,800	502,480	5,500	34,991	1,462,854	0
	(ii)	0	0	0	0	0	0	0
MADELINE BELL CEO & TRUSTEE	(i)	1,410,208	1,175,655	2,202,990	5,500	23,278	4,817,631	0
	(ii)	0	0	0	0	0	0	0
BRYAN WOLF MD PHD EXECUTIVE VP & CSO	(i)	602,843	927,965	78,612	24,750	11,049	1,645,219	0
	(ii)	0	0	0	0	0	0	0
CHARLES S HOUGH FRMR SVP SUPPORT SERVICES	(i)	14,908	0	438,419	271	12,464	466,062	0
	(ii)	0	0	0	0	0	0	0
N SCOTT ADZICK MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	1,314,250	1,317,225	221,958	24,750	13,685	2,891,868	0
NICHOLAS P PROCYK SVP & CHIEF INVESTMENT OFFICER	(i)	477,621	329,558	45,092	5,500	26,618	884,389	0
	(ii)	0	0	0	0	0	0	0
ROBERT CRONER SVP HUMAN RESOURCES	(i)	230,481	222,700	115,740	5,400	26,066	600,387	0
	(ii)	0	0	0	0	0	0	0
PAULA AGOSTO SVP & CHIEF NURSING OFFICER	(i)	423,394	212,592	31,057	5,500	31,673	704,216	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS CARNEY SVP FACILITIES & CONST MGMT	(i)	373,407	183,597	25,489	5,500	22,566	610,559	0
	(ii)	0	0	0	0	0	0	0
JOSEPH W ST GEME III MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	842,219	630,946	109,972	24,750	11,090	1,618,977	0
STEVEN G DOCIMO SVP CARE NETWORK	(i)	575,009	294,120	129,981	2,384	30,196	1,031,690	0
	(ii)	0	0	0	0	0	0	0
KISHA HAWTHORNE SVP & CHIEF INFO OFFICER	(i)	473,916	223,220	48,164	5,500	16,563	767,363	0
	(ii)	0	0	0	0	0	0	0
DOUG HOCK EXECUTIVE VP & COO	(i)	829,589	489,783	682,558	8,250	37,303	2,047,483	0
	(ii)	0	0	0	0	0	0	0
THOMAS R DOLE SVP OPERATIONS	(i)	416,210	199,260	32,636	5,500	23,006	676,612	0
	(ii)	0	0	0	0	0	0	0
MATTHEW BAYLEY MD SVP & CHIEF STRATEGY OFFICER	(i)	557,850	288,200	58,338	8,250	24,581	937,219	0
	(ii)	0	0	0	0	0	0	0
MONICA TAYLOR LOTT EVP & CHIEF DEVELOP OFFICER	(i)	462,378	284,635	43,758	8,250	14,738	813,759	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number

23-1352166

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 Hospital and Higher Edu Facilities Auth of Phila	23-1929132	717903zg6	02-15-2005	60,950,000	REFINANCE 1993A BONDS		X		X		X
B Hospital and Higher Edu Facilities Auth of Phila	23-1929132	717903f29	03-09-2011	50,000,000	NEW CONSTRUCTION		X		X		X
C Hospital and Higher Edu Facilities Auth of Phila	23-1929132	717903E29	03-09-2011	50,000,000	NEW CONSTRUCTION		X		X		X
D Hospital and Higher Edu Facilities Auth of PhILA	23-1929132	717903F45	10-27-2011	270,004,822	NEW CONSTRUCTION AND REFI 2008 BON		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	41,365,000		0		0		22,304,822	
2	Amount of bonds legally defeased . . . . .	0		0		0		0	
3	Total proceeds of issue . . . . .	60,950,000		50,000,000		50,000,000		270,004,822	
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 . . . . .	0		406,100		406,100		4,822	
8	Credit enhancement from proceeds . . . . .	0		0		0		0	
9	Working capital expenditures from proceeds . . . . .	0		0		0		0	
10	Capital expenditures from proceeds . . . . .	0		49,593,900		49,593,900		100,000,000	
11	Other spent proceeds . . . . .	60,950,000		0		0		170,000,000	
12	Other unspent proceeds . . . . .	0		0		0		0	
13	Year of substantial completion . . . . .	1995		2015		2015		2015	
		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
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %		0 %		0 %	
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b>	Total of lines 4 and 5 . . . . .								
<b>7</b>	Does the bond issue meet the private security or payment test? . . .								
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b>	If "No" to line 1, did the following apply? . . . . .								
<b>a</b>	Rebate not due yet? . . . . .								
<b>b</b>	Exception to rebate? . . . . .	X							
<b>c</b>	No rebate due? . . . . .			X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .	X		X		X			X
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
<b>b</b>	Name of provider . . . . .	UBS WARBURG Bank		0		0		0	
<b>c</b>	Term of hedge . . . . .	16 %							
<b>d</b>	Was the hedge superintegrated? . . . . .		X						
<b>e</b>	Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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
SCHEDULE K, PART I, LINE A, COLUMN (C)	FOR THE 2011 SERIES C AND D BONDS ISSUED 10/27/2011, THE ADDITIONAL CUSIP NUMBERS ARE AS FOLLOWS 717903F60, 717903F78, 717903F86, 717903F94, 717903G28, 717903G36 , 717903G44, 717903G51, 717903G69, 717903H27, 717903H50, 717903H35, 717903H68, 717903H84, 717903H76 SCHEDULE K, PART IV, LINE 2C The arbitrage calculation for the series A and B of 2011 was completed on April 11, 2014 The arbitrage calculation for the series C and D of 2011 was completed on November 12, 2013 The arbitrage calculation for the 2014 bond was completed on July 1, 2018 The arbitrage calculation for the 2017 bond was completed on September 28, 2017

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number  
23-1352166

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 PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEV	23-1929132	717901AP7	09-04-2014	200,001,819	NEW CONSTRUCTION		X		X		X
B PHILADELPHIA AUTHORITY FOR INDUSTRIAL DEV	23-2237287	717901AQ5	06-30-2017	198,214,200	REFINANCE 2007A BONDS		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired . . . . .	0		21,934,200							
2	Amount of bonds legally defeased . . . . .	0		0							
3	Total proceeds of issue . . . . .	200,001,819		198,214,200							
4	Gross proceeds in reserve funds . . . . .	0		0							
5	Capitalized interest from proceeds . . . . .	0		0							
6	Proceeds in refunding escrows . . . . .	0		0							
7	Issuance costs from proceeds . . . . .	1,819		1,450,317							
8	Credit enhancement from proceeds . . . . .	0		0							
9	Working capital expenditures from proceeds . . . . .	0		0							
10	Capital expenditures from proceeds . . . . .	200,000,000		0							
11	Other spent proceeds . . . . .	0		196,763,883							
12	Other unspent proceeds . . . . .	0		0							
13	Year of substantial completion . . . . .	2015									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue? . . . . .		X	X							
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X						
16	Has the final allocation of proceeds been made? . . . . .	X		X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X							

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %					
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b>	Total of lines 4 and 5 . . . . .								
<b>7</b>	Does the bond issue meet the private security or payment test? . . .								
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X			X				

Part IV

Arbitrage

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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				

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

23-1352166

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1	<p>THE CHILDREN'S HOSPITAL OF PHILADELPHIA, THE OLDEST HOSPITAL IN THE UNITED STATES DEDICATE D EXCLUSIVELY TO PEDIATRICS, STRIVES TO BE THE WORLD LEADER IN THE ADVANCEMENT OF HEALTH C ARE FOR CHILDREN BY INTEGRATING EXCELLENT PATIENT CARE, INNOVATIVE RESEARCH AND QUALITY PR OFessional EDUCATION INTO ALL OF ITS PROGRAMS FORM 990, PART III, LINE 4A THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDED IN 1855, IS THE NATION'S FIRST HOSPITAL DEDICATED EXCLUSI VELY TO PEDIATRICS THE HOSPITAL STRIVES TO BE THE WORLD LEADER IN THE ADVANCEMENT OF HEAL TH CARE FOR CHILDREN BY INTEGRATING EXCELLENT PATIENT CARE INNOVATIVE RESEARCH, AND QUALIT Y PROFESSIONAL EDUCATION INTO ALL OF ITS PROGRAMS THE HOSPITAL IS AN INTEGRATED PEDIATRIC HEALTH CARE DELIVERY SYSTEM THAT PROVIDES QUATERNARY AND ACUTE LEVEL PEDIATRIC SERVICES A S WELL AS EMERGENCY, PRIMARY, SPECIALTY HOME CARE, AND POISON CONTROL CARE FOR CHILDREN T HE HOSPITAL TREATS CHILDREN WITHIN ITS SERVICE AREA IRRESPECTIVE OF ABILITY TO PAY DURING THE YEAR ENDED JUNE 30, 2019, THE HOSPITAL WROTE OFF \$140,812,264 IN CHARGES FOR SERVICES RENDERED APPLICABLE TO FREE CARE, CHARITY AND UNCOLLECTIBLE ACCOUNTS THE CHILDREN'S HOSP ITAL OF PHILADELPHIA HAS BEEN RATED AS AMONG THE BEST CHILDREN'S HOSPITAL IN THE COUNTRY B Y U S NEWS &amp; WORLD REPORT (2003-2019) IN THE 2019-20 U S NEWS SURVEY, CHOP IS NATIONALL Y RANKED IN ALL 10 SPECIALTIES SURVEYED WITH TOP 3 RANKINGS IN 7 OF THE SPECIALTIES NO 1 RANKINGS WERE AWARDED TO THE DIVISION OF ENDOCRINOLOGY AND DIABETES AS WELL AS THE DIVISI ON OF GASTROENTEROLOGY AND GI SURGERY Total Inpatient Days 184,192 Total Inpatient Admis sions 29,259 Total Emergency Department Visits 90,521 Total Specialty Care Visits 473,1 85 Total Primary Care Visits 769,031 Total Urgent Care Visits 38,950 Day Surgery and Med icine Visits 49,719</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IV, LINE 12	AN AUDIT IS PERFORMED ON AN OBLIGATED GROUP WHICH COMPRISES THE CHILDREN'S HOSPITAL OF PHI LADELPHIA, THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION, THE CHILDREN'S HOSPITAL OF PHILADELPHIA PRACTICE ASSOCIATION, CHOP CLINICAL ASSOCIATES, INC , AND FIRST MEDICAL INSUR ANCE COMPANY AN AUDIT IS ALSO PERFORMED ON A CONSOLIDATED BASIS WHICH INCLUDES THE OBLIGA TED GROUP, PGH DEVELOPMENT CORPORATION, CHILDREN'S ANESTHESIOLOGY ASSOCIATES, LTD , CHILD REN'S ANESTHESIOLOGY ASSOCIATES OF NJ, INC , CHILDREN'S HEALTH CARE ASSOCIATES, INC , CHILD REN'S HEALTH CARE ASSOCIATES OF NJ, CHILDREN'S SURGICAL ASSOCIATES LTD , CHILDREN'S SURGIC AL ASSOCIATES OF NJ, INC , SURGICAL RESEARCH AND EDUCATION FOUNDATION, RADIOLOGY ASSOCIATE S OF CHILDREN'S HOSPITAL, INC , AND CHILDREN'S RADIOLOGY ASSOCIATES OF NJ, P C

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE ORGANIZATION'S BYLAWS PROVIDE THAT THE EXECUTIVE COMMITTEE CONSISTS OF (A) THE CHAIRMAN OF THE BOARD, THE VICE CHAIRMAN OF THE BOARD, THE PRESIDENT, THE SECRETARY AND THE TREASURER AND (B) SUCH OTHER VOTING TRUSTEES ELECTED BY THE BOARD. ALL EXECUTIVE COMMITTEE MEMBERS ARE MEMBERS OF THE GOVERNING BODY. THE EXECUTIVE COMMITTEE MAY EXERCISE ALL OF THE POWERS AND AUTHORITIES OF THE BOARD UNLESS PROHIBITED BY LAW OR BY THE BOARD. THE EXECUTIVE COMMITTEE MAY CONSIDER MATTERS IN ADVANCE OF BOARD APPROVAL WHERE IT DEEMS APPROPRIATE, FOR REASONS THAT MAY INCLUDE OPTIMIZING USE OF BOARD TIME AND FACILITATING REVIEW OF SUCH MATTERS AND SUPPORTING MATERIALS. THE EXECUTIVE COMMITTEE MAY ALSO TRANSACT THE BUSINESS OF THE BOARD IN THE INTERIM BETWEEN MEETINGS OF THE FULL BOARD.



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VI, SECTION B, LINE 11B	A COPY OF THIS RETURN WAS REVIEWED BY THE BOARD AUDIT, COMPLIANCE AND RISK COMMITTEE BEFORE THE RETURN WAS FILED. BEFORE THE RETURN WAS FILED, THE FORM 990 WAS ALSO MADE AVAILABLE TO THE ENTIRE GOVERNING BODY OF THE ORGANIZATION THROUGH A SECURE WEBSITE MAINTAINED BY THE CHILDREN'S HOSPITAL OF PHILADELPHIA.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12	<p>THE CHILDREN'S HOSPITAL OF PHILADELPHIA MAINTAINS A WRITTEN CONFLICTS OF INTEREST POLICY THAT APPLIES TO, INTER ALIA, ALL OF ITS TRUSTEES, OFFICERS, EMPLOYEES, MEMBERS OF THE MEDICAL STAFF AND RESEARCHERS OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA AND ITS AFFILIATES. THE POLICY REQUIRES ANNUAL CONFLICTS OF INTEREST STATEMENTS FROM TRUSTEES AND OFFICERS OF THE HOSPITAL AND ITS AFFILIATES, THE PRESIDENT AND OTHERS IN SENIOR MANAGEMENT, ADMINISTRATIVE PERSONNEL SERVING AT THE LEVEL OF MANAGER AND ABOVE AND CERTAIN OTHER CATEGORIES OF EMPLOYEES DEFINED IN THE CONFLICTS OF INTEREST POLICY (SUCH AS PERSONS KNOWN TO PLACE ORDERS WITH VENDORS), DEPARTMENT CHAIRS, DIVISION CHIEFS AND OTHER MEMBERS OF THE MEDICAL STAFF, MEMBERS OF THE HOSPITAL RESEARCH STAFF, DESIGNATED EMPLOYEES OF PRACTICE PLANS AFFILIATED WITH THE HOSPITAL, AND OTHER PERSONS DESIGNATED BY MANAGEMENT. THE STATEMENT TRACKS THE CONFLICTS OF INTEREST POLICY, REQUIRING EACH PERSON TO DISCLOSE INFORMATION FOR THE REPORTING PERIOD REGARDING THE EXISTENCE AND NATURE OF GIFTS, OUTSIDE INTERESTS, OUTSIDE ACTIVITIES AND OTHER MATTERS CONSTITUTING A POTENTIAL, PERCEIVED OR ACTUAL CONFLICT OF INTEREST, AND TO CERTIFY THAT THEY HAVE READ THE POLICY AND ANSWERED FULLY, ACCURATELY AND TO THE BEST OF THEIR KNOWLEDGE. THE STATEMENTS ARE TRACKED AND REVIEWED BY THE OFFICE OF COMPLIANCE AND PRIVACY (OC&amp;P), AND ALL STATEMENTS DISCLOSING POTENTIAL, PERCEIVED OR ACTUAL CONFLICTS ARE REVIEWED INTERNALLY BY THE OC&amp;P WITH FURTHER REVIEW AND FOLLOW-UP AS NEEDED BY THE OFFICE OF GENERAL COUNSEL (OGC). THE CONFLICTS STATEMENTS SUBMITTED BY TRUSTEES OF THE HOSPITAL AND FOUNDATION, AND MEMBERS OF SENIOR MANAGEMENT, ARE REVIEWED BY THE OGC AND OC&amp;P AND THE DISCLOSURES ARE SUMMARIZED IN PRESENTATIONS DISTRIBUTED TO AND REVIEWED BY THE MEMBERS OF THE AUDIT, COMPLIANCE AND RISK COMMITTEE OF THE HOSPITAL AND FOUNDATION BOARDS. IN REVIEWING ANNUAL STATEMENTS WHERE AN ACTUAL, PERCEIVED OR POTENTIAL CONFLICT IS DISCLOSED, WHERE PROBLEMS ARE IDENTIFIED THAT NEED TO BE ADDRESSED, THE GOAL IS TO ELIMINATE OR MANAGE THE CONFLICT GOING FORWARD AND ENSURE THAT, AS TO EMPLOYEES OR OTHERS ON THE MEDICAL OR RESEARCH STAFF, THE RELEVANT SUPERVISOR IS AWARE OF THE ISSUE. SUMMARY INFORMATION ABOUT COMPLIANCE WITH THE POLICY'S REQUIREMENT TO SUBMIT ANNUAL STATEMENTS AND DISCLOSURES CONTAINED THEREIN IS PROVIDED IN PRESENTATIONS TO THE AUDIT, COMPLIANCE AND RISK COMMITTEE OF THE BOARDS. IN ADDITION, IF ANY MATTER INVOLVING A POTENTIAL VIOLATION OF THE CONFLICT OF INTEREST POLICY IS BROUGHT TO THE ATTENTION OF MANAGEMENT DURING THE COURSE OF THE YEAR, A REVIEW IS CONDUCTED BY EITHER THE RELEVANT DEPARTMENT'S MANAGEMENT, OGC OR OC&amp;P, AS APPROPRIATE.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE COMPENSATION OF OFFICERS, KEY EMPLOYEES, AND CERTAIN OTHER INDIVIDUALS IN KEY LEADERSHIP POSITIONS IS REVIEWED AND APPROVED BY AN INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA. THE COMMITTEE REVIEWS AND APPROVES IN ADVANCE THE COMPENSATION TO BE PROVIDED TO OFFICERS, KEY EMPLOYEES, AND CERTAIN OTHER INDIVIDUALS IN KEY LEADERSHIP POSITIONS. THIS PROCESS WAS LAST PERFORMED in 2019. In making its determinations, the committee considers the performance of the organization and that of the covered individual as well as related business judgment factors. It also considers market comparison reports prepared by an external independent compensation consultant with significant experience in performing executive and physician compensation assessments for not-for-profit healthcare organizations. The committee's process is designed to qualify for the rebuttable presumption of reasonableness for those individuals who are disqualified persons. The peer group generally includes large and complex academic medical centers and health systems. Information from other organizations may also be considered where appropriate for the position.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 19	FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST THE CONFLICTS OF INTEREST POLICY IS AVAILABLE ON THE CHILDREN'S HOSPITAL OF PHILADELPHIA'S WEBSITE

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES TO TEMP RESTRICTED NET ASSETS \$8,061,501 PENSION ADJUSTMENT (71,214,391) AF FILATE TRANSFERS/SUBSIDIES (12,870,126) OTHER CHANGES/TRANSFERS 9,832,246 ===== T OTAL \$(66,190,770)

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Employer identification number  
23-1352166

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
(1) BACHE LEWIS PENROSE LLC 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 20-5126955	HOLDING CO	PA	3,085,328	217,167,489	CHOP
(2) 1700 BROAD STREET INC 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 47-1509789	REAL ESTATE	PA	885,563	37,156,632	CHOP

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> 4865 MARKET ASSOC  3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 46-1341918	REAL ESTATE	PA	CHOP	EXCLUDED	-357,318	17,178,617		No	0	Yes		99.990 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

**Yes**

**No**

**1a** Yes

**1b** Yes

**1c** Yes

**1d**

**1e**

**1f**

**1g**

**1h**

**1i**

**1j** Yes

**1k** Yes

**1l** Yes

**1m** Yes

**1n** Yes

**1o** Yes

**1p** Yes

**1q** Yes

**1r** Yes

**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

Schedule R (Form 990) 2018



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.

[illegible]

**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: 23-1352166

Name: THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
100 PENN SQ E 9TH FL PHILADELPHIA, PA 19107 22-2785804	HEALTHCARE	PA	501(c)(3)	10	CHOP	Yes	
51 HADDONFIELD ROAD CHERRY HILL, NJ 08002 23-3036699	HEALTHCARE	NJ	501(c)(3)	10	CHOP	Yes	
3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 22-3405673	HEALTHCARE	NJ	501(c)(3)	10	CHOP	Yes	
3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 23-2592835	HEALTHCARE	PA	501(c)(3)	10	CHOP	Yes	
3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 23-2181768	RESEARCH	PA	501(C)(3)	12 III-FI	CHOP	Yes	
3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 23-2589322	HEALTHCARE	PA	501(c)(3)	10	CHOP	Yes	
3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 22-3348481	HEALTHCARE	NJ	501(c)(3)	10	CHOP	Yes	
426 CURIE BLVD PHILADELPHIA, PA 19104 23-2351015	SUPPORT	PA	501(c)(3)	12 I	NA		No
C/O MARSH MANAGEMENT SERVICES BURLINGTON, VT 05401 01-0719207	SELF INSURANC	PA	501(c)(3)	12 III-FI	CHOP	Yes	
3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 23-2311482	HEALTHCARE	PA	501(c)(3)	12 III-FI	CHOP	Yes	
C/O CHOP 3401 CIVIC CTR BLVD PHILADELPHIA, PA 19104 22-3548970	HEALTHCARE	PA	501(c)(3)	12 III-FI	CHOP	Yes	
3401 CIVIC CENTER BLVD PHILADELPHIA, PA 19104 23-2237932	SUPPORT	PA	501(c)(3)	7	NA		No
100 PENN SQUARE EAST PHILADELPHIA, PA 19107 23-2665855	HEALTHCARE	PA	501(c)(3)	10	CHOP	Yes	
100 PENN SQUARE EAST PHILADELPHIA, PA 19107 81-1626790	HEALTHCARE	PA	501(C)(3)	10	CHOP	Yes	

**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) FIRST MEDICAL INSURANCE COMPANY (RRG)	M	11,963,000	FMV
(1) PGH DEVELOPMENT CORPORATION	P, Q	1,229,644	FMV
(2) RADIOLOGY ASSOCIATES OF CHILDREN'S HOSPITAL	J, P,	21,519,993	FMV
(3) CHILDREN'S ANESTHESIOLOGY ASSOCIATES	J, P,	39,822,037	FMV
(4) CHILDREN'S ANESTHESIOLOGY ASSOCIATES OF NJ	J, P,	748,721	FMV
(5) CHILDREN'S HEALTHCARE ASSOCIATES INC	A J P	276,653,151	FMV
(6) CHILDREN'S HEALTHCARE ASSOCIATES OF NJ	A J P	16,224,119	FMV
(7) CHILDREN'S SURGICAL ASSOCIATES INC	A J P	67,808,457	FMV
(8) CHILDREN'S SURGICAL ASSOCIATES OF NJ	A J P	184,391	FMV
(9) CHOP FOUNDATION	C, M,	851,692,024	FMV
(10) 4865 MARKET STREET ASSOCIATES LP	A, J,	317,725	FMV
(11) 1700 BROAD STREET INC	K, N	858,295	FMV