

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
The Children's Mercy Hospital

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2401 Gillham Road

City or town, state or province, country, and ZIP or foreign postal code
Kansas City, MO 64108

D Employer identification number
44-0605373

E Telephone number
(816) 234-3000

G Gross receipts \$ 1,596,674,954

F Name and address of principal officer:
David Cauble
2401 Gillham Road
Kansas City, MO 64108

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

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

J Website: ▶ www.childrensmercy.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1901 **M** State of legal domicile: MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Excellence in healthcare for children

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

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	13,185
6 Total number of volunteers (estimate if necessary)	1,525
7a Total unrelated business revenue from Part VIII, column (C), line 12	3,111,525
7b Net unrelated business taxable income from Form 990-T, line 34	65,786

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	182,970,176	62,229,421
9 Program service revenue (Part VIII, line 2g)	1,405,128,243	1,452,144,593
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,457,449	62,846,609
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,547,035	18,333,669
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,655,102,903	1,595,554,292
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	47,080,340	47,092,567
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	784,919,231	818,332,794
16a Professional fundraising fees (Part IX, column (A), line 11e)	143,077	186,376
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,253,919		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	556,128,606	554,268,668
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,388,271,254	1,419,880,405
19 Revenue less expenses. Subtract line 18 from line 12	266,831,649	175,673,887
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,965,698,928	2,111,702,017
21 Total liabilities (Part X, line 26)	579,024,567	556,087,441
22 Net assets or fund balances. Subtract line 21 from line 20	1,386,674,361	1,555,614,576

Part II Signature Block

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

Sign Here Signature of officer: _____ Date: 2020-07-13
David Cauble Executive VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01419781
Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
Firm's address ▶ 1000 Walnut St 1000 Kansas City, MO 64106			Phone no. (816) 802-5200	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To improve the health and well being of children by providing comprehensive, family-centered health care and committing to the highest level of clinical and psychosocial care, and to research, academic and service excellence.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 990,086,041 including grants of \$ 44,663,386) (Revenue \$ 1,485,812,431)
See Additional Data

4b (Code:) (Expenses \$ 65,321,346 including grants of \$ 2,429,181) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 1,055,407,387

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b Yes	
24c	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
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
25b	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
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
28b	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
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
35b	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	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 562	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	13,185		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
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).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			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
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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: David Cauble Executive VP & CFO 2401 Gillham Road Kansas City, MO 64108 (816) 234-3000	

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

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

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

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

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

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

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

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

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

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

1b Sub-Total	15,326,981	0	579,873
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,506

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
McCown Gordon Construction LLC 850 Main Street Kansas City, MO 64105	Construction	37,325,480
Accenture LLP 161 North Clark Street Chicago, IL 60601	Consulting	36,724,001
Anesthesia Associates 8717 West 110th Street Overland Park, KS 66210	Anesthesiologists	34,063,528
Sodexo Marriott Services Inc 9801 Washingtonian Blvd Gaithersburg, MD 20878	Food Services	9,141,771
Cerner Health Connections Inc 2800 Rockcreek Parkway Kansas City, MO 64117	Professional Services	8,306,942

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 438

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	592,528				
	b Membership dues	1b					
	c Fundraising events	1c	4,195,339				
	d Related organizations	1d	8,447,973				
	e Government grants (contributions)	1e	13,252,284				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	35,741,297				
	g Noncash contributions included in lines 1a - 1f: \$ _____		665,598				
	h Total. Add lines 1a-1f			62,229,421			
Program Service Revenue	2a Net Patient Services	Business Code					
		621110	1,452,144,593	1,452,144,593			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,452,144,593				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		62,846,609			62,846,609	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	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)					
	8a Gross income from fundraising events (not including \$ 4,195,339 of contributions reported on line 1c). See Part IV, line 18	a		573,130			
		b Less: direct expenses	b	1,120,662			
		c Net income or (loss) from fundraising events			-547,532		-547,532
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a Contract Revenue		900099	16,753,271	16,753,271			
b Cafeteria & Vending		722514	3,242,834	3,242,834			
c Loss on Extinguishment of Debt		900099	-17,898,162			-17,898,162	
d All other revenue			16,783,258	13,671,733	3,111,525		
e Total. Add lines 11a-11d			18,881,201				
12 Total revenue. See Instructions			1,595,554,292	1,485,812,431	3,111,525	44,400,915	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,304,320	2,304,320		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	44,490,491	44,490,491		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	297,756	297,756		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,047,014	8,178,940	7,868,074	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	648,939,607	533,437,423	112,091,393	3,410,791
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,539,296	27,316,988	6,050,281	172,027
9 Other employee benefits	76,144,906	62,018,281	13,736,069	390,556
10 Payroll taxes	43,661,971	35,561,675	7,876,349	223,947
11 Fees for services (non-employees):				
a Management				
b Legal	3,278,084	164,867	3,113,217	
c Accounting	556,429	65,700	490,729	
d Lobbying	488,841		488,841	
e Professional fundraising services. See Part IV, line 17	186,376			186,376
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	155,297,484	73,029,758	81,683,681	584,045
12 Advertising and promotion	6,947,013	275,005	6,671,022	986
13 Office expenses	4,436,220	111,018	4,276,322	48,880
14 Information technology				
15 Royalties				
16 Occupancy	19,978,594	8,686,701	10,648,054	643,839
17 Travel	8,528,339	6,624,571	1,812,373	91,395
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,487,310	10,602,466	884,844	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,856,545	27,048,943	38,804,709	2,893
23 Insurance	10,541,411	6,723,399	3,818,012	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	159,735,591	147,552,797	11,770,197	412,597
b State Medicaid Taxes	51,453,343	51,453,343		
c Dues & Subscriptions	7,151,657	3,152,705	3,920,493	78,459
d Inventory- Food Service	5,345,021	1,659,107	3,679,935	5,979
e All other expenses	43,186,786	4,651,133	38,534,504	1,149
25 Total functional expenses. Add lines 1 through 24e	1,419,880,405	1,055,407,387	358,219,099	6,253,919
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	141,948,242	1	19,873,775	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	118,037,496	3	80,163,168	
	4 Accounts receivable, net	231,257,514	4	236,235,301	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	13,425,700	8	14,261,595	
	9 Prepaid expenses and deferred charges	23,665,860	9	25,000,745	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,336,583,353			
	b Less: accumulated depreciation	649,810,376	616,277,826	10c	686,772,977
	11 Investments—publicly traded securities	578,888,106	11	793,624,486	
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11	5,874,244	13	5,565,259	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	236,323,940	15	250,204,711	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,965,698,928	16	2,111,702,017		
Liabilities	17 Accounts payable and accrued expenses	144,942,092	17	143,890,683	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	338,069,643	20	320,815,446	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	96,012,832	25	91,381,312	
	26 Total liabilities. Add lines 17 through 25	579,024,567	26	556,087,441	
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,163,213,731	27	1,314,609,285	
	28 Temporarily restricted net assets	223,460,630	28	241,005,291	
	29 Permanently restricted net assets		29		
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	1,386,674,361	33	1,555,614,576	
	34 Total liabilities and net assets/fund balances	1,965,698,928	34	2,111,702,017	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,595,554,292
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,419,880,405
3	Revenue less expenses. Subtract line 2 from line 1	3	175,673,887
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,386,674,361
5	Net unrealized gains (losses) on investments	5	-18,550,318
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	11,816,646
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,555,614,576

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 44-0605373

Name: The Children's Mercy Hospital

Form 990 (2018)

Form 990, Part III, Line 4a:

All expenses for program services relate to providing healthcare. There were a total of 367 licensed beds and 92,661 patient days during the year from 16,021 admissions. Interim stays totaled 4,603 and outpatient encounters, including ED and Urgent Care, were 590,075. There were a total of 20,262 surgical cases which includes 4,393 inpatient and 15,869 outpatient cases. Outpatient prescriptions totaled 167,387 Children's Mercy critical care transports totaled 5,679 in fiscal year 2019. The Children's Mercy Hospital (the Hospital) consists of a 314-bed teaching hospital for children located in Kansas City, Missouri, and a 53-bed hospital for children located in Overland Park, Kansas. Children's Mercy Hospital provides the highest level of medical care, technology, services, equipment, and facilities promoting the health and well-being of children in the region, from birth through adolescence. Patients and their families are treated with compassion in a family-centered environment that recognizes their physical, emotional, financial, social, and spiritual needs. The comprehensive healthcare environment provided by the Hospital includes clinical services, research, and teaching efforts, which are designed to serve today's and tomorrow's children, and the community in which they live. The Hospital's services are available to all regardless of ability to pay.

Form 990, Part III, Line 4b:

Children's Mercy Hospital (CMH) is dedicated to becoming a leader in pediatric translational research. A recent strategic planning initiative established the Children's Research Institute to focus on research and research infrastructure. Through the generosity of two philanthropic gifts totaling \$150 million, the hospital has continued construction of a nine story, 375,000 square foot facility enabling research scientists to gain access to state-of-the-art research technology as well as dry lab and wet lab space to support that research. The building will include an auditorium for presentations to train medical school students and inform the public about pediatric healthcare innovations that are being developed and created by research scientists and physicians here in collaboration with others throughout the nation and world. The Children's Mercy Research Institute building is slated to open in the fall of 2020. In addition, these generous gifts will help support funding for scientific programs and recruitment. Research conducted today at CMH includes basic science and clinical research in numerous areas including pharmacology, cancer, cardiology, genetic diseases, and health outcomes. Areas of research strength include Precision Therapeutics, Genomics Medicine, Population Health, and Innovations in Health Care Delivery. During the year ended June 30, 2019 there were more than 395 active sponsored research projects. The Children's Mercy Research Institute occupies about 3% of the space on the main campus and is 4% of the total annual operating budget. CMH spent \$56 million in the year ended June 30, 2019 on research, and per information from the NIH Reporter received more than \$7.8 million in NIH funding in this same time period. More than 900+ publications were accepted and/or published. The Children's Mercy Research Institute provides seed funding to Investigators with internal competitive grant programs such as the Midwest Cancer Alliance and the Katherine Berry Richardson (KBR) Fund, with expectations that this funding will lead to applications for externally funded grant programs in the future.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Paul McLaughlin Chairman	2.00	X		X				0	0	0
Elizabeth Braham Vice Chairman	1.00 2.50	X		X				0	0	0
Andrew Teigen Treasurer	0.00 1.50	X		X				0	0	0
Bill Krueger Secretary	1.50 0.00	X		X				0	0	0
Kevin Barth Director	1.00 0.00	X						0	0	0
Jean-Paul Chaurand Director	1.50 0.00	X						0	0	0
Vince Clark Director	1.00 0.00	X						0	0	0
Carolyn Davis MD Director	1.00 0.00	X						0	0	0
Terry Matlack Director	1.00 0.00	X						0	0	0
Charles Schellhorn Director	1.50 4.00	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			
Debbie Sosland-Edelman Director	1.50 0.00	X						0	0	0
Edna Talbo Director	1.00 0.00	X						0	0	0
Tom Weir Director	1.50 0.00	X						0	0	0
Robert Weatherly MD Director; End 12/31/2018	40.00 0.00	X						529,804	0	39,321
Laura Fitzmaurice MD Director; Start 1/1/2019	40.00 0.00	X						450,055	0	43,464
Paul D Kempinski MS FACHE Director; Pres. & CEO; Start 11/1/2018	40.00 1.00	X		X				414,852	0	2,374
Randall L O'Donnell PhD President & CEO; End 9/1/2018	40.00 1.00			X				2,682,617	0	33,284
Charles Roberts MD EVP & Exec. Medical Director	40.00 0.00			X				806,828	0	37,620
Sandra AJ Lawrence Executive VP & CAO; End 2/15/2019	40.00 0.00			X				785,705	0	43,464
Karen S Cox RN PhD FAAN Executive VP & COO; End 8/24/2018	40.00 0.00			X				752,408	0	33,284

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			
Jo Stueve Executive VP & COO	40.00 0.00			X				855,291	0	37,644
David Cauble Executive VP & CFO	40.00 0.00			X				673,767	0	33,957
Shawn St Peter MD Chairman-Dept of Surgery	40.00 0.00				X			799,031	0	37,170
Thomas Curran PhD Exec Director & CSO, CRI	40.00 0.00				X			684,112	0	28,419
Robin Foster JD Senior VP, General Counsel	40.00 0.00				X			670,116	0	39,339
James D Saint Louis MD Physician	40.00 0.00					X		1,215,372	0	27,307
James O'Brien Jr MD Physician	40.00 0.00					X		1,194,237	0	43,428
William Douglas MD Physician	40.00 0.00					X		1,209,360	0	18,714
Walter Andrews MD Physician	40.00 0.00					X		801,184	0	43,464
George Holcomb III MD Physician	40.00 0.00					X		802,242	0	37,620

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
The Children's Mercy Hospital

Employer identification number
44-0605373

Employer identification number
44-0605373

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	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 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 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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: 44-0605373

Name: The Children's Mercy Hospital

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 for instructions and the latest information.

OMB No. 1545-0047

2018
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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 Mercy Hospital	Employer identification number 44-0605373
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	488,841													
c	Total lobbying expenditures (add lines 1a and 1b)	488,841													
d	Other exempt purpose expenditures	1,054,918,546													
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,055,407,387													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	374,689	421,071	492,239	488,841	1,776,840
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

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

Name of the organization
The Children's Mercy Hospital

Employer identification number
44-0605373

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:
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	69,788,763	61,620,527	51,311,822	48,208,836	48,018,417
b Contributions	3,003,013	6,774,013	7,334,271	5,953,303	2,780,952
c Net investment earnings, gains, and losses	3,300,499	3,517,083	5,017,500	-1,112,327	-916,648
d Grants or scholarships	2,428,542	2,122,860	2,043,066	1,737,990	1,673,885
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	73,663,733	69,788,763	61,620,527	51,311,822	48,208,836

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 83.130 %
 - c** Temporarily restricted endowment ▶ 16.870 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,339,744		26,339,744
b Buildings		694,225,103	287,634,849	406,590,254
c Leasehold improvements				
d Equipment		479,197,587	362,175,527	117,022,060
e Other		136,820,919		136,820,919
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				686,772,977

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) Other Assets	57,462,102
(2) Income Beneficiary and Charitable Remainder Trusts	46,819,881
(3) Restricted Investments	114,758,864
(4) Unexpended Proceeds of Debt Issuance	31,163,864
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 250,204,711

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Reserve for Prof. Liability Claims	30,196,574
Postretirement Medical Liability	45,958,379
Other Liabilities	12,121,572
Unearned Premiums	3,104,787
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 91,381,312

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 44-0605373

Name: The Children's Mercy Hospital

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	Endowment funds are held by The Children's Mercy Hospital and The Children's Mercy Hospital Foundation, a supporting organization of The Children's Mercy Hospital. The endowment funds are intended to provide a permanent source of funding for designated activities carried out by The Children's Mercy Hospital, the funds for which are provided from the earnings and principal of these endowment funds.

Supplemental Information

Return Reference	Explanation
Part X, Line 2:	At June 30, 2019 and 2018, there were no uncertain tax positions.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to 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 Mercy Hospital

Employer identification number
44-0605373

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					
3a Sub-total	0	0			188,162
b Total from continuation sheets to Part I					297,756
c Totals (add lines 3a and 3b)	0	0			485,918

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			North America - Canada and Mexico, but not the United States	Research	36,544	Check			FMV
			North America - Canada and Mexico, but not the United States	Research	51,142	Check			FMV
			Sub-Saharan Africa - Angola, Benin, Botswana, Burkina Faso,	Research	192,354	Check			FMV
			Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	Research	17,716	Check			FMV

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	▶	2
3 Enter total number of other organizations or entities	▶	2

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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
Part I, Line 2:	<p>Subrecipients sign an agreement which details the subrecipient's plan and budget as well as allowable expenditures of the Federal Awards. The agreement is also approved/signed by the Children's Mercy Hospital (CMH) signing official. Each subrecipient is required to submit periodic invoices (not more than monthly) to CMH for reimbursement. All expenditures on the invoice must be according to the subrecipient's budget that was developed during the application process. Invoices received from subrecipients are certified as complete and accurate by the subrecipient and reviewed and approved by the Principal Investigator or appropriate level of authorization, who forwards them to accounts payable for processing. In addition, Research and Grants (R&G) Accounting monitors these invoices to ensure proper coding to the correct award. The R&G accounting staff captures the amount on the budget-to-actual report to monitor the total amount spent by the subrecipient. Based on the amount budgeted to subrecipients and normal invoiced activity, the R&G accounting staff questions unreasonable invoice amounts with the subrecipient. In addition, any subrecipient that received more than \$500,000 in Federal funds during the fiscal year is required to obtain an A-133 audit and send a copy of the audit report to CMH's accounting department for review. The Post Award Manager is responsible for making sure that for all subrecipients that are required submit A-133 audits and that CMH has received an audit report. CMH maintains a subrecipient monitoring spreadsheet to track A-133 audit status, DUNS number, year-to-date spending, etc. for all subrecipients.</p>

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, line 3:	Method Used to Account for Expenditures: Actual expenses for international travel and international grants.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part II, Line 1	Method Used to Account for Cash Grants and Noncash Assistance on the Organization's Financial Statement: Accrual.

Additional Data

Software ID:

Software Version:

EIN: 44-0605373

Name: The Children's Mercy Hospital

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	0	Program Services	Travel for healthcare-related education and information sharing	63,740
Central America & the Caribbean	0	0	Program Services	Travel for healthcare-related education and information sharing	2,882

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	0	0	Program Services	Travel for healthcare-related education and information sharing	51,438
East Asia & the Pacific	0	0	Program Services	Travel for healthcare-related education and information sharing	17,524

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	0	Program Services	Travel for healthcare-related education and information sharing	8,992
South Asia	0	0	Program Services Program Services	Travel for healthcare-related education and information sharing	770

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	0	Program Services	Travel for healthcare-related education and information sharing	37,937
Middle East and North Africa	0	0	Program Services	Travel for healthcare-related education and information sharing	4,879

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	0	Grantmaking		192,354
Europe	0	0	Grantmaking		17,716

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	0	Grantmaking		87,686

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to 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 Mercy Hospital

Employer identification number
44-0605373

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|--|---|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Schultz & Williams 1617 JFK Blvd Philadelphia, PA 19103	Consult/develop an annual fund and giving program		No	1,100,000	51,899	1,048,101
Rachael Steele 2401 Gillham Rd Kansas City, MO 64108	Consult & advise on capital campaign		No	0	134,477	-134,477
Total ▶				1,100,000	186,376	913,624

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

KS, MO, AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Gala/Auction (event type)	Event/Auction (event type)	4 (total number)	Total events (add col. (a) through col. (c))
1	Gross receipts	2,310,736	2,257,311	200,422	4,768,469
2	Less: Contributions	2,033,116	2,010,755	151,468	4,195,339
3	Gross income (line 1 minus line 2)	277,620	246,556	48,954	573,130
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	284,464	469,615	9,832	763,911
	7 Food and beverages	119,005	30,751		149,756
	8 Entertainment	16,845	581		17,426
	9 Other direct expenses	73,090	102,069	14,410	189,569
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-547,532

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2018
 Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
 The Children's Mercy Hospital

Employer identification number
 44-0605373

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000.0000000000</u> %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>50000.0000000000</u> %	Yes	
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?	Yes	
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?		No
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	

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	26,989	18,192,111	933,288	17,258,823	1.220 %
b Medicaid (from Worksheet 3, column a)	9	424,598	645,676,672	598,932,755	46,743,917	3.290 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	11	451,587	663,868,783	599,866,043	64,002,740	4.510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	38	517,480	15,588,691	2,260,256	13,328,435	0.940 %
f Health professions education (from Worksheet 5)	8	12,431	35,446,479	13,977,210	21,469,269	1.510 %
g Subsidized health services (from Worksheet 6)	18	154,928	97,965,996	54,554,818	43,411,178	3.060 %
h Research (from Worksheet 7)	567		34,349,893	15,027,835	19,322,058	1.360 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5		852,767	8,578	844,189	0.060 %
j Total. Other Benefits	636	684,839	184,203,826	85,828,697	98,375,129	6.930 %
k Total. Add lines 7d and 7j	647	1,136,426	848,072,609	685,694,740	162,377,869	11.440 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	3	3	105,078	8,713	96,365	0.010 %
2 Economic development	1		1,163		1,163	0 %
3 Community support	1	35	2,802		2,802	0 %
4 Environmental improvements						
5 Leadership development and training for community members	1		2,537		2,537	0 %
6 Coalition building						
7 Community health improvement advocacy	13	481	226,803	93,237	133,566	0.010 %
8 Workforce development	36	2,164	857,700	27,000	830,700	0.060 %
9 Other						
10 Total	55	2,683	1,196,083	128,950	1,067,133	0.080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	68,787
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	3,235,524
6	Enter Medicare allowable costs of care relating to payments on line 5	6	4,223,810
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-988,286
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

2

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)

See Additional Data Table	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

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)
 Facility Reporting Group - A

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>500.000000000000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? 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):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.childrensmency.org/financialcounseling/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.childrensmency.org/financialcounseling/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.childrensmency.org/financialcounseling/</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Facility Reporting Group - A

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
23		No
24		No

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? 14

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c:	Free care eligibility is based on FPG and other factors such as residency and exhausting other available payor sources. For discounted care, if a financial assistance application was denied and the decision then appealed, the case is reviewed through a multi-disciplinary committee that uses a point system rubric using indicators such as FPG, total balance due as a percentage of annual income, out of pocket responsibility for upcoming year as a percentage of annual income, annual frequency of visits for ongoing care, financial hardship indicators such as recent bankruptcy/foreclosure, and medical complexity due to health condition. Each factor, if applicable, is reviewed and assigned point value based on a preset scale, that serves as a tool for the discounted care scale.
Part I, Line 7:	The cost-to-charge ratio derived from Worksheet 2 was used for Lines 7a and 7b. Cost-to-charge ratios derived from the Medicare Cost Report were used for Lines 7f and 7g.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g:	In FY19, 154,928 children were reached through clinical services classified as Subsidized Health Services. Subsidized health services included pediatric primary care clinics at Children's Mercy Broadway and West as well as community-based clinics located at Synergy Services (youth-serving agency), Operation Breakthrough (early childhood center) and at University Academy (K-12 charter school). Other subsidized health services include: dialysis, developmental and behavioral medicine, neonatology, hematology/oncology, genetics, pain management, home health services and the fetal health center, transport, ophthalmology and child abuse and neglect. The services are provided at a financial loss to Children's Mercy after removing Charity Care, unreimbursed Medicaid, private insurance shortages and contract, grants and gifts. All subsidized health services meet an identified community need and a shortage of available services would exist in the community if Children's Mercy did not provide the service.
Part I, Line 7A:	Financial assistance cost reported on this line is derived from Worksheet 1 which takes gross charges for patients who have been awarded financial assistance and then multiplies those charges by a cost-to-charge ratio derived from Worksheet 2 to arrive at cost of providing financial assistance.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7h:	Children's Mercy researchers strive to find better ways to prevent, treat and eliminate pediatric disease and to improve community-based health outcomes. In FY19, 567 studies met Community Benefit criteria. The Children's Research Institute is creating an integrated research environment where no boundaries exist between science and medicine. The hospital's leadership in pediatric genomic medicine and clinical pharmacology is driving research and innovation in nephrology, heart care, cancer treatment and other subspecialties to provide answers for the most difficult cases and challenging pediatric conditions. In addition, we are building a dedicated, state-of-art biorepository that can advance diagnostic discovery and health outcomes.
Part II, Community Building Activities:	The Children's Mercy community building activities address identified community health needs such as physical activity, early education, poverty, access to health services, infant mortality, mental and behavioral health, and employment. The activities include programs and/or resources intended to make physical improvements, provide community support, advocate for community health improvements, and address community-wide workforce issues through numerous workforce development outreach initiatives. Examples include the maintenance of the Hospital Hill Park and the Sylvia Nutter Playground, the development and management of a community garden, advocacy activities, participation on the Chamber of Commerce committee, and healthcare workforce development for high school students and community members.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2:	During FY2019, and in accordance with new financial reporting guidelines provided in ASC 606, the hospital is reporting significantly less bad debt expense of \$68,787 for the current year as compared to the prior year amount of \$27,680,522 on their Audited Financial Statements.
Part III, Line 4:	Audited Financial Statements Footnote M, Page 13, Footnote T, Page 16.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8:	Cost to charge ratio
Part III, Line 9b:	Collection attempts are discontinued once charges are determined to be eligible for charity care or financial assistance; insurance collection attempts continue as appropriate.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2:	<p>The hospital has an initiative development process that brings forward new initiatives around strategic, operational, community health, and innovation based on community/market trends and needs and through consultation with community-based organizations. On a routine basis, the Strategic Planning Department monitors demographic and service trends of the region and compares this data to national benchmarks. The hospital strategic planning process also takes into account all of the qualitative and quantitative market data to define strategies and tactics that address the community need. In addition, Trauma Services maintains a Trauma Registry and the Promise 1000 centralizes the data collection on the health services and needs of children (0 - 3 years of age) who receive home visiting services.</p>
Part VI, Line 3:	<p>Flyers and financial counselor business cards and copies of the Financial Assistance Plain Language Summary are available at all access points within the Hospital. Efforts are made by the financial counselors to contact self pay patients and families, either in person, or through phone call or letters to inform/assist families with charity care and Medicaid or state program eligibility. Self pay or underinsured patients can also be referred to a financial counselor by an Access Representative, Patient Care Services, Social Work, Patient Financial Services, or other staff members for screening and assistance. All billing statements refer patients to financial counseling resources and the financial assistance policy posted on the hospital website.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4:	<p>Children's Mercy serves over 243,224 children from across the states of Kansas and Missouri. There are 102 counties in Kansas and 114 counties in Missouri, which have federally designated primary care HPSA areas. Across the two states, Children's Mercy identifies 43 counties as Outreach areas; 50 counties as the secondary service area; and 18 counties as the primary service area. Each of the service areas is comprised of urban, suburban and rural regions. The Outreach service area includes more rural counties than the other listed service areas. The Metro service area (six counties) includes more urban and suburban areas than rural. Within the Metro service area is the Children's Mercy service area for the CHNA. This includes 4 counties located in both Missouri (Jackson and Clay counties) and Kansas (Johnson and Wyandotte Counties). Johnson, Wyandotte and Jackson counties have primary care HPSA areas. Children's Mercy is the only children's hospital in the region. Limited pediatric services are available at the Kansas University Medical Center, St. Luke's Health System, Centerpoint, Liberty Hospital, North Kansas City, Research Medical Center, Shawnee Mission Medical Center and Overland Park hospitals. During the fiscal year in which Children's Mercy initiated the CHNA, residents of these counties contribute over 69.7 percent of the encounters at Children's Mercy. The four counties serve as the location of our physical facilities (e.g., Children's Mercy Adele Hall Campus, Children's Mercy Hospital Kansas, Children's Mercy West, Children's Mercy Northland, Children's Mercy Broadway, Children's Mercy College Boulevard, Children's Mercy Olathe, Children's Mercy Blue Valley, and Children's Mercy East) and the source of a majority of our patient encounters. The four counties house a total population of 1,650,983; of these 421,000 or 25.5 percent are children. Within this region, Wyandotte County has the greatest proportion of children under 18 and Jackson County has the smallest proportion, but largest in absolute number. The overall population of children in these four counties increased between 1980 and 2015 and the overall make-up of the population shifted as well. In 1980, black, Hispanic or other ethnicities comprised 21 percent of the four counties under 18 years of age population and in 2015 36.4 percent of the region's under 18 population made up these groups. According to the 2017 U.S. Census, the median family income for the four counties was \$77,589. The highest percentage of children living in poverty is in Wyandotte County (37.3%), followed by Jackson County (27.2%), Clay County (10.7%) and Johnson County (7.5%). Of all Kansas City area families led by a single mother, 24.1 percent are living in poverty. Jackson County and especially Wyandotte County have considerably more families led by a single mother living below the federal poverty level.</p>
Part VI, Line 5:	<p>The Children's Mercy Hospital is a nonprofit hospital operated to serve a public rather than a private interest and meeting the requirements of Revenue Ruling 69-545. Control of the Hospital rests with its Board, which is primarily composed of members of the community, in addition to a few select employees of the Hospital. The Hospital accepts patients paying with Medicaid and Medicare, and operates an active and generally accessible emergency room open to all children without regard to ability to pay. The Hospital uses any surplus funds to improve the quality of patient care, expand its facilities, and advance its medical training, education, and research programs. Children's Mercy provides funding to community organizations to support programs addressing the CHNA priority health needs. Organizations include: the Black Health Care Coalition; Happy Bottoms; the Greater Kansas City Maternal and Child Health Coalition; the Community Health Council of Wyandotte County; New Bethel Neighborhood Development Corporation; Northland Health Alliance; Sleepyhead Beds, El Centro; Restart; Urban Neighborhood Initiative; Uzazi Village; Boys and Girls Clubs of Greater KC; Down Syndrome Guild; Reach Out and Read KC; and Ronald McDonald House Charities of Kansas City. Programs working to improve outcomes for children are strengthened through a community-wide strategy to organize home visiting, participation in community health fairs, support for healthy housing, decrease violence; support the mental health of children; service on key community committees (i.e., Infant and Child Mortality review boards, health department planning committees) and through the provision of training and education for families with children at-risk for obesity or diabetes (i.e. Zoom to Health, PHIT Kids, etc.).</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6:	The Children's Mercy Hospital is not part of an affiliated health care system.

Additional Data

Software ID:

Software Version:

EIN: 44-0605373

Name: The Children's Mercy Hospital

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		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 Mercy Hospital 2401 Gillham Road Kansas City, MO 64108 http://www.childrensmercy.org/ 39-54	X	X	X	X		X	X		Specialty Clinics; Primary Care Clinics	A
2	Children's Mercy Kansas 5808 W 110th Overland Park, KS 66211 http://www.childrensmercy.org/ H-046-008	X	X	X	X			X		Specialty Clinics	A

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
Part V, Section B	Facility Reporting Group A

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
Facility Reporting Group A consists of:	- Facility 1: The Children's Mercy Hospital, - Facility 2: Children's Mercy Kansas

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
<p>Group A-Facility 1 -- The Children's Mercy Hospital Part V, Section B, line 5:</p>	<p>The most recent CHNA took into account the input from persons who represent the broad interst of the community. The collection of this input began in October of 2018 and continued until April 1, 2019. The CHNA data collection process included: four community meetings (130 community, neighborhood and parent residents); a telephone survey of 1000 randomly selected parents/caregivers of children under the age of 18 years; and a Key Informant Online Survey sent to 299 elected officials, physicians, public health leaders, other health professionals, social service providers, and business, neighborhood, housing and community leaders (107 or 36% responded). Those receiving the Key Informant Online Survey were chosen because of their ability to identify primary concerns of the populations with whom they work as well as the community overall. In addition, 350 representatives from area public health, health care, social services, governmental, community, high school students, neighborhood and housing organizations were invited to a convening (the Children's Health Summit) hosted by Children's Mercy on April 1, 2019. From this group, 198 attended (45 from Children's Mercy) and received the initial findings of the CHNA and participated in a process to identify and rate priority health issues for the region. Organizations that were included or participated in the CHNA surveys and events included: El Centro, Restart, The Family Conservancy, Urban Neighborhood Initiative, Advent Health, Bike Walk KC, Catholic Charities of Kansas City-St. Joseph, Child Care Aware of Kansas, Child Protection Center, Children of Incarcerated Parents, Clay County Public Health Center, Communities In Schools, Comprehensive Community Development, Cornerstones of Care, Eitas, First Hand Foundation, Food Equity Initiative, Greater Kansas City Community Foundation, Guadalupe Centers, Guardian Group, Happy Bottoms, Harvesters- The Community Food Network, Health Care Collaborative of Rural Missouri, Health Forward Foundation, Healthy Families, Hron and Partners, Jackson County Community Children's Service Fund, Johnson County Department of Health Environment, Kansas Children's Service League, Kansas City Health Department, Kansas City Healthy Start, Kansas City Public Schools, KC Healthy Kids, Kids TLC, Project Eagle, KVC Hospitals of Kansas City, Legal Aid of Western Missouri, Lincoln College Preparatory Academy, Jackson County Health Department, Mid-America Regional Council, Mattie Rhodes Center, Mother and Child Health Coalition, Mid America Head Start, Mid-America Regional Council, Missouri Primary Care Association, No Kid Hungry Missouri, North Kansas City Hospital, North Kansas City Schools, Operation Breakthrough, PACES, Phoenix Family, Platte County Health Department, REA CH Healthcare Foundation, Samuel U Rodgers Health Center, Sleepyhead Beds, Sunflower Health Plan, Swope Health Services, Synergy Services Inc., The Children's Place, The Health Care Collaborative of Rural Missouri</p>

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
Group A-Facility 1 -- The Children's Mercy Hospital Part V, Section B, line 5:	uri, Truman Medical Center, Turn The Page KC, UMKC Health Sciences District, United Community Services of Johnson County, United Way of Greater Kansas City, Wyandotte County Health Department, Wyandotte Health Foundation, YMCA of Greater Kansas City and representatives from private pediatric offices. A complete list of all organizations and specifics on the process is in the CHNA provided on the Children's Mercy website.

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
<p>Group A-Facility 1 -- The Children's Mercy Hospital Part V, Section B, line 11:</p>	<p>The implementation strategy plan was approved on October 15, 2019 and made available to the public within the IRS required 4 1/2 months after year end associated with the conducted and approved CHNA completed during the 2018 tax year. The most recently adopted implementation strategy plan can be found on the hospital website: http://www.childrensmercy.org/communityneeds Based on the priority and significant health needs identified in the 2015 CHNA, Children's Mercy's Community Benefit/CHNA Advisory Group completed a comprehensive inventory of Children's Mercy programs. As part of this exercise, a list of current and potential community partners was created, and areas of opportunity and key indicators identified. Children's Mercy developed an internal Community Benefit Support program and an externally focused Community Benefit Grant program to support existing and new programs and services targeted at priority and significant health needs. Examples of new programs supported include: a community-based support group for antepartum and postpartum mothers (addressing mental/behavioral health and infant mortality); support of area delivery hospitals in the improvement of safe sleep programs and practices (addressing infant mortality); prescription drug management and disposal videos (addressing mental/behavioral health); Power of Play program for children of refugees and immigrants (addressing mental/behavioral health); Red Card: Call It When You See It anti-bullying campaign in conjunction with Sporting KC the local MLS Soccer team (addressing mental/behavioral health); implementing system-wide suicide prevention screening (addressing mental/behavioral health); Project Adam- creating heart-safe schools (addressing access to care); Stop the Bleed (addressing access to care); and transportation to primary care (addressing access to care). Examples of programs and initiatives to address a significant health needs include: the community garden and the summer lunch program-Kids Eat Free and the provision of medication lock boxes and gun locks to support the safe storage of medications and firearms. Organizations receiving Community Benefit Grants include: for Infant Mortality reduction- the Black Health Care Coalition (to support Community Baby Showers), the New Bethel Community Development Corporation (to develop a faith-based infant mortality reduction initiative), to the Mother and Child Health Coalition of Greater Kansas City (to support an infant mortality conference and follow-up activities), Uzazi Village (to support outreach to pregnant and parenting African American women), and to Sleepyhead Beds (to support a centralized distribution system of port-a-crabs); for Mental/Behavioral Health included Zero Reasons Why (a community mobilization suicide prevention campaign) and for Access to Care- Community Health Council of Wyandotte County. In addition, we continue to work with local health departments to address collaboratively, the priority and significant</p>

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
Group A-Facility 1 -- The Children's Mercy Hospital Part V, Section B, line 11:	<p>icant health needs. The 2018 CHNA was completed January 2019. On April 1, 2019, Children's Mercy hosted the Children's Health Summit which convened over 195 community participants to review CHNA data and identify critical health needs. Needs identified are: mental/behavioral health, access to health services, infant health, nutrition/physical activity/weight, injury and violence, tobacco/alcohol/substance abuse, and asthma (in priority order). The community also recognized that in order to address the identified priorities, three overarching population level topics must be considered- addressing social determinants of health, focusing on equitable outcomes, and keeping children safe. From April 2, 2019 through May 15, 2019, over 180 Children's Mercy employees and senior leadership were presented the community-identified health needs and themes and selected three (Access to Health Services with a focus on Asthma; Mental and Behavioral Health, and Infant Health) as Priority Health Needs, based on the importance, potential measurable impact, and Children's Mercy's ability to address with resources and personnel. The Children's Mercy Board of Directors approved the Priority Health Needs on June 18, 2019. The Priority Health Needs will receive heightened attention and support while the other community identified needs (Significant Health Needs) will continue to be addressed through programming, but not receive accelerated attention.</p>

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
Group A-Facility 1 -- The Children's Mercy Hospital Part V, Section B, line 13b:	The written financial assistance policy explains criteria beyond FPG to include residency requirements, available payors to applicant, asset levels, and in-network insurance status.

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
Group A-Facility 1 -- The Children's Mercy Hospital Part V, Section B, line 13h:	Patients seeking care at organization with out of network insurance plans are not eligible for charity care.

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

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Form and Line Reference	Explanation
Group A-Facility 1 -- The Children's Mercy Hospital Part V, Section B, Line 20a:	Because the Hospital is not exercising any extraordinary collection actions in the event of nonpayment, it has no occasion to provide written notice about upcoming ECAs.

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
<p>Group A-Facility 2 -- Children's Mercy Kansas Part V, Section B, line 5:</p>	<p>The most recent CHNA took into account the input from persons who represent the broad interst of the community. The collection of this input began in October of 2018 and continued until April 1, 2019. The CHNA data collection process included: four community meetings (130 community, neighborhood and parent residents); a telephone survey of 1000 randomly selected parents/caregivers of children under the age of 18 years; and a Key Informant Online Survey sent to 299 elected officials, physicians, public health leaders, other health professionals, social service providers, and business, neighborhood, housing and community leaders (107 or 36% responded). Those receiving the Key Informant Online Survey were chosen because of their ability to identify primary concerns of the populations with whom they work as well as the community overall. In addition, 350 representatives from area public health, health care, social services, governmental, community, high school students, neighborhood and housing organizations were invited to a convening (the Children's Health Summit) hosted by Children's Mercy on April 1, 2019. From this group, 198 attended (45 from Children's Mercy) and received the initial findings of the CHNA and participated in a process to identify and rate priority health issues for the region. Organizations that were included or participated in the CHNA surveys and events included: El Centro, Restart, The Family Conservancy, Urban Neighborhood Initiative, Advent Health, Bike Walk KC, Catholic Charities of Kansas City-St. Joseph, Child Care Aware of Kansas, Child Protection Center, Children of Incarcerated Parents, Clay County Public Health Center, Communities In Schools, Comprehensive Community Development, Cornerstones of Care, Eitas, First Hand Foundation, Food Equity Initiative, Greater Kansas City Community Foundation, Guadalupe Centers, Guardian Group, Happy Bottoms, Harvesters- The Community Food Network, Health Care Collaborative of Rural Missouri, Health Forward Foundation, Healthy Families, Hron and Partners, Jackson County Community Children's Service Fund, Johnson County Department of Health Environment, Kansas Children's Service League, Kansas City Health Department, Kansas City Healthy Start, Kansas City Public Schools, KC Healthy Kids, Kids TLC, Project Eagle, KVC Hospitals of Kansas City, Legal Aid of Western Missouri, Lincoln College Preparatory Academy, Jackson County Health Department, Mid-America Regional Council, Mattie Rhodes Center, Mother and Child Health Coalition, Mid America Head Start, Mid-America Regional Council, Missouri Primary Care Association, No Kid Hungry Missouri, North Kansas City Hospital, North Kansas City Schools, Operation Breakthrough, PACES, Phoenix Family, Platte County Health Department, REA CH Healthcare Foundation, Samuel U Rodgers Health Center, Sleepyhead Beds, Sunflower Health Plan, Swope Health Services, Synergy Services Inc., The Children's Place, The Health Care Collaborative of Rural Missouri</p>

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Form and Line Reference	Explanation
Group A-Facility 2 -- Children's Mercy Kansas Part V, Section B, Line 20a:	Because the Hospital is not exercising any extraordinary collection actions in the event of nonpayment, it has no occasion to provide written notice about upcoming ECAs.

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**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 1 - Children's Mercy West 4313 State Ave Kansas City, KS 66102	Outpatient Clinics
1 2 - Children's Mercy Wichita Clinic 3243 E Murdock Suite 201 Wichita, KS 67208	Outpatient Clinics
2 3 - Children's Mercy Sports Medicine Center 1801 N 98th Street Kansas City, KS 66109	Rehabilitation
3 4 - Children's Mercy Pediatric Eye Care 4820 College Blvd Leawood, KS 66211	Practice Use
4 5 - Children's Mercy Joplin Clinic 3333 McIntosh Circle Suite 6 Joplin, MO 64804	Outpatient Clinics
5 6 - Children's Mercy Olathe 20333 W 151st St Olathe, KS 66061	Outpatient Clinics
6 7 - Children's Mercy Heartland Clinic 802 N Riverside Rd Suite 105 St Joseph, MO 64502	Outpatient Clinics
7 8 - Children's Mercy Outreach Junction City 361 Grant Ave Junction City, KS 66441	Outreach Clinic
8 9 - Children's Mercy Outreach Great Bend 1021 Eisenhower Ave Great Bend, KS 65730	Outreach Clinic
9 10 - Children's Mercy Outreach Garden City 311 E Spruce St Garden City, KS 67846	Outreach Clinic
10 11 - Children's Mercy Outreach Springfield 1000 E Primrose Suite 300 Springfield, MO 65807	Outreach Clinic
11 12 - Children's Mercy Outreach Parsons 1902 S US Hwy 59 BLDG E Ste 200 Parsons, KS 67357	Outreach Clinic
12 13 - Children's Mercy at KU Hospital 2000 Olathe Boulevard Kansas City, KS 66103	Outreach Clinic
13 14 - Children's Mercy Outreach Salina 737 E Crawford Salina, KS 67401	Outreach Clinic

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

Schedule I (Form 990)

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization The Children's Mercy Hospital

Employer identification number

44-0605373

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 31
3 Enter total number of other organizations listed in the line 1 table 7

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) Patient Financial Assistance	26989		44,490,491	Cost	Charity Care
(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
Part I, Line 2:	<p>Grants generally go to nonprofit organizations and agencies with which The Children's Mercy Hospital shares a common mission. These are agencies that generally support the health and well-being of children and families. The Children's Mercy Hospital documents the appropriate use of our funds by attending annual events to collaborate with agency board members and their executive leaders about issues related to the achievement of the agency's mission; reviewing web-based annual reports; and requesting and receiving a report from the agency grant recipient confirming the portion of grant dollars that go directly to the agency's mission-critical enterprise. Subrecipients sign an agreement which details the subrecipient's plan and budget as well as allowable expenditures of the Federal Awards. The agreement is also approved/signed by the Children's Mercy Hospital (CMH) signing official. Each subrecipient is required to submit periodic invoices (not more than monthly) to CMH for reimbursement. All expenditures on the invoice must be according to the subrecipient's budget that was developed during the application process. Invoices received from subrecipients are certified as complete and accurate by the subrecipient and reviewed and approved by the Principal Investigator or appropriate level of authorization, who forwards them to accounts payable for processing. In addition, Research and Grants (R&G) Accounting monitors these invoices to ensure proper coding to the correct award. The R&G accounting staff captures the amount on the budget-to-actual report to monitor the total amount spent by the subrecipient. Based on the amount budgeted to subrecipients and normal invoiced activity, the R&G accounting staff questions unreasonable invoice amounts with the subrecipient. In addition, any subrecipient that received more than \$500,000 in Federal funds during the fiscal year is required to obtain an A-133 audit and send a copy of the audit report to CMH's accounting department for review. The Post Award Manager is responsible for making sure that for all subrecipients that are required submit A-133 audits and that CMH has received an audit report. CMH maintains a subrecipient monitoring spreadsheet to track A-133 audit status, DUNS number, year-to-date spending, etc. for all subrecipients.</p>

Additional Data

Software ID:
Software Version:
EIN: 44-0605373
Name: The Children's Mercy Hospital

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 Public Square 300 E 39th St 4F Kansas City, MO 64111	47-1579944	501(c)3	9,875				A nonpartisan nonprofit that seeks to change the tone and quality of public discourse, organizing programs that feature expert panelists and audience members with opposing views talking to each other, civilly, about controversial topics.
Kansas University Endowment (Reach Out and Read) 3901 Rainbow Blvd MS 1039 Kansas City, KS 66106	48-0547734	501(c)3	44,000				Prepares Kansas City's youngest children to succeed in school by partnering with doctors and nurses to prescribe books and encourage families to read together.

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
Leukemia and Lymphoma Society 6811 Shawnee Mission Pkwy Ste 202 Shawnee Mission, KS 66202	13-5644916	501(c)3	20,900				Mission is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and improve the quality of life of patients and their families.
Ronald McDonald House Charities 2502 Cherry St Kansas City, MO 64108	43-1190760	501(c)3	75,964				Provide comfort and care for families seeking life-saving medical treatment for their children.

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

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National Kidney Foundation 6405 Metcalf Ave Ste 204 Overland Park, KS 66202	13-1673104	501(c)3	5,450				Dedicated to preventing kidney and urinary tract diseases, improving the health and well-being of individuals and families affected by kidney disease and increasing the availability of all organs for transplantation.
State of Kansas 915 SW Harrison Street Topeka, KS 66612	48-1124839	GOVT	5,356				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
Kennedy Krieger Institute 707 North Broadway Baltimore, MD 21205	52-1524965	501(c)3	6,414				Research
Phoenix Children's Hospital 1919 East Thomas Road Phoenix, AZ 85016	86-0422559	501(c)3	7,195				Research

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Emory Genetics Medical Research 103 B Jones Center Atlanta, GA 30322	58-0566256	501(c)3	23,325				Research
Medical College of Wisconsin 8701 Watertown Plank Rd Milwaukee, WI 53226	39-0806261	501(c)3	40,491				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
Oregon Health & Science 3181 SW Sam Jackson Park Rd AD201 Portland, OR 97201	93-1176109	GOVT	46,912				Research
Seattle Children's Hospital 4800 Sand Point Way NE Seattle, WA 98105	91-0564748	501(c)3	31,322				Research

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

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Regents University California One Shields Avenue Davis, CA 95616	94-6036494	501(c)3	32,381				Research
University of California 9500 Gilman Dr La Jolla, CA 92093	33-0833316		36,897				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 University of Michigan 1500 East Medical Center Dr Ann Arbor, MI 48109	38-6006309	GOVT	32,068				Research
University of New Mexico 1 University of New Mexico Albuquerque, NM 87131	85-6000642	GOVT	12,441				Research

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

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Cincinnati Children's Hospital 3333 Burnet Avenue Suite 330 Cincinnati, OH 45229	31-0833936	501(c)3	55,401				Research
Stanford Junior University 3145 Porter Dr Palo Alto, CA 94304	94-1156365	501(c)3	296,074				Research

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

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KU Center for Research KUCR 2385 Irving Hill Road Lawrence, KS 66045	48-0680117	501(c)3	92,084				Research
University of Wisconsin State 465 Henry Mall Madison, WI 53706	39-1805963	501(c)3	10,748				Research

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

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Vanderbilt Medical Center Dept AT 40379 Atlanta, GA 31192	35-2528741	501(c)3	20,894				Research
KUMC Research Institute Inc 3901 Rainbow Blvd MS 1039 Kansas City, KS 66160	48-1108830	501(c)3	139,892				Research

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

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University of Missouri UMKC KCUR 118 University Hall Columbia, MO 65211	43-6003859	GOVT	221,022				Research
Cleveland Clinic 9500 Euclid Avenue NA-4 Cleveland, OH 44195	34-0714585	501(c)3	9,778				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 NACH Children's Hospital 600 13th Street NW Washington, DC 20005	51-0120256	501(c)3	18,891				Research
California Los Angeles UCLA 10921 Wilshire Blvd 5th Floor Los Angeles, CA 90024	95-6006143	501(c)3	7,596				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
STFM Teachers Family Medicine 11400 Tomahawk Creek Pkwy Ste 240 Leawood, KS 66211	43-1026492	501(c)6	23,507				Research
Duke University PO Box 104132 Durham, NC 27708	56-0532129	501(c)3	53,174				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
H Lee Moffitt Cancer Center 12902 Magnolia Dr Tampa, FL 33612	59-2451713	501(c)3	49,945				Research
Pennsylvania University 3451 Walnut Street Philadelphia, PA 19104	23-1352685	501(c)3	5,117				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
Midwest Biomedical Research PO Box 300662 Kansas City, MO 64130	43-1496422		258,625				Research
Joslin Diabetes Center Inc One Joslin Place Boston, MA 02215	04-2203836	501(c)3	102,700				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
Chips Chocolate Factory KC FUD 2450 Grand Boulevard Suite 239 Kansas City, MO 64108	26-3026388		98,219				Research
Illumisoft the Agileist 7280 NW 87th Terrace Kansas City, MO 64153	46-2872050		44,971				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
CYFT Incorporated 222 Third Street Suite 1130 Cambridge, MA 02142	47-3547678		247,398				Research
George Washington University 45155 Research Place Suite 250 Ashburn, VA 20147	53-0196584	501(c)3	11,006				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
AKDHC Medical Research Service 3333 East Camelback Road Suite 180 Phoenix, AZ 85018	65-1243793		5,970				Research
Illumisoft LLC 1111 Main Street Kansas City, MO 64105	82-3165111		70,135				Research

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
The Children's Mercy Hospital

Employer identification number
44-0605373

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax idemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<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	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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 checked="" type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	Yes
b	Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part 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
Part I, Line 6	A portion of the total cash compensation paid to the President/CEO and all Executive Vice Presidents is determined by a performance based plan approved by the Compensation Committee of the Board of Directors. The plan includes Hospital and individual performance goals, one component of which is based in part on net earnings.

Return Reference	Explanation
Part I, Line 4a and 4b:	Included in the compensation of Randall O'Donnell is \$1,261,704 of severance, which was accrued and reported as deferred compensation in prior years. The amount is a payment from the Plan representing the value no longer subject to substantial risk of forfeiture.



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

OMB No. 1545-0047

2018

Open to Public Inspection

▶ **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 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
The Children's Mercy Hospital

Employer identification number

44-0605373

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	Health and Educational Facilities Authority of the State of Missouri	43-1178966	60637ALX8	10-13-2016	148,207,195	see Part VI		X		X		X
B	Health and Educational Facilities Authority of the State of Missouri	43-1178966	60637AMM1	12-20-2017	131,226,503	see Part VI		X		X		X
C	Health and Educational Facilities Authority of the State of Missouri	43-1178966	000000000	02-28-2019	17,940,000	see Part VI		X		X		X
D	Health and Educational Facilities Authority of the State of Missouri	43-1178966	000000000	02-28-2019	24,750,000	see Part VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired					2,239,700			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	148,207,195		133,387,161		17,940,000		24,750,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	638,217		1,224,064					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			100,964,165					
11	Other spent proceeds	147,568,975		133,717		17,940,000		24,750,000	
12	Other unspent proceeds			31,065,216					
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X			X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part I, Line A, Column (f)	Description of Purpose- The Series 2016 Bonds were issued to refinance a portion of the outstanding Series 2009 Bonds (issued Nov. 19, 2009).

Return Reference	Explanation
Schedule K, Part I, Line B, Column (f)	Description of Purpose- The Series 2017A Bonds were issued to construct and equip a professional office building and a research institute for the Corporation.

Return Reference	Explanation
Schedule K, Part I, Line C, Column (f)	Description of Purpose- The Series 2019A Bonds were issued to refinance 2008A/B Bonds and remaining portion of 2009 Bonds.

Return Reference	Explanation
Schedule K, Part I, Line D, Column (f)	Description of Purpose- The Series 2019B Bonds were issued to refinance 2008A/B Bonds and remaining portion of 2009 Bonds.

Return Reference	Explanation
Schedule K, Part II, Line 3, Column B	Total Proceeds- Difference between issue price and total proceeds of the Series 2017A Bonds represent \$2,160,658 of investment proceeds.

Return Reference	Explanation
Schedule K, Part II, Line 11, Column A	Other Spent Proceeds- \$147,568,978 of Bond proceeds was used to establish a refunding escrow to refinance a portion of the outstanding Series 2009 Bonds.

Return Reference	Explanation
Schedule K, Part II, Line 11, Column C	Other Spent Proceeds- \$17,940,000 of Bond proceeds were used to refund the series 2008A/B and 2009 Bonds.

Return Reference	Explanation
Schedule K, Part II, Line 11, Column D	Other Spent Proceeds- \$24,750,000 of Bond proceeds was used to refund the series 2008A/B and 2009 Bonds.

Return Reference	Explanation
Schedule K, Part II, Line 13, Column A	Date of Substantial Completion- The Series 2016 Bonds were issued to refinance the Series 2009 Bonds, and therefore, there were no "new-money" projects financed by the Series 2016 Bonds.

Return Reference	Explanation
Schedule K, Part II, Line 13, Column B	Date of Substantial Completion- The projects financed by the Series 2017A Bonds have not yet been completed.

Return Reference	Explanation
Schedule K, Part II, Line 13, Column C	Date of Substantial Completion- The Series 2019A Bonds were issued to refinance the Series 2008A/B and 2009 Bonds, and therefore, there were no "new-money" projects financed by the Series 2019A Bonds.

Return Reference	Explanation
Schedule K, Part II, Line 13, Column D	Date of Substantial Completion- The Series 2019B Bonds were issued to refinance the Series 2008A/B and 2009 Bonds, and therefore, there were no "new-money" projects financed by the Series 2019B Bonds.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization The Children's Mercy Hospital

Employer identification number 44-0605373

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

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Multiple empty rows.

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Includes a Total row at the bottom.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Multiple empty rows.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Substantial Contributor	Substantial Contributor	3,687,437	Payment for FMV of Services Provided		No
(2) Nancy Zirpolo	Sister of Officer Karen Cox	98,488	Employment		No
(3) John Barth	Son of Director Kevin Barth	60,011	Employment		No
(4) Francesca Barth	Daughter-in-law of Director Kevin Barth	80,123	Employment		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
The Children's Mercy Hospital

Employer identification number
44-0605373

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	5	1,715	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		450	FMV
5 Clothing and household goods	X		25,575	FMV
6 Cars and other vehicles	X	1	50,417	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	14	513,452	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	9	3,900	FMV
19 Food inventory	X	43	28,962	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Events)	X	24	37,041	FMV
26 Other ▶ (Jewelry)	X	2	2,264	FMV
27 Other ▶ (Miscellaneous)	X	4	1,822	FMV
28 Other ▶ (_____)				

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

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

Part II Supplemental Information.

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

Return Reference	Explanation
Part I, Column (b):	The amounts in Part I, Column (b) represent the number of contributions received during the taxable year.
Part I, Line 33:	Books and clothing were received and utilized by patients and families; not resold.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

The Children's Mercy Hospital

Employer identification number

44-0605373

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, line 2	Red Card Program was launched in partnership with Sporting Kansas City. Red Card Program tackles bullying in our community by working with local schools to promote awareness and inspire people to "call it when they see it; Children's Mercy Joplin opened a new and expanded location in Joplin, Missouri. "Kids Eat Free" Program provided 7,669 free summer lunches to kids at Adele Hall, Broadway, West, and East.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The final Form 990, including all required schedules, was provided to each voting member of the Board of Directors prior to its filing with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Corporate compliance reviews all potential conflicts disclosed, and reviews and approves completion of the related management plan.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The Compensation Committee of the Board of Directors is responsible for approving the compensation of the CEO, which they document in an Employment Agreement between the Board of Directors and the CEO. The Compensation Committee also approves the compensation of the EVP/CAO, the EVP/Chief Medical Officer, two persons with the title EVP/Chief Operating Officer, all officers of the Hospital, and the Chair of the Department of Pediatrics. The Compensation Committee is composed of independent outside directors who receive no compensation for their participation on the Board. The Compensation Committee engages an outside consulting firm, whose practice includes the analysis of compensation for not-for-profit hospitals, to advise the Committee with regard to market data and analysis, which was used to establish compensation. A letter from the compensation consultant opining on the reasonableness of the compensation was provided to the Committee and there is documentation of the Committee's deliberations and decision in existence.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The organization's governing documents, conflict of interest policy, and audited financial statements are available upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Other Fees: Program service expenses 73,029,758. Management and general expenses 81,683,681. Fundraising expenses 584,045. Total expenses 155,297,484.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Change in benefit obligation 272,716. Change in interest rate swap valuation 10,896,423. Net Unrealized Change in Income Beneficiary and Charitable Remainder Trusts 609,288. Intercompany Transfer 38,219.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
The Children's Mercy Hospital

Employer identification number

44-0605373

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) CMH Insurance Company LLC 2401 Gillham Road Kansas City, MO 64108	Insurance for The Children's Mercy Hospital	MO	115,830	17,596,614	The Children's Mercy Hospital
(2) Physician Business Partners LLC 2401 Gillham Road Kansas City, MO 64108	Physician network for education and purchasing	MO			The Children's Mercy Hospital
(3) Children's Research Institute LLC 2401 Gillham Road Kansas City, MO 64108	Supports research activities of The Children's Mercy Hospital	MO			The Children's Mercy Hospital

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Children's Mercy Hospital Foundation 2401 Gillham Road Kansas City, MO 64108 43-1564302	Investment management to benefit Children's Mercy Hospital	MO	501(C)(3)	line 11, III-NFI	N/A		No
(2) Children's Mercy's Family Health Partners Inc 2420 Pershing Kansas City, MO 64108 43-1726517	Integrated health insurance benefits care system	MO	501(C)(3)	line 9	The Children's Mercy Hospital	Yes	
(3) Children's Mercy Hospital Self-Insurance Trust Commerce Trust Co PO Box 419248 Kansas City, MO 64141 43-6231807	Providing funds for malpractice claims against CMH & employees	MO	501(C)(3)	line 11, I	The Children's Mercy Hospital	Yes	

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

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

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

See Additional Data Table

(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.

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

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 44-0605373
Name: The Children's Mercy Hospital

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
(1) Children's Mercy Integrated Care Solutions Inc 2401 Gillham Road Kansas City, MO 64108 45-3741386	Coordinates medical care of pediatric patients	KS	The Children's Mercy Hospital	C		24,910,785	100.000 %	Yes	
(1) Children's Mercy- Pediatric Associates Inc 4400 Broadway Suite 206 Kansas City, MO 64111 81-4659989	Medical Practice	KS	The Children's Mercy Hospital	C		1,876,316	100.000 %	Yes	
(2) Children's Mercy- Pediatric Care Specialists Inc 12541 Foster St Suite 260 Overland Park, KS 66213 81-4753049	Medical Practice	KS	The Children's Mercy Hospital	C		1,150,665	100.000 %	Yes	
(3) Children's Mercy- Pediatric Care North Inc 8781 N Platte Purchase Drive Kansas City, MO 64155 81-5020009	Medical Practice	KS	The Children's Mercy Hospital	C	-21,070	1,126,310	100.000 %	Yes	
(4) Children's Mercy- Johnson County Pediatrics Inc 8800 West 75th St Suite 220 Shawnee Mission, KS 66204 32-0505028	Medical Practice	KS	The Children's Mercy Hospital	C	27,697	625,259	100.000 %	Yes	
(5) Children's Mercy- Preferred Pediatrics Inc 241 NW McNary Ct Lees Summit, MO 64081 82-1130197	Medical Practice	KS	The Children's Mercy Hospital	C		433,098	100.000 %	Yes	
(6) Children's Mercy- Cass County Pediatrics and Adolescents Inc 503 N Scott Belton, MO 64012 82-0881485	Medical Practice	KS	The Children's Mercy Hospital	C	18,907	191,470	100.000 %	Yes	
(7) Children's Mercy- Cradle Thru College Care Inc 1004 Carondelet Dr Suite 30 Kansas City, MO 64114 82-2804086	Medical Practice	KS	The Children's Mercy Hospital	C		269,104	100.000 %	Yes	
(8) Children's Mercy- Redwood Pediatrics Inc 9151 NE 81st Ter Suite 240 Kansas City, MO 64158 82-2564241	Medical Practice	KS	The Children's Mercy Hospital	C	12,519	198,311	100.000 %	Yes	
(9) Children's Mercy- Summit Pediatrics and Adolescent Medicine Inc 3171 E Carnegie Dr ST A Lees Summit, MO 64064 82-4082519	Medical Practice	KS	The Children's Mercy Hospital	C	-35,111	620,763	100.000 %	Yes	
(10) Income Beneficiary Trusts (6)	Trust	MO	N/A	T					No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Children's Mercy Integrated Care Solutions	O	5,771,968	Book
(1)	Children's Mercy Integrated Care Solutions	J	297,528	Book
(2)	Children's Mercy Integrated Care Solutions	L	1,179,275	Book
(3)	Children's Mercy Integrated Care Solutions	P	368,080	Book
(4)	Children's Mercy Integrated Care Solutions	Q	61,898	Book
(5)	Children's Mercy Integrated Care Solutions	S	128,436,244	Book
(6)	Children's Mercy Hospital Family Health Partners Inc	R	38,220	Book
(7)	Children's Mercy- Pediatric Associates Inc	D	200,000	Book
(8)	Children's Mercy- Summit Pediatrics & Adolescent Medicine Inc	D	225,000	Book
(9)	Children's Mercy- Pediatric Associates Inc	A	2,591	Book
(10)	Children's Mercy- Cass County Pediatrics and Adolescents Inc	A	2,569	Book
(11)	Children's Mercy- Preferred Pediatrics Inc	A	2,836	Book
(12)	Children's Mercy- Redwood Pediatrics Inc	A	1,420	Book
(13)	Children's Mercy- Cradle thru College Care Inc	A	9,314	Book
(14)	Children's Mercy- Summit Pediatrics & Adolescent Medicine Inc	A	9,495	Book