

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

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

**C** Name of organization: Children's Hospital & Medical Center  
 % AMY HATCHER  
 Doing business as

**D** Employer identification number: 47-0379754

**E** Telephone number: (402) 955-6795

**G** Gross receipts \$ 469,906,932

**F** Name and address of principal officer:  
 Chanda Chacon  
 8200 Dodge Street  
 Omaha, NE 68114

**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.CHILDRENSOMAHA.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1948 **M** State of legal domicile: NE

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 CHILDREN'S HOSPITAL & MEDICAL CENTER DELIVERS EXTRAORDINARY CARE TO CHILDREN, EDUCATES HEALTH CARE PROFESSIONALS, AND PROMOTES PEDIATRIC RESEARCH.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	18
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	3,593
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	243
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	11,049
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	-3,555

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	4,858,054	4,091,756
<b>9</b> Program service revenue (Part VIII, line 2g)	422,904,596	451,331,530
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	629,335	-234,350
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,222,054	14,666,521
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	443,614,039	469,855,457
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,154,203	12,864,067
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	207,855,199	228,418,471
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 189,779		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	162,223,280	181,662,243
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	389,232,682	422,944,781
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	54,381,357	46,910,676

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	542,357,225	641,508,810
<b>21</b> Total liabilities (Part X, line 26)	263,982,931	291,519,183
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	278,374,294	349,989,627

**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 2020-11-10

AMY HATCHER CFO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date 2020-11-03  
 Check  if self-employed PTIN P00798244  
 Firm's name ▶ KPMG LLP Firm's EIN ▶  
 Firm's address ▶ 1212 North 96th Street Suite 300 Phone no. (402) 348-1450  
 Omaha, NE 68114

**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 LIFE OF EVERY CHILD - THROUGH DEDICATION TO EXCEPTIONAL CLINICAL CARE, RESEARCH, EDUCATION AND ADVOCACY.

**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 \$ 339,068,184 including grants of \$ 12,864,067 ) (Revenue \$ 465,324,997 )  
See Additional Data

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

**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 ▶ 339,068,184

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response or note to any line in this Part V . . . . .

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a		195
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b		0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

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

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<p><b>2a</b> 3,593</p>			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>		<p><b>2b</b> Yes</p>		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . .</p>		<p><b>3a</b> Yes</p>		
<p><b>b</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> . . . .</p>		<p><b>3b</b> Yes</p>		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . .</p>			<p><b>4a</b> No</p>	
<p><b>b</b> If "Yes," enter the name of the foreign country: <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . .</p>		<p><b>5a</b></p>	<p>No</p>	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		<p><b>5b</b></p>	<p>No</p>	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>		<p><b>5c</b></p>		
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>		<p><b>6a</b></p>	<p>No</p>	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>		<p><b>6b</b></p>		
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>		<p><b>7a</b></p>	<p>No</p>	
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>		<p><b>7b</b></p>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>		<p><b>7c</b></p>	<p>No</p>	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b></p>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		<p><b>7e</b></p>	<p>No</p>	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .</p>		<p><b>7f</b></p>	<p>No</p>	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>		<p><b>7g</b></p>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>		<p><b>7h</b></p>		
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>		<p><b>8</b></p>		
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>				
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>		<p><b>9a</b></p>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>		<p><b>9b</b></p>		
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .</p>	<p><b>10b</b></p>			
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<p><b>11b</b></p>			
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>		<p><b>12a</b></p>		
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p><b>12b</b></p>			
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>		<p><b>13a</b></p>		
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<p><b>13b</b></p>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>		<p><b>14a</b></p>	<p>No</p>	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i> . . . . .</p>		<p><b>14b</b></p>		
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.</p>		<p><b>15</b></p>	<p>Yes</p>	
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . If "Yes," complete Form 4720, Schedule O.</p>		<p><b>16</b></p>	<p>No</p>	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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:

**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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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										

<b>1b Sub-Total</b> . . . . .	▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	▶	10,150,030	0	832,814

**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 ▶ 256

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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
ALITHYA TRAVERCENT LLC, 2425 N CENTRAL EXPRESSWAY STE 130 RICHARDSON, TX 75080	CONSULTING SERVICES	1,024,872
RONCO CONSTRUCTION, 1717 N 74TH ST OMAHA, NE 68114	CONSTRUCTION	924,988
REGIONAL PATHOLOGY SERVICES, 983135 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	LABS - OUTSOURCED	712,127
ABBOTT LABORATORIES INC, 100 ABBOTT PARK RD ABBOTT PARK, IL 60064	LABS - OUTSOURCED	631,816
FRASER STRYKER PC LLO, 409 S 17TH ST 500 OMAHA, NE 68102	LEGAL SERVICES	570,475

**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 ▶ 26



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>	2,803,623		
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,211,343		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	76,790		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		4,091,756		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> NET PATIENT REVENUE		621110	451,331,530	451,331,530		
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			451,331,530			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			-223,900			-223,900	
	<b>4</b> Income from investment of tax-exempt bond proceeds			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	662,005				
			(ii) Personal					
		<b>b</b> Less: rental expenses	<b>6b</b>					
		<b>c</b> Rental income or (loss)	<b>6c</b>	662,005	0			
	<b>d</b> Net rental income or (loss) . . . . .			662,005			662,005	
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities		41,025			
			(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>		51,475			
		<b>c</b> Gain or (loss)	<b>7c</b>		-10,450			
	<b>d</b> Net gain or (loss) . . . . .			-10,450			-10,450	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		0				
			<b>8b</b> Less: direct expenses . . . . .	<b>8b</b>	0			
	<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		0				
			<b>9b</b> Less: direct expenses . . . . .	<b>9b</b>	0			
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0				
<b>10b</b> Less: cost of goods sold . . . . .			<b>10b</b>	0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0					
Miscellaneous Revenue		Business Code						
<b>11a</b> MANAGEMENT FEE INCOME		541610	7,728,451	7,728,451				
<b>b</b> CAFETERIA INCOME		900099	1,769,718	1,769,718				
<b>c</b> CONTRACT SERVICES		541900	1,164,343	1,153,294	11,049			
<b>d</b> All other revenue . . . . .			3,342,004	3,342,004				
<b>e Total.</b> Add lines 11a-11d . . . . .			14,004,516					
<b>12 Total revenue.</b> See instructions . . . . .			469,855,457	465,324,997	11,049	427,655		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	243,814	243,814		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	12,620,253	12,620,253		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	8,990,538		8,990,538	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	174,705,542	150,898,061	23,807,481	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	8,986,177	7,736,777	1,249,400	
<b>9</b> Other employee benefits . . . . .	23,672,195	18,813,007	4,859,188	
<b>10</b> Payroll taxes . . . . .	12,064,019	10,714,011	1,350,008	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	3,068	3,068		
<b>b</b> Legal . . . . .	878,804	877,669	1,135	
<b>c</b> Accounting . . . . .	869,007		869,007	
<b>d</b> Lobbying . . . . .	84,126		84,126	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,362,699	28,797,623	11,565,076	
<b>12</b> Advertising and promotion . . . . .	2,364,373	4,169	2,360,204	
<b>13</b> Office expenses . . . . .	54,770,560	53,360,891	1,219,890	189,779
<b>14</b> Information technology . . . . .	9,953,345	9,782,945	170,400	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	8,542,617	3,388,379	5,154,238	
<b>17</b> Travel . . . . .	876,459	660,725	215,734	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	0			
<b>20</b> Interest . . . . .	3,010,887	3,000,207	10,680	
<b>21</b> Payments to affiliates . . . . .	25,973,881	25,973,881		
<b>22</b> Depreciation, depletion, and amortization . . . . .	20,546,930	8,654,770	11,892,160	
<b>23</b> Insurance . . . . .	1,037,396		1,037,396	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> BUILDING & GROUND MAINTENANCE	4,061,985	112,452	3,949,533	
<b>b</b> EQUIPMENT MAINTENANCE	2,426,000	1,674,815	751,185	
<b>c</b> BANK & SERVICE FEES	1,174,141	81,579	1,092,562	
<b>d</b> COMMUNITY SERVICES	1,148,238	225,381	922,857	
<b>e</b> All other expenses	3,577,727	1,443,707	2,134,020	
<b>25</b> Total functional expenses. Add lines 1 through 24e	422,944,781	339,068,184	83,686,818	189,779
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,509,170	<b>1</b>	7,245,584
	<b>2</b> Savings and temporary cash investments . . . . .	83,751,779	<b>2</b>	66,312,294
	<b>3</b> Pledges and grants receivable, net . . . . .	2,520,000	<b>3</b>	2,224,000
	<b>4</b> Accounts receivable, net . . . . .	71,069,790	<b>4</b>	91,753,043
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	7,034,648	<b>8</b>	7,529,349
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,940,489	<b>9</b>	7,475,819
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 644,473,202		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 235,649,725	286,393,941	<b>10c</b> 408,823,477
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	2,450,687	<b>12</b>	1,204,396
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	57,303,451	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	18,383,270	<b>15</b>	48,940,848
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	542,357,225	<b>16</b>	641,508,810	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	75,156,400	<b>17</b>	84,742,439
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	151,769	<b>19</b>	114,378
	<b>20</b> Tax-exempt bond liabilities . . . . .	176,598,743	<b>20</b>	171,220,477
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,002,955	<b>23</b>	4,616,217
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	314,408	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	6,758,656	<b>25</b>	30,825,672
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	263,982,931	<b>26</b>	291,519,183
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	275,854,294	<b>27</b>	347,765,627
	<b>28</b> Net assets with donor restrictions . . . . .	2,520,000	<b>28</b>	2,224,000
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	278,374,294	<b>32</b>	349,989,627	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	542,357,225	<b>33</b>	641,508,810	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	469,855,457
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	422,944,781
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	46,910,676
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	278,374,294
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-7,693
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	24,712,350
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	349,989,627

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 47-0379754

**Name:** Children's Hospital & Medical Center

Form 990 (2019)

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### **Form 990, Part III, Line 4a:**

THE HOSPITAL OPERATES A 145-BED PEDIATRIC HOSPITAL, WHICH INCLUDES SEVEN SURGICAL SUITES, THREE PROCEDURE ROOMS, TWO HYBRID HEART CATHETERIZATION LABS, A PEDIATRIC INTENSIVE CARE UNIT (PICU) AND A FETAL CARE CENTER THAT FOCUSES ON THE COORDINATION OF CARE FOR BABIES DIAGNOSED WITH COMPLEX CONGENITAL DEFECTS BEFORE BIRTH. Children's has achieved the magnet designation for nursing excellence, and its pediatric and neonatal intensive care units have earned a beacon award for excellence from the american association of critical care nurses, which recognizes critical care units with excellent patient outcomes that exceed national benchmarks. THE HOSPITAL WAS RECOGNIZED BY U.S. NEWS AND WORLD REPORT FOR CARDIOLOGY AND HEART SURGERY, DIABETES AND ENDOCRINOLOGY, GASTROENTEROLOGY AND GI SURGERY, ORTHOPEDICS AND PULMONOLOGY. CHILDREN'S SPECIALTY PEDIATRIC CENTER OFFERS MORE THAN 50 OUTPATIENT SPECIALTY CLINICS, PROVIDING DIAGNOSTICS, TREATMENT, AND THERAPY. IN ADDITION, CHILDREN'S PROVIDES OUTPATIENT BEHAVIORAL HEALTH AND A FULL ARRAY OF PEDIATRIC HOME HEALTHCARE SERVICES TO CHILDREN AND ADOLESCENTS WHO HAVE IMMEDIATE OR LONG-TERM HEALTH CARE NEEDS, INCLUDING HOME MEDICAL EQUIPMENT RENTALS AND SALES, HOME HEALTH NURSING, IN-HOME PRIVATE DUTY NURSING AND HOME INFUSION THERAPY SERVICES. THE HOSPITAL IS HOME TO THE ONLY LEVEL IV NEWBORN INTENSIVE CARE UNIT AND THE ONLY DEDICATED PEDIATRIC EMERGENCY DEPARTMENT WITH LEVEL II PEDIATRIC TRAUMA VERIFICATION IN ITS SERVICE AREA. THE HOSPITAL ALSO PROVIDES SPECIALTY PEDIATRIC CARE SERVICES IN COMMUNITIES ACROSS A THREE-STATE REGION. CHILDREN'S HOSPITAL & MEDICAL CENTER IS THE FIRST AND ONLY PEDIATRIC HOSPITAL IN NEBRASKA, AND THE ONLY PEDIATRIC HOSPITAL SERVING WESTERN IOWA AND NORTHWEST MISSOURI, TO RECEIVE PEDIATRIC TRAUMA VERIFICATION.

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**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			
Richard Azizkhan MD ..... President/CEO thru 8/16/19	40.0 ..... 0.0	X		X				1,858,535	0	9,238
Fernando Ferrer MD ..... SVP & SIC thru 6/30/19	40.0 ..... 0.0			X				1,104,201	0	95,208
Michael Brown ..... EVP Strategy & Transformation	40.0 ..... 0.0			X				936,342	0	121,478
Christopher Maloney M ..... SVP & Chief Medical Officer	40.0 ..... 0.0			X				748,731	0	87,538
Kathy English ..... EVP & COO	40.0 ..... 0.0			X				692,332	0	114,560
Amy Hatcher ..... SVP & CFO	40.0 ..... 0.0			X				578,540	0	83,932
Steven C Burnham ..... SVP Physician Networks	40.0 ..... 0.0			X				512,262	0	80,576
Amy Bones ..... SVP & General Counsel	40.0 ..... 0.0			X				496,435	0	73,703
Suzanne Nocita ..... SVP & CHRO	40.0 ..... 0.0			X				473,330	0	33,105
Nicole Villarreal MD ..... Physician	40.0 ..... 0.0					X		451,687	0	20,643

**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			
Jamie Drake MD ..... Physician	40.0 ..... 0.0					X		456,288	0	3,508
Anna Spagnoli MD ..... SVP & PIC THRU 10/29/19	40.0 ..... 0.0					X		412,882	0	32,026
Kristin Grahn MD ..... Physician	40.0 ..... 0.0					X		399,291	0	20,643
Malinda Bender MD ..... Physician	40.0 ..... 0.0					X		395,661	0	3,786
Jerold Vuchak ..... SVP & Chief Info Officer	40.0 ..... 0.0			X				317,544	0	44,541
Rodrigo Lopez ..... Interim Pres/CEO beg 7/15/19	40.0 ..... 0.0	X		X				296,988	0	7,949
Janel Allen ..... SVP & CHRO beg 12/2/19	40.0 ..... 0.0			X				18,981	0	380
Diane Duren ..... Chair	1.0 ..... 0.0	X		X				0	0	0
Margaret Hershiser ..... Vice Chair	1.0 ..... 0.0	X		X				0	0	0
Samantha Mosser ..... Secretary	1.0 ..... 0.0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jim Greisch ..... Treasurer	1.0 ..... 0.0	X		X				0	0	0
Brad Brabec MD ..... Member	1.0 ..... 0.0	X						0	0	0
Bradley Britigan MD ..... Member	1.0 ..... 0.0	X						0	0	0
Joleen David ..... Member	1.0 ..... 0.0	X						0	0	0
Dave Diamond ..... Member	1.0 ..... 0.0	X						0	0	0
Robert Dunlay MD ..... Member	1.0 ..... 0.0	X						0	0	0
Mark Hasebroock ..... Member	1.0 ..... 0.0	X						0	0	0
John Jenkins ..... Member	1.0 ..... 0.0	X						0	0	0
Steve Lindsay ..... Member	1.0 ..... 0.0	X						0	0	0
Michael Robino ..... Member	1.0 ..... 0.0	X						0	0	0



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Amy Ryan ..... Member	1.0 ..... 0.0	X						0	0	0
Paul Sammut MD ..... Member	1.0 ..... 0.0	X						0	0	0
Stacy Scholtz ..... Member	1.0 ..... 0.0	X						0	0	0
Jayesh Thakker MD ..... Member	1.0 ..... 0.0	X						0	0	0
Scot Thompson ..... Member	1.0 ..... 0.0	X						0	0	0

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Children's Hospital & Medical Center

**Employer identification number**  
47-0379754

**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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 47-0379754

**Name:** Children's Hospital & Medical Center

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Children's Hospital & Medical Center	Employer identification number 47-0379754
--	--

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

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	84,126	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	84,126	
<b>d</b> Other exempt purpose expenditures .....	422,860,655	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	422,944,781	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		

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

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	45,055	63,273	69,794	84,126	262,248
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

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

**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  
**2019**  
**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](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
Children's Hospital & Medical Center

**Employer identification number**  
47-0379754

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

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

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .	88,066,716	80,139,900	71,680,964	53,221,748	52,709,846
<b>b</b> Contributions . . . . .	5,785,740	8,481,002	9,780,310	20,698,028	2,540,656
<b>c</b> Net investment earnings, gains, and losses	768,122	127,409	338,557	249,787	115,359
<b>d</b> Grants or scholarships . . . . .	1,838,583	681,595	1,659,931	2,488,599	2,142,005
<b>e</b> Other expenditures for facilities and programs . . . . .					2,108
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	92,781,995	88,066,716	80,139,900	71,680,964	53,221,748

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

- a** Board designated or quasi-endowment ▶ 42.400 %
  - b** Permanent endowment ▶ 7.600 %
  - c** Temporarily restricted endowment ▶ 50.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 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
<b>1a</b> Land . . . . .		37,305,638		37,305,638
<b>b</b> Buildings . . . . .		291,849,449	118,726,576	173,122,873
<b>c</b> Leasehold improvements		18,546,749	11,375,999	7,170,750
<b>d</b> Equipment . . . . .		134,200,304	105,212,320	28,987,984
<b>e</b> Other . . . . .		162,571,062	334,830	162,236,232
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				408,823,477

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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) REC-EST 3RD PRY PYR STTLMNT	15,909,970
(2) OPERATING LEASE ROU ASSET, NET	10,391,844
(3) FINANCING LEASE ROU ASSET, NET	8,042,797
(4) INTERCOMPANY RECEIVABLE	10,676,818
(5) INVESTMENT IN DEFERRED COMP	3,919,419
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 48,940,848

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 30,825,672

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	



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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 47-0379754

**Name:** Children's Hospital & Medical Center

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	TO SUPPORT PROGRAMS, FUTURE CAPITAL IMPROVEMENTS, AND OPERATIONS OF CHILDREN'S HOSPITAL & MEDICAL CENTER.

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	FIN 48 FOOTNOTE THE COMPANY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. DURING 2019 AND 2018, THE COMPANY DID NOT RECORD ANY AMOUNTS RELATED TO UNCERTAIN TAX POSITIONS OR ANY ACCRUED INTEREST AND PENALTIES.

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 Children's Hospital & Medical Center

**Hospitals**

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

**Employer identification number**  
 47-0379754

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> 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		
<b>3</b> 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. <b>a</b> 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
<b>b</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 checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
<b>c</b> 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.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		No
<b>c</b> 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? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			5,250,025		5,250,025	1.240 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			162,056,590	122,828,427	39,228,163	9.280 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			167,306,615	122,828,427	44,478,188	10.520 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			2,285,704	638,228	1,647,476	0.390 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			20,015,536	1,211,343	18,804,193	4.450 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			157,674,318	106,765,863	50,908,455	12.040 %
<b>h</b> Research (from Worksheet 7) . . . . .			110,827		110,827	0.020 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			782,023		782,023	0.180 %
<b>j Total.</b> Other Benefits . . . . .			180,868,408	108,615,434	72,252,974	17.080 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			348,175,023	231,443,861	116,731,162	27.600 %

**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						
2 Economic development			7,500		7,500	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>			7,500		7,500	

**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 4,044,869	
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	
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 83,862
6 Enter Medicare allowable costs of care relating to payments on line 5	6 264,684
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -180,822
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
9b 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**

(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 None				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 CHILDREN'S HOSPITAL & MEDICAL CENTER

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): \_\_\_\_\_ 1 \_\_\_\_\_

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

CHILDREN'S HOSPITAL & MEDICAL CENTER

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> .% and FPG family income limit for eligibility for discounted care of <u>400</u> .%		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)

**Billing and Collections**

CHILDREN'S HOSPITAL & MEDICAL CENTER

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

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

**Policy Relating to Emergency Medical Care**

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

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

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

CHILDREN'S HOSPITAL & MEDICAL CENTER

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

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
<b>1</b> LINCOLN CLINIC 5930 VANDERVOOT DR STE A LINCOLN, NE 68516	PEDIATRIC CLINIC
<b>2</b> CAROLYN SCOTT RAINBOW HOUSE 7825 FARNAM DRIVE OMAHA, NE 68114	MINIMUM TO NO-COST ACCOMMODATIONS FOR FAMILIES OF PATIENTS
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c	Federal poverty guidelines are used to determine eligibility for free or discounted care. Financial assistance is available for medically necessary procedures and services. Services not eligible for financial assistance include cosmetic and other elective procedures, helmet clinic, eating disorders program and the Weight and Wellness program. Certification or proof of Medicaid denial is a requirement for financial assistance consideration. Financially responsible parties who submit a complete and verifiable application for financial assistance (including proof of Medicaid denial) will be considered for free or reduced assistance on the basis of federal poverty guidelines (400% FPL limit). Families that do not qualify for income based financial assistance that have verifiable out of pocket medical debt greater than 20% of gross income may qualify for catastrophic assistance leaving up to 1% of the family's gross income as the responsibility. Presumptive eligibility is available in a variety of circumstances including the absence of documentation required to comply with the traditional financial assistance application requirements. The predictive model incorporates income and household size estimates, a socio-economic need factor, census block data, as well as information on home ownership.
Schedule H, Part I, Line 6a	The Community Benefit Report is prepared by the organization. The values reported in the 2019 Community Benefit Report include \$5.3M in financial assistance.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 7	Explanation of the costing methodology used to calculate subsidized health services: subsidized health services were calculated using a combination of Children's Hospital & Medical Center's cost accounting system and a cost to charge ratio calculation similar to worksheet 2 in the Schedule H instructions. The reported subsidized loss represents the difference in net revenue received from all payors less total operating expenses including indirect costs applicable to each department. Unreimbursed Medicaid costs reported on line 7b and other operating expense applicable to the department reported elsewhere on schedule h as a community benefit is excluded from the operating expense total as are bad debt and non-patient care expense associated with each department. Indirect costs for each department were calculated by applying the Medicare cost report overhead rate applicable to that department to the department's total operating expenses excluding unreimbursed Medicaid expenses and/or any other expense already reported elsewhere on Schedule H as a community benefit.
Schedule H, Part I, Line 7G	The organization did not include costs attributable to physician clinics as subsidized health services.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part II	Community Building Activities Children's Hospital & Medical Center supports economic development in its sponsorship donations to organizations such as the Nebraska Chamber of Commerce & Industry.
Schedule H, Part III, Line 2	Describe the methodology used to determine the amounts reported on lines 2 & 3: bad debt expense at 100% charge value was multiplied by the 2019 Medicare cost to charge ratio to arrive at an approximate cost value. BAD DEBT EXPENSE AT 100% CHARGE VALUE \$9,723,243 MEDICARE COST TO CHARGE RATIO X .416 ----- BAD DEBT EXPENSE AT COST \$4,044,869 Estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy: this process includes identifying charity care financial assistance codes congruent with the financial assistance policy that were charged to bad debt expense at 100% charge value. This amount is \$0 for 2019 and reflects the efforts of Children's Hospital & Medical Center to ensure that no child with a medical need is turned away due to inability to pay for health care. Describe how the organization accounts for discounts or payments on patient accounts in determining bad debt expense: bad debt expense is credited for any payment received on accounts previously written off.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 4	Accounts receivable are reduced by an allowance for doubtful accounts and contractual adjustments. In evaluating patient accounts receivable by financial class, management regularly reviews an analysis of its historical collectability trends along with an aging of accounts receivable. For receivables associated with services provided to patients, collectability is determined based on a combination of historical trends and contractual agreements. For receivables associated with self-pay patients, including patients without insurance and patients with deductibles and copayments, management analyzes historical trends in each of its predetermined stages of collectability and status of agreed-upon payment plans. The difference between the standard or negotiated discounted rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.
Schedule H, Part III, Line 8	MEDICARE 2019 Medicare charges reported by the Centers For Medicare and Medicaid Services (CMS) in the provider statistical and reimbursement system for provider FYE 12/31 were multiplied by the 2019 cost to charge ratio to arrive at an approximate cost of care related to the reimbursement payments reported on Schedule H, Part III, Line 5.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b	COLLECTION PRACTICES Self-pay accounts with no verifiable insurance and balance after insurance accounts are considered for financial assistance throughout the collection process for those guarantors who are financially unable to pay, either through a government program or through Children's Hospital & Medical Center's financial assistance program. All correspondence, including statements and collection letters state that financial assistance may be available.
Schedule H, Part VI, Line 2	<p>2-NEEDS ASSESSMENT Children's Hospital &amp; Medical Center (Children's) uses numerous resources to benchmark, align and conduct assessments of the health care needs of Children in the communities we serve. These resources include focused stakeholder input and prioritization, national public health (Healthy People 2020) and pediatric care standards. We also review data from the American Academy of Pediatrics, as listed in our 2018 Community Health Needs Assessment (CHNA) report, and trends as identified by Children's Hospital Association (CHA). During this 2018 Child And Adolescent CHNA, additional community feedback on prioritization of health needs was obtained with leadership and active participation within the Douglas County Mobilizing for Action Through Planning and Partnerships (MAPP) process and the Live Well Omaha's 2018 Changemaker Summit. Douglas County Health Department and Children's partnered to facilitate a series of strategic assessments (Forces of Change Assessment, a local public health systems assessment and a community strengths and themes assessment) by using the MAPP process. This framework applies strategic thinking to the priority health issues to identify resources to meet the challenges and opportunities. On November 5, 2018, findings from this CHNA were presented at Live Well Omaha's 2018 Changemaker Summit. The Changemaker Summit is the region's largest multi-sector health conference, which gathers more than 170 leaders from across Douglas, Sarpy, Cass and Pottawattamie counties to celebrate the milestones of our collective work and advance future work while learning from local, regional and national experts. At this event, data was shared reflecting the significant health issues identified from the research and the MAPP process. Individuals' ratings from this summit yielded the following prioritized list of community health needs for children and adolescents in the Omaha metro area: 1. Mental Health 2. Nutrition, Obesity &amp; Physical Activity 3. Access to Health Services 4. Sexual Health 5. Tobacco, Alcohol &amp; Other Drugs Organizations sponsoring or supporting this CHNA will use the information from this CHNA to develop implementation strategies to address the significant health needs in the community. The results of this prioritization exercise will be used to inform the development of action plans to guide community health improvement efforts in the coming years. By using this process in connection with the CHNA data, our community is positioned to improve the efficiency and effectiveness of local public Health systems across the region. Several other current clinical assessments include the Pedi-Boost Risk Score, a medical and social risk screening for all children who make an encounter with the enterprise. For those children with high or rising risk, a complete psychosocial assessment is performed by our Care Transition Team of social workers or nurse case managers in the outpatient and inpatient setting. Several departments routinely utilize depression screening PHQ9 for those youth 12 and older. A postpartum depression screening is performed at 2 weeks, 2 months and 4 months for primary care well visits. In 2019, a screening question about transportation challenges was added to the domestic violence, food insecurity and housing insecurity screening questions at each primary care well visit. Internal resources that assist with the assessment of child health needs are Children's Family Advisory Councils, social workers and nurse case managers, physicians and clinical service units and IT analysts/reporters. An analysis of the information and/or data collected from these various resources is conducted to identify potential gaps in child health needs in the communities served. Needs that align with the hospital's mission and capacity are selected for review by Administration, which prioritizes needs and authorizes implementation based on the scope or seriousness of the problem, availability of community resources, availability of funding, and/or alignment with the Hospital's expertise and strategic goals.</p>

990 Schedule H, Suplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3	<p>3-Patient Education of Eligibility Financially responsible parties who experience difficulty in meeting their financial obligations will be encouraged to and assisted in applying for financial help through government programs and other potential funding sources or alternatively qualified for Children's Financial Assistance Program. Eligibility for financial assistance is ideally determined either prior to services being provided or at the time services are rendered and is based upon family/guarantor income, family size and other special considerations. The primary responsibility to identify financial need is with the access patient advocates, central billing office and social work staff. These staff members are trained to identify patient needs and answer financial assistance questions. There are several points in the patient experience where financial assistance resources are offered. The first occurs at the pre-registration of inpatient admits and outpatients presenting through cares and for those patients scheduled in the Specialty Pediatric Center clinics. At this time, electronic eligibility is ran on the insured. The benefit detail including deductible, copayment and coinsurance amounts are discussed with the family. All individuals who are financially unable to pay will be encouraged to and assisted in applying for financial help through government programs and other potential funding sources or alternatively qualified for Children's Financial Assistance Program. At the time of registration, insurance is discussed and families again are offered the assistance of Access Center Patient Advocates who are available Monday through Friday. All self-pay families are encouraged to speak to an Access Center Patient Advocate. Care estimates or questions regarding estimate of cost for upcoming testing are directed to the Patient Advocates and these services are again offered prior to ending the conversation. Financial assistance information is also located in the patient handbooks. Patient statements and all correspondence including bills, statements, and collection letters state that financial assistance may be available. Children's Hospital &amp; Medical Center's Internet website also offers a financial assistance link that informs readers if they are uninsured or have limited income, they may qualify for financial assistance through government programs or Children's Financial Assistance Program. The website explains that depending on income level, all or part of the medical costs may be funded by Medicaid, and, alternatively, if they are determined not eligible for Medicaid after providing all of the required documentation, they may then apply for the Children's Financial Assistance Program. Contact numbers for the Patient Advocates and hours of service are provided. The website includes copies of Children's Financial Assistance Policy, the Financial Assistance Application Form and the Plain Language Summary in English, Arabic, Chinese, French, Persian, Spanish and Vietnamese. The website also includes Amounts Generally Billed in English. All other billing, payment and financial responsibility related links on Children's website state that financial assistance may be available. The Financial Assistance Policy is currently available on the Children's Hospital &amp; Medical Center website and is also available upon request. <a href="https://www.childrensomaha.org/hospital-experience/insurance-billing-medical-records/financial-assistance/">https://www.childrensomaha.org/hospital-experience/insurance-billing-medical-records/financial-assistance/</a></p>
Schedule H, Part VI, Line 4	<p>4-COMMUNITY INFORMATION The hospital's primary service area consists of Douglas and Sarpy counties in Nebraska and Pottawattamie County in Iowa. The primary service area has a current aggregate population of approximately 865,034. The hospital's secondary service area consists of eight surrounding counties in Nebraska and nine surrounding counties in Iowa. For the year ended December 31, 2019, 51.9% of the hospital's inpatient discharges were from patients residing in the three-county primary service area. Patients residing in the seventeen-county secondary service area accounted for 19.8% of total hospital inpatient discharges during this same time period. The remaining 28.3% of total discharges were from patients residing outside the primary and secondary service areas. 2019 DEMOGRAPHIC SUMMARY Omaha Metro Market Area: Douglas, Sarpy and Pottawattamie COUNTIES SOURCES: ESRI (Based on US Census Bureau), United States Census Bureau and Children's Hospital and Medical Center Patient Encounter Database. COMMUNITIES SERVED - URBAN, SUBURBAN AND RURAL # OF HOSPITALS SERVING COMMUNITY - 12 TOTAL POPULATION 865,034 PEDIATRIC POPULATION 215,725 AVERAGE HOUSEHOLD INCOME \$88,761 PERCENT OF RESIDENTS BELOW FEDERAL POVERTY LEVEL TOTAL POPULATION 10.1% UNDER AGE 18 11.8% PERCENT OF RESIDENTS ON MEDICAID 9.7% AGE POPULATION %OF TOTAL LESS THAN 18 215,725 25.0% 18 TO 24 79,416 9.2% 25 TO 44 247,558 28.6% 45 TO 64 202,729 23.4% 65+ 119,606 13.8% TOTAL 865,034 100.0% RACE POPULATION %OF TOTAL WHITE 643,370 74.4% HISPANIC 96,262 11.1% BLACK 71,602 8.3% ASIAN/PACIFIC ISLANDER 26,828 3.1% OTHER/2+ RACES 24,013 2.8% AM. IND/ALASKA NAT 2,959 0.3% TOTAL 865,034 100.0% FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS APPROXIMATE % OF PATIENTS FROM MEDICALLY UNDERSERVED AREAS: 14.1% COUNTY # OF CENSUS TRACTS* TOTAL CENSUS TRACTS % OF TOTAL DOUGLAS 36 156 23.1% SARPY 12 43 27.9% POTTAWATTAMIE 3 30 10.0% TOTAL 51 229 22.3% *CENSUS TRACT IS A GEOGRAPHICAL DIVISION OF 500 TO 3,000 HOUSEHOLDS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5	<p>Proudly serving children since 1948, Children's Hospital &amp; Medical Center (Children's) mission is to improve the life of every child through dedication to exceptional clinical care, research, education and advocacy. Children's Center for The Child &amp; Community is a statewide community outreach hub of Children's. The Children's Center for The Child &amp; Community was launched in 2016 to serve as the infrastructure for community health improvement, leading both internal and external partnerships around pediatrics Community Health Needs Assessment (CHNA) planning and implementation. A leader in pediatric health care, Children's offers unique resources to children across a three-state region and beyond, and conducts more than 500,000 patient encounters each year. Children's is the only full-service, pediatric health care center in Nebraska. Some of the programs and services Children's offered to patients were: Behavioral Health, Rehab Services, Home Health, Urgent Care, Weight &amp; Wellness, and Specialty Care Clinics. In addition, Children's offers Palliative Care, Family Resources, Child Life Specialists, Pastoral Care, Social Workers, Nurse Case Managers, Interpreters, Financial Counselors, Patient Advocates, and other programs to enhance the patient experience. Children's has achieved the Magnet Designation for nursing excellence, and its Pediatric and Neonatal Intensive Care Units have earned a Beacon Award for Excellence from the American Association of Critical Care Nurses, which recognizes critical care units with excellent patient outcomes that exceed national benchmarks. Children's has been named by U.S. News &amp; World Report as one of the nation's Best Children's Hospitals, nationally ranked in cardiology and heart surgery, diabetes and endocrinology, gastroenterology and GI surgery, orthopedics, and pulmonology. U.S. News recognizes hospitals with excellent survival rates, patient safety, specialized staff, and hospital reputation. All of the Children's Physicians primary care offices have achieved the highest NCQA Patient Centered Medical Home (PCMH) certification. A pediatric affiliation established between Children's and The University of Nebraska Medical Center College of Medicine (UNMC) supports enhancements in pediatric education, research and clinical care. Children's serves as the primary academic medical training location for the UNMC Department of Pediatrics. - Provided \$9.3 million in services in the form of uncompensated care [charity care (\$5.3 million) and bad debt write-offs (\$4.0 million)] to families unable to pay. With 46% of patient care revenues devoted to the care of low-income children assisted by Medicaid, the Medicaid reimbursement shortfall for FY 2019 was \$39.2 million less than the cost of care provided. Children's is committed to ensuring that no child with a medical need is ever turned away due to a family's inability to pay for services. - Contributed \$1.6 million towards community health education aimed at promoting health and preventing illness and injury made available through the Kohl's Cares GoNoodle grant partnership, injury prevention, obesity prevention, Parenting U education classes, outreach educational classes, health fairs, Just Kids Magazine, and the consumer website. Children's gives back to the community through advocacy services which are available to anyone suspecting child abuse or neglect, and lodging for families of out-of-town patients is offered at the Carolyn Scott Rainbow House at no cost. - Contributed \$18.8 million in pediatric health care education costs to educate tomorrow's healers. - Provided \$782 thousand in cash and in-kind donations/sponsorships to benefit the broader community In 2019, Children's provided in total, more than \$116 million in community benefits, representing 28% of the hospital's operating expenses.</p>
Schedule H, Part VI, Line 6	<p>6-AFFILIATED HEALTH CARE SYSTEM Children's Hospital &amp; Medical Center is not affiliated with a greater health care system, but is its own health care system which the hospital operates the following related organizations: - Children's Hospital &amp; Medical Center Foundation - Children's Physicians - Children's Health Network</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7	7-STATE FILING OF COMMUNITY BENEFIT REPORT The Children's Hospital & Medical Center Community Benefit Report is filed in the state of Nebraska through the Nebraska Hospital Association, and is available to the public on the website at: <a href="http://WWW.CHILDRENSOMAHA.ORG/COMMUNITY-BENEFIT-INFORMATION">WWW.CHILDRENSOMAHA.ORG/COMMUNITY-BENEFIT-INFORMATION</a>

**Additional Data****Software ID:****Software Version:****EIN:** 47-0379754**Name:** Children's Hospital & Medical Center**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	CHILDREN'S HOSPITAL & MEDICAL CENTER 8200 DODGE STREET OMAHA, NE 68114 WWW.CHILDRENSOMAHA.ORG 260005	X	X	X	X			X			

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 5	As part of the 2018 Community Health Needs Assessment Survey conducted on behalf Of Children's Hospital & Medical Center, Boys Town National Research Hospital And Building Healthy Futures, key informants (individuals who have a broad interest in the health of the community) were contacted by email, introduced to the community health needs assessment key informant survey and provided a link to take the survey online; reminder emails were sent as needed to increase participation. Supporting organizations for the CHNA included: Charles Drew Health Center, Inc., Douglas County Health Department, Live Well Omaha, and One World Community Health Centers, Inc. These potential participants were chosen because of their ability to identify primary concerns among the families and children/adolescents with whom they work, as well as of the community overall. In all, 166 community stakeholders took part in the online key informant survey, representing community/business leaders, physicians, public health representatives, social service providers and other health care providers. These key informants represent organizations that work with low-income, minority populations, medically underserved populations and individuals with chronic disease conditions.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 6a	Boys Town National Research Hospital

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 6b	Building Healthy Futures, Charles Drew Health Center, Inc., Douglas County Health Department, Live Well Omaha, and One World Community Health Centers, Inc. Schedule H, Part V, Line 7A <a href="https://www.childrensomaha.org/get-involved/advocacy-outreach/community-advocacy/">https://www.childrensomaha.org/get-involved/advocacy-outreach/community-advocacy/</a> SCHEDULE H, PART V, LINE 10A <a href="https://www.childrensomaha.org/get-involved/advocacy-outreach/community-advocacy/">https://www.childrensomaha.org/get-involved/advocacy-outreach/community-advocacy/</a>



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

Form and Line Reference	Explanation
Schedule H, Part V, Line 11	<p>On November 29, 2018, The Board of Directors of Children's Hospital &amp; Medical Center (Children's), which includes representatives from throughout the community, met to discuss this plan and the internal and external prioritization input for addressing the community health priorities identified through the 2018 Community Health Needs Assessment (CHNA). The Executive Committee has the power to transact all regular business of Children's. Upon review, the Executive Committee of The Board of Directors approved and adopted this CHNA and Instructed Children's Center for the Child &amp; Community (The Center) to develop a new implementation strategic plan for 2019-2021 to undertake these measures to meet the health needs of the community. Significant Health Needs of the Community 2018 Based on the information obtained through the Child &amp; Adolescent CHNA and the guidelines set forth in Healthy People 2020, the following areas of opportunity represent the significant health needs of children and adolescents in the community. From these data sets, opportunities for children's health improvement exist in the area with regard to the following health issues. Areas of Opportunity Identified through this 2018 CHNA *Access To Health Services: - Difficulty Accessing Children's Healthcare - Finding a Physician - Appointment Availability - Lack of Transportation - Cost of Prescriptions * Cognitive &amp; Behavioral Conditions: - Autism Prevalence - Cognitive &amp; Behavioral Conditions Ranked as a Top Concern in the Online Key Informant Survey. * Diabetes: - Childhood Diabetes Prevalence * Injury &amp; Violence: - Age 1-4 Mortality - Children Exposed to Neighborhood Violence - Children Feeling Unsafe at School or Going to/from School * Mental/Behavioral Health: - Symptoms of Depression [Ages 5-17] - Suicide Attempts [High Schoolers] - Diagnosed Anxiety [Ages 5-17] - Chronic Worrying [Ages 5-17] - Child Has Difficulty Sleeping [Ages 5-17] - Lived With Someone with Serious Mental Health Issues - Family Stays Hopeful in Difficult Times - Mental &amp; Emotional Health Ranked as a top concern in the Online Key Informant Survey. * Neurological Conditions: - Brain Injuries/Concussions * Oral Health: - Condition of Teeth * Nutrition, Physical Activity, and Obesity: - Overweight &amp; Obesity - Fast Food Consumption - Nutrition, Physical Activity, and Weight ranked as a top concern in the Online Key Informant Survey. * Sexual Health: - Gonorrhea Incidence [Children/Adults] - Chlamydia Incidence [Children/Adults] - Condom Use [High Schoolers] - Use of Birth Control [High Schoolers] - Sexual Health Ranked as a Top Concern in the Online Key Informant Survey. * Tobacco, Alcohol &amp; Other Drugs: - Member of Household Smokes - Drinking &amp; Driving [High Schoolers] - Lifetime Illicit Drug Use [High Schoolers] - Steroids (Not Rx) - Heroin * Vision, Hearing, &amp; Speech Conditions: - Recent Eye Exams - Chronic Ear Infections - Prevalence of Speech/Language Problems - Hearing Problems Based on the top health priority</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
Schedule H, Part V, Line 11	<p>es identified through the 2018 CHNA process - and taking into account hospital resources and overall alignment with the Hospital's mission, goals and strategic priorities - Children's is committed to addressing the significant health needs identified in the Community Health Needs Assessment through programs, resources and collaborations targeting: - Access to Health Services - Mental/Behavioral Health - Sexual Health - Nutrition, Physical Activity, &amp; Obesity In acknowledging the wide range of priority health issues that emerged from the CHNA process, Children's determined that it could only effectively focus on those which it deemed most pressing, most under-addressed and most within its ability to influence. Children's created a 3-year implementation plan, to be carried out from 2019 through 2021. The implementation plan addresses each strategic priority across our continuum of care, and identifies appropriate resources to be included in each year's appropriate budget. 2019 Progress Summary Children's continues to progress in implementing the action plan that resulted from the 2018 Community Health Needs Assessment (CHNA) findings. Our team is working collaboratively across the organization to focus on hospital-based programs and services, community-based programs and partnerships that address each priority health issue identified through the CHNA process, guided by key strategies and specific tactics. Children's Center for the Child &amp; Community serves as the infrastructure for community outreach activities and provides management of the Implementation Strategy Plan (ISP). While each health issue is entirely unique, there is a common thread that connects them all: Children's is tasked to improve access to health care services, outreach and education to the community and the overall patient experience. Children's Center for the Child &amp; Community The Center is a statewide community health outreach hub of Children's, providing the infrastructure and leadership for both the internal and external partnerships associated with the pediatric CHNA planning and implementation process. In 2019, the Center began to provide oversight and management of the Implementation Strategy Plan (ISP), which was adopted by the board in April 2019. Work groups were convened quarterly within Children's, and community partnerships were fostered to advance the four child health priorities. The Center also collaborates with local, state and National partners on child health strategies that have been identified in the community. Active partnerships are maintained with the Nebraska Department of Health and Human Services, the Nebraska Department of Education, University of Nebraska- Extension, local public health departments and many community-based organizations. An inventory of partnering organizations was completed with over 140 partners identified. In 2019, a key task of the ISP included establishing and defining the Targets and Impact Measures for the described key actions</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
Schedule H, Part V, Line 11	<p>across each priority health area. This requires collaboration of both internal support and community engagement to determine the most meaningful ongoing collection and reporting format. The work to begin establishing and defining these key Targets began in 2019 and continues in 2020. Priority Health Issues: Progress Highlights Access to Health Care Services - In 2019, the ISP workgroup for Access to Care collaborated with ThriveVentures to create a consensus between the community and clinical definitions of "Access to Care". This collaboration was a direct effort to address the lack of alignment between the community and clinical definitions of Access to Care, and to acknowledge that Children's had not made a measurable, positive impact in reducing Access to Care barriers. Given the complexity and varying definitions of Access to Care across the community and clinical spectrums, Children's needed to select a common and standardized Access to Care definition and framework in order to guide future Access to Care improvement work efforts. - To support LGBTQ+ children and adolescents, Children's created a Sexual Orientation Gender Identity (SOGI) committee. SOGI has representation across the enterprise to address the needs of this special population; best practice in care provision and patient experience throughout our organization. The committee began addressing a wide range of topics from documentation of gender and preferred name to reviewing policies to staff education. - Children's Physicians primary care network: Walk-in services continued to expand within CP offices in 2019, with expanded walk-in physical days and daily walk-in appointments at selected offices. This expansion increased access to pediatric health care services. - In collaboration with Behavioral Health, there was on-going expansion of Tele-Psychiatry patient visits at several primary care offices. There was also an increase in access to real-time consultative child psychiatry services for area physicians via an e-consult child psychiatrist Program. - Documenting referral pathways and linking them to referral guidelines were implemented as key 2019 strategies to improve access utilizing a continuous improvement model. These referral pathways created clinical standards for primary care to follow while patients waited for specialty care visits. This effort assisted in having children seen at the right place by the right providers with the right pre-evaluation work done to maximize the specialty care visit. Two specific referral pathways, the Headache Clinic and Weight and Wellness Clinic, became operationalized and refined in 2019. - Two Service line educator roles were created to coordinate all patient-facing messages and treatments within the Cardiology and urology/nephrology clinical teams. - Virtual care visits increased by 30% across the Children's enterprise, for a total of 2,346 virtual care visits performed in 2019. The majority of these visits were for Behavioral Health Ca</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
Schedule H, Part V, Line 13b	<p>Presumptive Eligibility Children's recognizes that some patients will be unresponsive to the charity care application process due to a variety of reasons including but not limited to: 1. Lack of documentation required to comply with the traditional charity care application requirements. 2. Lack of the educational level to understand and complete the charity care application. 3. Fear that information gathered during the application process will be used in the collection process in the event that the application is denied. 4. Out of state patients that do not respond to completion of a Medicaid application or financial assistance application. In the absence of information provided by the patient or in cases where the information provided by the patient is incomplete, an assessment process utilizing a predictive model will be deployed to determine charity care eligibility. The predictive model incorporates income and household size estimates, a socio-economic need factor (WIC, Supplemental Nutrition Assistance Program, HUD Programs), Census block data, as well as information on home ownership. The application of the predictive scoring process and presumptive financial assistance will be deployed prior to bad debt assignment for all patients that have not applied for charity care. Children's is not obligated to notify the patient that they have received presumptive charity care. Schedule H, Part V, Line 16a <a href="https://www.childrensomaha.org/hospital-experience/insurance-billing-medical-records/financial-assistance/">https://www.childrensomaha.org/hospital-experience/insurance-billing-medical-records/financial-assistance/</a> Schedule H, Part V, Line 16b <a href="https://www.childrensomaha.org/hospital-experience/insurance-billing-medical-records/financial-assistance/">https://www.childrensomaha.org/hospital-experience/insurance-billing-medical-records/financial-assistance/</a> Schedule H, Part V, Line 16c <a href="https://www.childrensomaha.org/hospital-experience/insurance-billing-medical-records/financial-assistance/">https://www.childrensomaha.org/hospital-experience/insurance-billing-medical-records/financial-assistance/</a></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
Schedule H, Part V, Line 16j	The policy is provided to the public in summary and they are directed to visit the Children's Hospital & Medical Center website for the full policy.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 24	At Children's, commercial insurers, government payors and self-pay billing parties are all billed the same gross charge rate for each specific procedure performed. Gross charges on an FAP-patient bill are then discounted according to their FPG eligibility which reduces or eliminates the amount the patient is required to pay.

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Children's Hospital & Medical Center

Employer identification number 47-0379754

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 include NE PEDIATRIC PRACTICE and UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE.

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

**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) CHARITY ASSISTANCE TO PATIENTS IN NEED	8838		12,620,253	BOOK	WRITEOFF PAT ACCT
(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
Schedule I, Part I, Line 2	CHILDREN'S HOSPITAL & MEDICAL CENTER HAS A WRITTEN FINANCIAL ASSISTANCE/CHARITY CARE POLICY. THE AMOUNT OF FINANCIAL ASSISTANCE AN INDIVIDUAL CAN RECEIVE IS BASED ON THE ANNUAL GROSS INCOME THRESHOLDS USING THE CURRENT FEDERAL POVERTY LEVEL GUIDELINES. GRANTS TO ORGANIZATIONS ARE ONLY DISTRIBUTED TO 501(C)(3) ORGANIZATIONS BASED ON THE HOSPITAL'S EVALUATION CRITERIA.



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization Children's Hospital & Medical Center	Employer identification number 47-0379754
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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 checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b> Yes	
<b>2</b> 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 on Line 1a?	<b>2</b> Yes	
<b>3</b> 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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<b>7</b> 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.	<b>7</b>	No
<b>8</b> 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.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

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

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 1A	Richard Azizkhan's social club dues were paid for by the organization to be used for business purposes. The social club membership was canceled in August 2019 upon the retirement of Dr. Azizkhan.
Schedule J, Part I, Line 4A	SEVERANCE PAYMENTS THE FOLLOWING EMPLOYEES RECEIVED SEVERANCE PAYMENTS DURING CALENDAR YEAR 2019: RICHARD AZIZKHAN, M.D. \$402,647 FERNANDO FERRER, M.D. \$381,553 ANNA SPAGNOLI, M.D. \$74,143
Schedule J, Part I, Line 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A 457(F) PLAN DURING 2019. THE AMOUNTS OF DEFERRED COMPENSATION DISTRIBUTED AND ACCRUED FOR EACH OF THE INDIVIDUALS DURING 2019 ARE AS FOLLOWS: MICHAEL BROWN \$77,028 ACCRUAL, \$228,734 PLAN DISTRIBUTION KATHY ENGLISH \$76,276 ACCRUAL, \$0 PLAN DISTRIBUTION STEPHEN C BURNHAM \$46,166 ACCRUAL, \$0 PLAN DISTRIBUTION RICHARD AZIZKHAN, M.D. \$0 ACCRUAL, \$194,445 PLAN DISTRIBUTION AMY HATCHER \$52,847 ACCRUAL, \$0 PLAN DISTRIBUTION AMY BONES \$47,658 ACCRUAL, \$0 PLAN DISTRIBUTION SUZANNE NOCITA \$0 ACCRUAL, \$37,209 PLAN DISTRIBUTION CHRISTOPHER MALONEY, M.D. \$64,896 ACCRUAL, \$0 PLAN DISTRIBUTION FERNANDO FERRER, M.D. \$95,208 ACCRUAL, \$0 PLAN DISTRIBUTION ANNA SPAGNOLI, M.D. \$31,921 ACCRUAL, \$0 PLAN DISTRIBUTION JEROLD VUCHAK \$31,696 ACCRUAL, \$0 PLAN DISTRIBUTION



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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

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 instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization Children's Hospital & Medical Center

Employer identification number

47-0379754

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include HOSPITAL AUTHORITY #2 OF DOUGLAS CO NE with various issue dates and purposes.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include amounts of bonds retired, legally defeased, total proceeds, and issuance costs. Includes questions 14-17 regarding bond issuance details.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Questions 1 and 2 regarding partnership and lease arrangements.

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X			X	X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X				X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X			X	X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X				X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.200 %		0.200 %		0 %		0.200 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .	0.200 %		0.200 %				0.200 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X	X			X
<b>b</b> Exception to rebate? . . . . .	X			X		X	X	
<b>c</b> No rebate due? . . . . .	X		X			X	X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
<b>b</b> Name of provider . . . . .	MORGAN STANLEY		0		0		0	
<b>c</b> Term of hedge . . . . .	25 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	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 II, LINE 3	THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN E DUE TO INVESTMENT EARNINGS.

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	DATE THE REBATE COMPUTATION WAS PERFORMED: 10/02/2017 (2008 BONDS) DATE THE REBATE COMPUTATION WAS PERFORMED: 08/21/2018 (2014 BONDS) DATE THE REBATE COMPUTATION WAS PERFORMED: 05/21/2018 (2017B BONDS)



Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization Children's Hospital & Medical Center

Employer identification number

47-0379754

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the 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 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)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 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

**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) RICHARD AZIZKHAN MD	WIFE IS EMPLOYEE	204,371	EMPLOYMENT		No
(2) RICHARD AZIZKHAN MD	SON IS EMPLOYEE	36,022	EMPLOYMENT		No

**Part V Supplemental Information**

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

Return Reference	Explanation

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

Department of the Treasury

Internal Revenue Service  
Name of the organization

Children's Hospital & Medical Center

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

47-0379754

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 11B	<p>GOVERNANCE, MANAGEMENT, AND DISCLOSURE A COMPLETE COPY OF THE FORM 990, INCLUDING SCHEDULE J, IS MADE AVAILABLE TO THE EXECUTIVE COMMITTEE OF THE BOARD EXCLUDING THE MEDICAL STAFF PRESIDENT. THE FORM 990, EXCLUDING PART VII AND SCHEDULE J - COMPENSATION INFORMATION, IS MADE AVAILABLE TO THE REMAINDER OF THE BOARD OF DIRECTORS, INCLUDING THE MEDICAL STAFF PRESIDENT. BOTH ARE MADE AVAILABLE THROUGH THE DIRECTOR'S DESK WEBSITE PRIOR TO FILING WITH THE IRS. Form 990, Part VI, Line 12C Policies The Conflict of Interest Policy applies to any person in a position to exercise influence in connection with any contract, transaction or arrangement presented to the Board or a Board committee for approval (Covered Person). Covered Person includes (but is not limited to) any Director, Officer, member of a committee with board-delegated power, or Key Employee/Staff. All Covered Persons must annually submit a completed Conflict of Interest Questionnaire in the format prescribed by the Governance Committee from time to time. Each Covered Person shall annually acknowledge in writing that he or she (a) has received a copy of this policy; (b) has read and understands the policy; (c) agrees to comply with the policy; (d) understands that the policy applies to the Board and committees; (e) understands that Children's is a not-for-profit organization that must engage primarily in exempt activities; (f) agrees to promptly report to the Chair of the Governance Committee, the Conflict of Interest/Independence Determination subcommittee (the Subcommittee) and Children's General Counsel any change to matters previously disclosed on the Conflict of Interest Questionnaire; and (g) states that the information he or she will provide in the Conflict of Interest Questionnaire is true and accurate to the best of his or her knowledge and belief. A Covered Person has a continuing obligation to disclose any potential Conflict of Interest or any situations that could create an appearance of a conflict of interest. Such disclosure shall be made promptly any time an actual, apparent or potential conflict of interest arises or whenever it involves a matter of Board/committee action. Disclosure means promptly providing the material facts of an actual, apparent or potential conflict of interest to the Chair of the Governance Committee, the Subcommittee and Children's General Counsel (in writing if time allows) or to the Board or Board committee reviewing the contract, transaction or arrangement. The Subcommittee will be convened to consider the disclosure. Certain circumstances, in addition to Financial Interests, could give rise to a potential Conflict of Interest, including instances where the actions or activities of an individual on behalf of Children's also involve obtaining a personal gain or advantage, or could have an adverse effect on Children's interests. A Covered Person must also make a disclosure whenever he or she has a personal, non-familial relationship that could impact, o</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11B	<p>r appear to impact, the Board member's ability to exercise their independent judgment in carrying out the director's fiduciary responsibilities. Also, disclosing or using information relating to Children's business for the personal profit or advantage of an individual or his or her family, or other colleagues of the director, or disclosing matters discussed during board or committee meetings, could give rise to a claim of conflict and must not occur. A potential conflict of interest, or the appearance of a conflict of interest, does not necessarily rise to the level of an actual conflict of interest, but once recognized, it must in every case be disclosed and evaluated. In some instances, it may be so serious that it prevents the individual from further participation in Children's deliberations with respect to a particular transaction, or could be so pervasive that the individual may be disqualified from continued affiliation with Children's. On the other hand, it may be of little or no significance once it has been disclosed. The Subcommittee will consider the following factors, among other relevant facts, when determining whether an actual conflict of interest exists: (i) the proximity of the Covered Person to the decision-making authority of the other entity involved in the transaction or business arrangement; (ii) the magnitude of the Financial Interest or personal interest; (iii) the degree to which the Covered Person might benefit personally if a particular transaction or business arrangement were approved; (iv) the ability of the Covered Person to make an independent decision based only on the best interest of Children's; and (v) such other factors that may be relevant to the particular matter. The Subcommittee shall review each completed Conflict of Interest Questionnaire, and may make such further investigation of potential conflicts as it may determine appropriate. The Subcommittee shall make appropriate reports to the Board concerning its review, any further investigation, and its recommendations to the Board regarding any potential or actual Conflict of Interest, or any appearance of a conflict of interest. Whenever a Covered Person (or a person other than the Covered Person) voluntarily identifies or discloses a potential Conflict of Interest, the Subcommittee shall follow the same procedure outlined above. Transactions or business arrangements with Covered Persons with Conflicts of Interest must be approved in advance by a majority of Independent Directors. In order to approve an arrangement or transaction involving an actual Conflict of Interest, the Board must first find, by majority vote of Independent Directors, at a meeting at which a quorum is present, that the arrangement or transaction is in Children's best interest, is fair and reasonable to Children's and that, after reasonable investigation, the Independent Directors have determined that a more advantageous transaction or arrangement cannot be obtained with reasonable effort.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11B	<p>ports under the circumstances. The Conflicted Director will recuse himself/herself. In case s in which a Covered Person has an interest or a relationship that calls into question the ability of the Covered Person to act solely in Children's best interests, the following a dditional steps may be taken, at the discretion of the Board or the Subcommittee: (a) The Covered Person will be required to leave the meeting for the general discussion of the mat ter and the Board vote; (b) The Subcommittee can recommend to the Board that a Director or a member of a committee with Board-delegated powers be asked to resign in the event a Con flict of Interest is so substantial that it would be incompatible with Children's best int erests to have such an individual on its Board/committee. If the Board/Subcommittee believ es a Covered Person has failed to comply with this policy, the Board shall inform that per son of the basis for its belief and give that person an opportunity to address the alleged failure. After hearing the response and conducting such further investigation as may be w arranted under the circumstances, the Board/Subcommittee shall determine whether such pers on has, in fact, violated the disclosure requirements of this policy. If the Board determi nes that there has been a violation, the Board shall take appropriate disciplinary and cor rective action which may include removal from the Board. At any Board/Subcommittee meeting at which a conflict of interest issue is addressed, the minutes of the Board/Subcommittee meeting shall reflect the process that was followed and the actions taken by the Board/Su bcommittee.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15B	POLICIES EACH YEAR AN INDEPENDENT COMPANY CONDUCTS A MARKET ANALYSIS OF THE EXECUTIVE COMPENSATION. THIS INFORMATION IS PRESENTED TO THE COMPENSATION COMMITTEE. AN INDEPENDENT COMPANY ISSUES AN ANNUAL REASONABLENESS OPINION LETTER REGARDING THE APPROPRIATENESS OF THE EXECUTIVE PAY LEVELS. THE COMPENSATION COMMITTEE IS A SUB-COMMITTEE OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE REVIEWS BASE PAY RANGES FOR ALL EXECUTIVES, INCLUDING THE CHIEF EXECUTIVE OFFICER, AND ALL EXECUTIVE VICE PRESIDENTS, SENIOR VICE PRESIDENTS, AND VICE PRESIDENTS. THE BOARD OF DIRECTORS RECEIVES A REPORT FROM THE COMMITTEE. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING THE CEO'S PERFORMANCE WHICH AFFECTS HIS PAY RATE INDIRECTLY.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19	GOVERNANCE, MANAGEMENT, AND DISCLOSURE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC. THE CHILDREN'S HOSPITAL & MEDICAL CENTER AND AFFILIATES AUDITED FINANCIAL STATEMENTS CAN BE OBTAINED IN ADMINISTRATION.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9	(\$296,000) - CHANGE IN VALUE OF SPLIT INTEREST (\$376,909) - CAPITAL TRANSFERS CHILDREN'S HEALTH NETWORK \$25,385,259 - CAPITAL TRANSFERS FOUNDATION ----- \$24,712,350 - TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCES

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Hospital & Medical Center

**Employer identification number**

47-0379754

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> CHILDREN'S HOSPITAL FOUNDATION 8200 DODGE STREET  OMAHA, NE 68114 47-6105603	FUNDRAISING	NE	501(C)(3)	LINE 7	CHMC	Yes	
<b>(2)</b> CHILDREN'S PHYSICIANS 8200 DODGE STREET  OMAHA, NE 68114 47-0689372	PED CLINICS	NE	501(C)(3)	LINE 10	CHMC	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.

(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
<b>(1)</b> KENT INC 8200 DODGE STREET OMAHA, NE 68114 47-0527928	REAL ESTATE	NE	CHMC	C Corp	0	219,495	100.000 %	Yes	
<b>(2)</b> CHILDREN'S HEALTH NETWORK 8200 DODGE STREET OMAHA, NE 68114 36-3967578	HEALTH NETWORK	NE	CHMC	C Corp	0	0	100.000 %	Yes	

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

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

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b>	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		<b>No</b>
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .		<b>No</b>
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .	<b>Yes</b>	
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .		<b>No</b>
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .		<b>No</b>
<b>f</b>	Dividends from related organization(s) . . . . .		<b>No</b>
<b>g</b>	Sale of assets to related organization(s) . . . . .		<b>No</b>
<b>h</b>	Purchase of assets from related organization(s) . . . . .		<b>No</b>
<b>i</b>	Exchange of assets with related organization(s) . . . . .		<b>No</b>
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<b>No</b>
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .		<b>No</b>
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>Yes</b>	
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>Yes</b>	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>Yes</b>	
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .	<b>Yes</b>	
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .		<b>No</b>
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .	<b>Yes</b>	
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .	<b>Yes</b>	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S HOSPITAL FOUNDATION	c	2,803,623	BOOK
(2) CHILDREN'S HOSPITAL FOUNDATION	L,M,N	25,597,533	BOOK
(3) CHILDREN'S HOSPITAL FOUNDATION	r	212,274	BOOK
(4) CHILDREN'S HEALTH NETWORK	r	376,909	BOOK

**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).

<b>Return Reference</b>	<b>Explanation</b>