

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization: Children's Hospital Inc
Doing business as: Children's Hospital
Number and street (or P O box if mail is not delivered to street address): 200 Henry Clay Avenue
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: New Orleans, LA 701185720

D Employer identification number: 72-0467503
E Telephone number: (504) 896-9388
G Gross receipts \$ 480,926,147

F Name and address of principal officer: John Nickens, 200 Henry Clay Ave, New Orleans, LA 701185720

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.CHNOLA.ORG

K Form of organization: Corporation

L Year of formation: 1949

M State of legal domicile: LA

Part I Summary

Table with 2 columns: Line number and Amount. Rows include mission statement, number of voting members, employees, volunteers, and revenue/expenses.

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include Revenue (8-12), Expenses (13-19), and Net Assets or Fund Balances (20-22).

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 (Courtney Garrett CFO), Date (2019-11-14)

Paid Preparer Use Only: Preparer's name, signature, date, firm's name, address, EIN, phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

To provide comprehensive pediatric healthcare, that recognizes the special needs of children, through excellence and the continuous improvement of patient care, education, research, child advocacy, and management

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 \$ 13,603,044 including grants of \$) (Revenue \$ 5,212,425)
See Additional Data

4b (Code) (Expenses \$ 234,461,670 including grants of \$) (Revenue \$ 292,057,405)
See Additional Data

4c (Code) (Expenses \$ 1,430,450 including grants of \$) (Revenue \$ 248,836)
See Additional Data

(Code) (Expenses \$ 14,306,260 including grants of \$ 32,716,807) (Revenue \$ 39,148,096)

Professional Education RESIDENT TEACHING & GRADUATE MEDICAL EDUCATION PROGRAMS Children's Hospital has become an increasingly important teaching center for both undergraduate and graduate education. Approximately 80 trainees in General Pediatrics, Pediatric/Emergency Medicine and Internal Medicine/Pediatric programs obtain most of their training at the hospital. In addition, residents in Anesthesiology, Emergency Medicine, General Surgery, Neurology, Neurosurgery, Orthopaedics, Ophthalmology, Otolaryngology, Pathology, Physical Medicine and Rehabilitation, Plastic Surgery, Psychiatry, Radiology and Urology also receive training at Children's Hospital. In addition, fellows in Allergy/Immunology, Cardiology, Endocrinology, Gastroenterology, Hematology/Oncology, Neonatal-Perinatal Medicine, and Nephrology also receive advanced subspecialty training at Children's Hospital. The majority of medical students, residents and fellows rotating through Children's Hospital are from the LSU Health Sciences Center New Orleans. The pediatric residents participate in a variety of educational activities. The chief residents conduct Morning Report, held four times a week where an interesting or unique case is presented and discussed, allowing residents and students to observe the thought processes that go into problem solving and clinical reasoning. Noon conferences are held on weekdays with specialists from Ambulatory, Adolescent Medicine, Allergy/Immunology, Emergency Medicine, Forensic Medicine, Hospitalist Medicine, Nephrology, Psychiatry, Psychology, Infectious Disease, Radiology, Cardiology, Rheumatology, Neonatology, Hematology/Oncology, Critical Care, Pulmonology, Endocrine, Neonatology, Gastroenterology and several surgical specialties rotating presentations. Pediatric Board Review is held once a month and covers all aspects of pediatrics for preparation of the American Board of Pediatrics Certifying Examination. In addition, all divisions conduct specialty conferences for students and residents rotating on those services. The "Resident as Teachers" series is held quarterly facilitated by the Director of the Clinical Sciences Curriculum who instructs the residents on various teaching tools and methods to improve their supervision of junior residents and students. The Evidenced-based Medicine Journal Club is conducted monthly by the upper level residents under the direction of a faculty member. The presentations are case based and involve a clinical question. The resident outlines their search method, the articles that were relevant and then critically review one article that answers the clinical question. Clinical Case Conferences are held once a week and attended by attending staff, residents and students. Residents present interesting cases followed by a thorough review of the literature on this topic. Faculty members present Grand Rounds at Children's Hospital every Wednesday morning to formally present a topic related to their specialty. The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the Accreditation of post-MD medical training programs within the United States. Children's Hospital is the primary training hospital for the LSUHSC Pediatric Residency training program. This Program received full accreditation at the highest level of ten years following the ACGME site visit in 2010. All other resident and fellow training programs are also site-visited at specified intervals and are fully accredited by the ACGME. Medical Residents - 378 Other Program Revenues include (but are not limited to) the following: The Eighth Annual Glenn Otero Memorial Golf Tournament hosted by Children's Hospital and Turn Services was held on March 21st at Lakewood Golf Club. Over 220 golfers participated in the tournament, which raised over \$80,000. The 37th annual Sugarplum Ball - Grecian Gala -- was held March 23rd at The Hellenic Cultural Center. The event raised more than \$395,000 to fund to fund ROSA, a surgical robot for Neurosciences. ROSA will allow our caregivers to pinpoint the location in the brain where seizures originate with a minimally invasive procedure. The robot will yield a shorter recovery time, reduce post-operative risks and ultimately render more successful results. On June 2nd, the Children's Hospital Volleyball Classic was held at Coconut Beach in Kenner. The tournament hosted over 350 people and 30 teams competing in Beginner, Intermediate and Advanced divisions. Registration, sponsorships and donations for the tournament reached \$21,000. Our Community Fundraisers brought in over \$270,000 in donations to the hospital. These fundraisers take place year-round and are coordinated by generous friends like Delta Fraternity, Maritime Risk Claim Solutions, The Houma Oilman's Fishing Rodeo, The Plaisance Poker Run and The Italian American Fishing Rodeo. Boo at the Zoo, an annual family-friendly Halloween event, was held October 26th, 27th and 28th at Audubon Zoo. The event includes a haunted house and train ride, trick-or-treating, inflatables, games area, toddler area, entertainment, and different vendors from throughout the New Orleans area. The hospital and the zoo benefit from this event that raised \$310,000 for the organizations to split. The Tenth Annual Jazz Half Marathon and 5K was held on October 27th, beginning and ending at Lafayette Square. Over 2,300 people converged on Camp Street to participate in the race. This event raised over \$225,000 for Children's Hospital.

4d Other program services (Describe in Schedule O)
(Expenses \$ 14,306,260 including grants of \$ 32,716,807) (Revenue \$ 39,148,096)

4e Total program service expenses ► 263,801,424

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	409
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,315			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No		
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No		

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records Jessica Cahill Controller 200 Henry Clay Avenue New Orleans, LA 701185720 (504) 896-9388

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Anthony Recasner PhD Board Chairman	1 00	X					0	0	0	
(2) Allan Bissinger Board Vice Chairman	1 00	X					0	0	0	
(3) Louis V Lauricella Board Secretary-Treasurer	1 00	X					0	0	0	
(4) Julie Livaudais George Board Trustee	1 00	X					0	0	0	
(5) Ralph O Brennan Board Trustee	1 00	X					0	0	0	
(6) Katherine Andry Crosby Board Trustee/Ex-Officio	1 00	X					0	0	0	
(7) Stephen Hales MD Board Trustee	1 00	X					0	0	0	
(8) Whitfield A Huguley IV Board Trustee	1 00	X					0	0	0	
(9) Betty Lauricella Board Trustee	1 00	X					0	0	0	
(10) Fran Villere Deceased Board Trustee	1 00	X					0	0	0	
(11) Henry Peltier MD Board Trustee	1 00	X					0	0	0	
(12) Walton Goldring Board Trustee	1 00	X					0	0	0	
(13) Elwood F Cahill Jr Ex-Officio	1 00	X					0	0	0	
(14) George Hescocock MD Ex-Officio	1 00 54 00	X					0	0	0	
(15) Gregory C Feirn Ex-Officio CEO LCMC	1 00 54 00	X					0	2,736,796	39,054	
(16) John Nickens Ex-Officio CEO	54 00	X		X			695,527	0	11,741	
(17) George Bissett Ex-Officio CMO	1 00 54 50 0 50	X					590,902	0	12,068	

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			
(18) Matthew Schaefer COO	54 00 1 00			X				362,880	0	20,388
(19) Jamie Wiggins Chief Nursing Officer	55 00 0 00			X				305,579	0	17,580
(20) Courtney C Garrett Sr VP & CFO	54 50 0 50			X				275,465	0	22,527
(21) Gonzales Joseph A Jr MD Physician	55 00 0 00					X		562,001	0	23,863
(22) Stephen Levine MD Physician	55 00 0 00					X		454,711	0	18,552
(23) Dean S Edell MD Physician	55 00 0 00					X		561,995	0	26,454
(24) Leron J Finger ACMO	55 00 0 00					X		434,657	0	6,834
(25) Joseph Caspi Physician	55 00 0 00					X		422,336	0	0
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								4,666,053	2,736,796	199,061

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 ▶ 50

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
Lemoine Company 214 Jefferson Street Ste 200 Lafayette, LA 70501	Gen Contracting & Constr Management	11,109,341
Aramark Corporation pO Box 7548 Chicago, IL 60673	Environmental, Dietary & Biomed	4,017,023
Pediatric Radiology Services 200 Henry Clay Avenue New Orleans, LA 701185720	Radiology Services	2,524,289
INO Therapeutics LLC PO Box 3790 Carol Stream, IL 601323790	Respiratory Services	2,397,397
MedAssets 290 E John Carpenter Freeway Atlanta, GA 303742081	Contract Labor	2,070,000

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 ▶ 32

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	284,812				
	d Related organizations	1d	67,500				
	e Government grants (contributions)	1e	6,120,580				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,515,713				
	g Noncash contributions included in lines 1a - 1f \$ _____						
	h Total. Add lines 1a-1f			16,988,605			
Program Service Revenue			Business Code				
	2a Medicare/Medicaid Payments		900099	226,317,989	226,317,989		
	b Patient Care Services		622000	65,988,252	65,988,252		
	c Ambulatory & Primary Health Care		621000	5,212,425	5,212,425		
	d _____						
	e _____						
	f All other program service revenue			5,688,096	5,148,096	540,000	
g Total. Add lines 2a-2f			303,206,762				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			32,407,804		32,407,804	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		91,334					
		b Less rental expenses	83,592				
		c Rental income or (loss)	7,742				
	d Net rental income or (loss)			7,742		7,742	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		94,119,972					
		b Less cost or other basis and sales expenses	84,249,156				
		c Gain or (loss)	9,870,816				
	d Net gain or (loss)			9,870,816		9,870,816	
	8a Gross income from fundraising events (not including \$ 284,812 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	111,670				
c Net income or (loss) from fundraising events		92,913		18,757		18,757	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a Settlement Revenue		900099	34,000,000	34,000,000			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			34,000,000				
12 Total revenue. See Instructions			396,500,486	336,666,762	540,000	42,305,119	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	32,716,807	32,716,807		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,045,416	247,613	2,797,803	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	97,052,416	89,230,232	6,898,265	923,919
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,159,200	3,031,665	96,231	31,304
9 Other employee benefits	7,702,706	6,763,707	870,180	68,819
10 Payroll taxes	6,632,388	6,025,076	549,332	57,980
11 Fees for services (non-employees)				
a Management				
b Legal	500,570		500,570	
c Accounting	75,491		75,491	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,418,484		1,418,484	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,165,710	54,421,332	2,240,427	503,951
12 Advertising and promotion	739,780	22,483	26,878	690,419
13 Office expenses	9,047,010	6,729,028	1,845,171	472,811
14 Information technology	345,653	345,653		
15 Royalties				
16 Occupancy	5,219,340	4,344,844	851,200	23,296
17 Travel	516,868	232,021	252,024	32,823
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	123,740	27,020	96,720	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,131,746	12,102,735	926,506	102,505
23 Insurance	2,071,260	2,071,260		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical & Dietary Food	43,920,418	43,919,756	198	464
b LCMC Management Fees	29,375,285	0	29,375,285	0
c Special Purpose Program	1,195,304	1,084,601	110,703	0
d Permits, Licenses, Filing	939,634	402,117	492,952	44,565
e All other expenses	780,476	83,474	201,578	495,424
25 Total functional expenses. Add lines 1 through 24e	316,875,702	263,801,424	49,625,998	3,448,280
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	26,571,705	1	33,939,832
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,507,610	3	4,318,482
	4 Accounts receivable, net	30,328,223	4	106,278,116
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,079,667	8	5,556,086
	9 Prepaid expenses and deferred charges	2,177,306	9	2,418,072
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 379,273,433		
	b Less accumulated depreciation	10b 170,973,529	149,375,729	10c 208,299,904
	11 Investments—publicly traded securities	1,056,119,820	11	912,620,435
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	388,671,789	15	403,436,513
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,661,831,849	16	1,676,867,440	
Liabilities	17 Accounts payable and accrued expenses	50,363,760	17	57,427,720
	18 Grants payable		18	
	19 Deferred revenue	157,657	19	90,169
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	125,897,346	25	129,900,031
	26 Total liabilities. Add lines 17 through 25	176,418,763	26	187,417,920
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,480,796,539	27	1,487,277,985
	28 Temporarily restricted net assets	4,430,534	28	1,985,522
	29 Permanently restricted net assets	186,013	29	186,013
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,485,413,086	33	1,489,449,520	
34 Total liabilities and net assets/fund balances	1,661,831,849	34	1,676,867,440	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	396,500,486
2	Total expenses (must equal Part IX, column (A), line 25)	2	316,875,702
3	Revenue less expenses Subtract line 2 from line 1	3	79,624,784
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,485,413,086
5	Net unrealized gains (losses) on investments	5	-75,588,350
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,489,449,520

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 72-0467503

Name: Children's Hospital Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

Community Care and Outreach Programs In March of 1998, the Board of Trustees recognized that Children's Hospital, with its richness of talent and programs and its financial resources, was well positioned to identify and address obstacles to the welfare of children in the community Therefore, a standing committee of the Board of Trustees has been charged with developing and monitoring all services and benefits provided to the community The hospital also provides a large array of community-education programs, wellness programs, research activities and special programs for the handicapped and medically underserved These include, but are not limited to, the following Children's Hospital Outpatient Center of Baton Rouge was immediately established following Hurricane Katrina to reach out to patients who relocated to the Baton Rouge area Clinic space was purchased for Children's Hospital's pediatric specialists and pediatricians to see patients on a weekly basis The clinic is fully staffed to meet the needs of the growing pediatric population in Baton Rouge Children's Hospital Burdin Riehl Clinic was established in Lafayette to meet the needs of those patients who relocated to the area following Hurricane Katrina Both the Baton Rouge and Lafayette clinics provide care with the same guidelines as the hospital - no child is ever turned away The Metairie Center is a satellite clinic for pediatric specialists who see patients in the Metairie area The Northshore Clinic is a satellite clinic for pediatric specialists who see patients in the Covington and Mandeville areas The Denham Springs Clinic opened in September 2017, and is a satellite clinic for pediatric specialists who see patients in the Denham Springs area The Children's Healthcare Assistance Plan (CHAP) provides physician and hospital services at no cost to children whose family income is too high to qualify for Medicaid but whose lack of resources limit their access to quality healthcare Free care provided by the hospital, at established charges, was approximately \$8,031,030 for the year-end December 31, 2017 Benefits to the indigent also include charges in excess of government payments for services provided to Medicaid beneficiaries of approximately \$597,183,305 for the year-end December 31, 2018 In addition, Children's Hospital had to write-off approximately \$13,178,861 of patient care charges that could not be collected from patients The Parenting Center is a community resource program providing support and education to parents The goals of the Center are to promote confidence and competence in parents, to encourage optimal child development, and to enhance the well being of the family as a whole The Parenting Center offers 1) parent training classes, 2) a free telephone advice line, 895-KIDS, 3) drop-in visits to the Center to offer time with other parents and staff while the children play, 4) community outreach programs, such as lunch bag seminars for working parents, and 5) weekly television segments featuring childrearing tips Services have been extended to suburban New Orleans with the opening of The Metairie Parenting Center, which also offers classes, support groups, individual counseling and a parent library The Audrey Hepburn Children At Risk Evaluation (CARE) Center provides comprehensive forensic medical evaluations and referrals to community resources for children who are victims of sexual abuse, physical abuse and neglect and their families The CARE Center has clinics in New Orleans, Baton Rouge and St Tammany, but children are referred from parishes throughout Louisiana and the Gulf Coast The medical evaluation consists of a detailed forensic interview of the child and the caretaker, a complete physical examination, and preparation of a report to the referring agency In addition, the physicians are frequently called upon to testify in court in those cases of sexual and physical abuse that are prosecuted Physicians have testified in and helped prepare numerous cases in the last year The CARE Center staff routinely presents lectures on child abuse and neglect to community action and professional medical and legal groups, pediatric nurses, nurse technicians, childcare technicians, dental hygiene students, high school students and child care workers They also serve as consultants to the State of Louisiana and outlying parishes and to Office of Community Services for Orleans, Jefferson, St Bernard and Plaquemines parishes Currently, the program consists of two full-time fellowship trained pediatricians and one fellow in training The center receives financial support from the Audrey Hepburn Foundation, which also provides financial assistance to similar centers in Los Angeles, CA and Hackensack, NJ The Greater New Orleans Immunization Network (GNOIN) is a model program focusing on increasing immunization rates of children through the age of 18 years GNOIN offers the combined elements of an immunization registry into the state's system, a mailer reminder system, parental education, and a mobile immunization unit that travels throughout the metropolitan New Orleans area to administer immunizations free of charge to eligible infants, children, and adolescents through the age of 18 years In 2018, GNOIN had 12,929 visits to the immunization unit and administered 24,474 vaccines The School Kids Immunization Program (SKIP) grew out of a need to increase the immunization rates for school-age children identified by GNOIN SKIP is presently working with schools located in New Orleans East, St Bernard, Orleans, and Jefferson Parish SKIP works with individual schools and reviews all the student's immunization records Students, not in the state's immunization registry, LA Immunization Network for Kids Statewide (LINKS), are enrolled into the data registry The parents of students who do not have up-to-date immunization records are notified as to which vaccine(s) their child requires They receive immunization information and a consent form that authorizes SKIP to administer the necessary vaccine(s) to their child free-of-charge In 2018, SKIP immunized 4,256 students and administered 6,569 vaccines The combined immunization programs, SKIP and GNOIN, are one of the largest providers of immunizations in the state Combined the programs immunized a total of 17,185 children and administered 31,043 vaccinations in 2018 The Clinical Dietitian Program provides and monitors the nutritional care of patients in conjunction with the Dietetic Services Department and hospital clinical staff The program is staffed during the workweek and as needed on weekends to be available to all inpatients and outpatients through the Community Care Program and Diabetes Grant Services and diagnoses include nutritional assessments and monitoring via physician consultation, nutritional education and counseling, establishment of nutritional care plans and interdisciplinary goals, participation in the establishment and revision of patient meal and formula policies and procedures and nutrition care standards and CQI activities, and conduct departmental and clinical staff and dietetic intern education services The Ventilator Assisted Care Program (VACP) provides case management for Medicaid eligible children living at home in the state of Louisiana and are ventilated assisted The program also provides nursing, social, educational and respiratory assessments, and facilitates medical intervention for this population The staff provides aid in the access of social and healthcare supports in the community In 2018, services were provided to an average of 87 patients per month **Total visits _81,549

Form 990, Part III, Line 4b:

Patient Care, General/Other In 2018 Children's Hospital provided care to children from all 64 parishes in Louisiana, from 39 other states, the District of Columbia and 3 foreign countries. Patient visits totaled 129,646. Included in these visits were 69,988 physician clinic visits, 45,573 emergency room visits, 8,260 outpatient surgical visits, and 5,825 inpatient admissions or 44,812 patient care days.

Form 990, Part III, Line 4c:

Medical Research, General/Other The Research Institute for Children is in collaboration with Children's Hospital and Louisiana State University Health Sciences Center (LSUHSC) Researchers from Allergy/Immunology, Cardiology, Endocrinology, Gastroenterology, Genetics, Neonatology, Microbiology, Nephrology and Oncology/Hematology comprise the majority of the group The total number of research personnel is 30 comprised of 11 administrative and support professionals, 18 LSUHSC faculty members and 1 LSUHSC staff members Medical Researchers 30

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 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Children's Hospital Inc

Employer identification number
72-0467503

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 72-0467503

Name: Children's Hospital Inc

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Children's Hospital Inc	Employer identification number 72-0467503
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		5,655
j Total Add lines 1c through 1i			5,655
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1i	Children's Hospital paid a portion of dues to an organization that was deemed to be for lobbying or related activities The total expense of \$5,655 was paid to Louisiana Hospital Association which was 29% of dues paid

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047
2018
Open to Public Inspection

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

Name of the organization
Children's Hospital Inc

Employer identification number
72-0467503

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	180,013	180,013	180,013	180,013	180,013
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	180,013	180,013	180,013	180,013	180,013

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- 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 | Yes | No |
| (ii) related organizations | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- | | |
|---------------|----|
| 3a(i) | No |
| 3a(ii) | No |
| 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		41,778,314		41,778,314
b Buildings		137,795,292	67,362,481	70,432,811
c Leasehold improvements				0
d Equipment		140,257,714	100,205,156	40,052,558
e Other		59,442,113	3,405,892	56,036,221
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				208,299,904

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) Due to Children's Hospital from related organizations	403,436,513
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	403,436,513

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	
Due Fr (To) LCMC Anesthesia	3,606
Due Fr (To) LCMC	125,000,000
Due Fr (To) NOEH	5,326
Due Fr (To) LCMC HCS	173,968
Settlements due to Medicaid/due to CH	4,717,131
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	129,900,031

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	318,921,060
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-75,588,350
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	10,662,283
e	Add lines 2a through 2d	2e	-64,926,067
3	Subtract line 2e from line 1	3	383,847,127
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,418,484
b	Other (Describe in Part XIII)	4b	11,234,875
c	Add lines 4a and 4b	4c	12,653,359
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	396,500,486

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

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

1	Total expenses and losses per audited financial statements	1	320,332,950
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	9,585,081
e	Add lines 2a through 2d	2e	9,585,081
3	Subtract line 2e from line 1	3	310,747,869
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,418,484
b	Other (Describe in Part XIII)	4b	4,709,349
c	Add lines 4a and 4b	4c	6,127,833
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	316,875,702

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: 72-0467503

Name: Children's Hospital Inc

Supplemental Information

Return Reference	Explanation
Part V, Line 4	1)In 1981 "The Beatrice and Harold Forgotston Philanthropic Fund of Children's Hospital" was established and donated to Children's Hospital. The gift resolution states that the funds are to always be fully invested and only the income made available for use as requested by the donor. 2)As stated in the will of Leon S. Mann, a sum of \$5,000 was donated to Children's Hospital in memory of his sister and parents. The sum to be deposited in a separate, interest bearing account, and the interest to be used on the twenty-first day of July of each year to purchase presents for the children in the hospital. Investment earnings or losses are commingled with all other investments for Children's Hospital EIN 720467503.

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	CHMPC revenue, as rptd on Form 990, (72-1318421), Sch D, Part XI, Ln 5 10,662,283

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Revenue related to Community Support 4,121,090 Released Contributions reported as Rev on Audited Financials but in PY 990s -2,445,011 Provider Based Revenue 588,259 Rental Income Expense -83,592 Swap Interest 9,054,129

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	CHMPC expense, as rptd on Form 990, (72-1318421), Sch D, Part XII, Ln 5 18,555,618 Rental Income Expense 83,592 Swap Interest -9,054,129

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b - Other Adjustments	Revenue related to Community Support 4,121,090 Provider Based Revenue 588,259

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Children's Hospital Inc

Employer identification number
72-0467503

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Sugar Plum Ball 2018 (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	396,482			396,482
	2 Less Contributions	284,812			284,812
	3 Gross income (line 1 minus line 2)	111,670			111,670
Direct Expenses	4 Cash prizes	0			
	5 Noncash prizes	0			
	6 Rent/facility costs	6,300			6,300
	7 Food and beverages	5,434			5,434
	8 Entertainment	5,950			5,950
	9 Other direct expenses	75,229			75,229
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				92,913
11 Net income summary Subtract line 10 from line 3, column (d) ▶				18,757	

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

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

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

Name ▶
 Address ▶

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

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
------------------	-------------

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Children's Hospital Inc

Hospitals

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

Employer identification number
 72-0467503

OMB No 1545-0047
2018
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000 0000000000</u> %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,778,883	0	1,778,883	0 580 %
b Medicaid (from Worksheet 3, column a)			180,897,462	218,241,859	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		0 %
d Total Financial Assistance and Means-Tested Government Programs			182,676,345	218,241,859	1,778,883	0 580 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,759,102	1,150,681	1,608,421	0 520 %
f Health professions education (from Worksheet 5)			17,332,993	2,361,647	14,971,346	4 860 %
g Subsidized health services (from Worksheet 6)			1,439,500	803,659	635,841	0 210 %
h Research (from Worksheet 7)			1,430,450	248,836	1,181,614	0 380 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			32,382,612	0	32,382,612	10 520 %
j Total. Other Benefits			55,344,657	4,564,823	50,779,834	16 490 %
k Total. Add lines 7d and 7j			238,021,002	222,806,682	52,558,717	17 070 %

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						
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						
10 Total						

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	8,079,249	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	1,969,947
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	1,969,947
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	
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 type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Children's Hospital

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.chnola.org/Patients-Visitors/financial-services/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.chnola.org/Patients-Visitors/financial-services/</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

Children's Hospital

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Children's Hospital

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 1 - Baton Rouge Clinic 720 Connell Place Baton Rouge, LA 70809	Outpatient Clinic
2 2 - Lafayette Clinic 1121 Coolidge Street Lafayette, LA 70505	Outpatient Clinic
3 3 - Cov 21Northshore 71338 Highway 21 Covington, LA 70433	Outpatient Clinic
4 4 - Denham Springs 31985 HWY 16 Denham Springs, LA 70726	Outpatient Clinic
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	Total patient account balances written off to Bad Debt were \$6,773,745 Bad debt expense is not included in the amounts reported as community benefit in other sections of Schedule H
Part III, Line 8	The Medicare cost report was used to determine allowable cost

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	The collection departments do not take extraordinary collection actions against an individual without first making reasonable efforts to determine if the patients/families are eligible for assistance. Financial assistance information is provided to families in the registration areas on patient statements. The department of Social Services works with patients and families to help obtain insurance coverage where applicable. Information about CHAP is provided in the registration areas. Documented Physician Billing Operating Policies/Procedures include the following: Follow-Up, Self Pay Discount (50641), Statement of Physician Billing follow-up/Collection Activity, Statement of Patient Accounts Follow-Up/Collection Activity, Accounts Receivable Follow-Up and Collection Activity, and Collection by Suit.
Part VI, Line 2	The Hospitals support to the community includes activities and programs to support the metropolitan community. These activities are sponsored with the knowledge that they are not self-supporting or financially viable and include financial assistance programs to increase health care to the indigent and uninsured for pediatric primary care services. Programs include Mobile Dental Program, Cochlear Implant, Parenting Center, Autism Center, Ventilator Assisted Care Program, Safe Kids Coalition, Greater New Orleans Immunization Network, Ambulatory Clinical and Nutritional Support Services and the Miracle League.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	<p>The Children's Healthcare Assistance Plan (CHAP) is a comprehensive program funded by Children's Hospital to provide quality healthcare to underserved children in our region. Determination of eligibility is conditioned upon the information provided in the application at the time of registration. Based on proof of income provided by parents, patients will qualify for the program or be deemed ineligible if over-scaled relative to set program income guidelines. If the information provided is not accurate, or should the circumstances supporting the determination of eligibility change, Children's Hospital may rescind determination of eligibility. Furthermore, Children's Hospital reserves the unilateral right to change, modify, or terminate CHAP eligibility at any time. Patients who fall into income categories that qualify them for Medicaid coverage will be provided a LACHIP application and instructions on submitting the completed form. The LACHIP program will cover that day's emergency visit charges. Patients who do not meet the Medicaid age requirements will not be required to apply for Medicaid. Parents will also be given the opportunity to enroll all children in their household in CHAP for one year. They will be given instructions on how to complete the CHAP application, along with a return envelope, and will be notified by return mail when their application has been reviewed and if they qualify for CHAP. Patients who arrive to the Hospital for same-day surgery or a scheduled admission and have no funding will be provided CHAP information by the Admitting office. If the parents are interested in applying, they will be asked to submit proof of income to the CHAP department. A CHAP representative will review the documentation to determine eligibility and which program will best fulfill the patient's needs. If requested, the Social Services department will prepare a financial work-up on patients who have no funding to determine if they qualify for any other available programs. Parents having insurance coverage with a co-pay or will have out-of-pocket expenses will be given the opportunity to apply for coverage under CHAP in the course of the admitting process. On occasion, a patient who does not qualify for the program may be considered a "hardship." These cases will be considered on an individual basis. A complete and thorough explanation will be required to evaluate the reasons for hardship coverage and is subject to approval of the CHAP Director. CHAP representatives engage in Outreach Programs throughout the community to help the community understand the provisions of the program and the rules governing eligibility. Information about the CHAP program can be found in the Hospital lobbies and on the CHNOLA website.</p>
Part VI, Line 4	<p>Children's Hospital is a regional center for children and its mission is to provide comprehensive pediatric healthcare which recognizes the special needs of children through excellence and continuous improvement of patient care, education, research, child advocacy and management. Children's Hospital is Louisiana's only full-service hospital exclusively for children, offering a full range of inpatient and outpatient care. A not-for-profit facility, it is governed by an independent board of trustees made up of community volunteers. The hospital has no stockholders and no dividends to pay. Revenue generated is used to operate the hospital and to expand and advance services. Critical care is provided in the hospital's 36-bed Neonatal Intensive Care Unit (NICU), and the 24-bed Pediatric Intensive Care Unit (PICU). Construction of a new 20-bed Cardiac Intensive Care Unit (CICU) and a new 18-bed PICU was completed in 2011. The hospital's Jack M. Weiss Emergency Care Center, one of the area's busiest emergency rooms, is staffed around the clock by board-certified pediatricians, with the availability of a full range of pediatric specialists. The Emergency Department has a total of 31 exam rooms and is supported by a nursing staff specially trained to handle pediatric emergencies. Outpatient appointments with pediatric specialists are offered Monday through Friday at the Ambulatory Care Center on the hospital campus and at the hospital's satellite locations. The Metairie Center, Children's Hospital Outpatient Center of Baton Rouge, Children's Hospital Burdin Riehl Clinic in Lafayette, La, the Northshore Center of Covington, La and Children's Hospital - Denham Springs in Denham Springs, LA. The CHAP Program provided financial assistance to 3,550 patients in 2018 for a total cost of \$1.8 million compared to 5,195 patients in 2017 and a total cost of \$3.1 million. The inpatient psychiatric unit is the only adolescent and child mental health inpatient unit in the Greater New Orleans Metro Area. The outpatient psychology program had 4,508 visits during 2018. The cochlear implant program performed 17 surgeries during 2018.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	<p>In March of 1998, the Board of Trustees recognized that Children's Hospital, with its richness of talent and programs and its financial resources, was well positioned to identify and address obstacles to the welfare of the community's children. An ad hoc committee of the Board, later established as a standing committee, was charged with developing and monitoring all components of the plan. To that end, the following represents the Community Benefit Plan of Children's Hospital. The mission of the Community Benefit Plan's programs is to eliminate barriers to the health and well-being of infants, children, and adolescents in the community, particularly the non-served or underserved, by evaluating, developing, implementing, and/or partnering on initiatives in the areas of health care, health education, health research and child and family health advocacy. The goals of Children's Hospital's Community Benefit Plan are to provide children with access to primary, secondary, and tertiary health care services needed to achieve optimal health status, foster healthy parent/child relationships through health education and child health advocacy, and educate families to enhance child safety and encourage injury-prevention to improve the health and well-being of children. The Plan provides for establishment of advocacy programs to support the needs of at-risk children and support pediatric research in order to expand medical knowledge and treatment options. It periodically assesses available community programs and determines gaps in service for potential new program development. Children's Hospital defines community broadly as it serves a large geographic region. Particularly, emphasis is placed on services for the New Orleans Metropolitan statistical area. A large percentage of the patients who utilize hospital services reside in this area and are the most likely beneficiaries of programs established. Any program that significantly and measurably contributes to the physical and psychological well-being of infants, children, adolescents, and their families is considered a benefit. This implies a relationship between organizations that is characterized by mutual cooperation and responsibility for the achievement of the specified goals wherein Children's Hospital maintains the authority for overall program direction and fiscal management. By this definition, Children's Hospital will not act as a granting agency. In addition, only not-for-profit organizations will be considered for partnering. Any exception will require the full approval of the committee and Board. See also Program Service Accomplishments in Sch 0, Statements 3 and 4 as well as Part VI, Line 6.</p>
Part VI, Line 6	<p>Louisiana Children's Medical Center (LCMC) is a Louisiana non-stock, not-for-profit corporation that was incorporated in 2009, with its founding member being Children's Hospital (Children's). Through a Health Care System Agreement (System Agreement) between LCMC, Children's, Touro Infirmary and its subsidiaries (Touro), and Cooperative Endeavor Agreements (CEAs) with University Medical Center Management Corporation (UMCMC) and West Jefferson Holding, LLC (West Jefferson), these parties have determined that together they can provide a multi-hospital, not-for-profit community-based, system that will provide a continuum of care to the families of the Gulf South region. LCMC, children's, Touro, UMCMC, and West Jefferson are hereinafter collectively referred to as the System. LCMC functions as the System Parent with reserve powers to be exercised to promote the best interests of the System and its affiliates. All corporate powers of the System are vested in the Board of Trustees of LCMC. Children's provides comprehensive pediatric healthcare that meets the special needs of children through excellence and continuous improvement of patient care, education, and research. Touro, founded in 1852, serves the Greater New Orleans community as a premier, diverse, multi-specialty hospital, caring for the sick regardless of race, color, creed, religious affiliation, or ability to pay. UMCMC operates the Interim LSU Hospital (ILH) and upon its completion the new University Medical Center in New Orleans (UMC). UMCMC is a provider of charity care for the uninsured and plays a vital role as a statewide referral center for patients in need of tertiary care. UMCMC also provides medical and allied health training through its affiliation with academic institutions to strengthen and enhance opportunities to achieve the State's medical education, clinical care and research goals. In tax year 2018, LCMC and its affiliates provided total community benefit expense of \$738.5 million. This amount represented 48 percent of the affiliates combined total expense. LCMC and its affiliates provide services to many low-income residents of the Greater New Orleans area. In 2018, \$481.6 million in expense (31.5 percent of the affiliates combined total expense) was incurred in providing services for Medicaid recipients and in providing financial assistance.</p>

Additional Data**Software ID:****Software Version:****EIN:** 72-0467503**Name:** Children's Hospital Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	Children's Hospital 200 Henry Clay Avenue New Orleans, LA 70118 www.chnola.org 72-0467503	X		X	X		X	X			

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
Children's Hospital	<p>Part V, Section B, Line 5 In 2012, CHNOLA first joined with eleven members of the Metropolitan Hospital Council of New Orleans (MHCNO), a non-profit, regional membership and service organization representing hospitals and healthcare organizations in the Greater New Orleans Metropolitan Area to initiate the process of conducting a comprehensive regional Community Health Needs Assessment (CHNA) The collaborative study laid the foundation for individual hospital CHNA's (Individual-level CHNA reports required by the IRS every three years), such as CHNOLA's CHNA A comprehensive CHNA process performed by Children's Hospital New Orleans included the collection of primary and secondary data Community organizations and leaders within the six-parish region were engaged to distinguish the needs of the community Civic and social organizations, government agencies, educational systems, and health and human services entities were engaged throughout the CHNA The comprehensive primary data collection phase resulted in the contribution of over 100 community stakeholders/leaders, organizations, and community groups 27 interviews with community stakeholders representing LCMC Health to gain a deeper understanding of community health needs from organizations, agencies, and government officials that have day-to-day interactions with populations in greatest need Interviews provide information about the community's health status, risk factors, service utilizations and community resource needs, as well as gaps and service suggestions 1 Louisiana Department of Health Bureau of Chronic Disease Prevention and Health Promotion, Kate Andrus, MPH, RDN, LDN, 2 Excelth Health Department, Mike Andry, 3 UMC NO Forensics, Jennifer Avego, MD, 4 Community Stakeholder, Jennifer Steel-Bourgeois, 5 The Louisiana Campaign for Tobacco-Free Living, Matthew Broussard, 6 Martin Luther King Task Force & West Bank African American Churches, Dr Clara Byes, 7 Children's Bureau New Orleans, Paulette Carter, 8 Jefferson Parish Public School System, Sandy Denapolis, 9 EMS New Orleans, Jeff Elder, MD, 10 Unity of Greater New Orleans, Martha Kegel, 11 Louisiana Public Health Institute, Joseph D Kimbrell, MA, MSW, 12 West Jefferson Medical Center, Auxiliary, Althea LaCour, 13 American Heart Association/American Stroke Association, Coretta LaGarde, 14 VIET, Lang Le, 15 Susan G Komen, Lisa Plunkett, 16 Civic Coalition West Bank, Oscar Pipkins, 17 Excelth Health Center, Chioma Ogbuefi, MD, 18 New Orleans Council on Aging, Howard Rodgers, 19 United Healthcare, Melanie Thompson, 20 504 HealthNet, Susan Todd, 21 WJMC Foundation Director, Susan Trantham, 22 Jefferson Parish Council on Aging, Jeanne Tripoli, 23 HUB International Gulf South, Charlotte Weil, MA, CWW S, 24 American Cancer Society, Amy Williams, 25 The Blood Center, Rosalind Woodfox, 26 Louisiana Organ Procurement Agency, Stephanie Young, 27 Bureau of Family Health, Amy Zapata Needs identified include (not</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
Children's Hospital	listed in any specific order) 1) Access to care 2) Care coordination 3) Cultural competenc e 4) Early intervention and prevention and 5) Behavioral health services

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
Children's Hospital	<p>Part V, Section B, Line 11 Children's Hospital New Orleans is a 229-bed, not-for-profit pediatric academic medical center offering a complete range of healthcare services for children from birth to 21 years. With over 40 pediatric specialties and more than 400 physicians, it is the only full-service hospital exclusively for children in Louisiana and the Gulf South. Children's Hospital had almost 200,000 patient encounters (visits) in 2018 with children coming from 64 parishes in Louisiana, 43 states and 4 foreign countries. In all 79,147 children received care from Children's Hospital last year.</p> <p>The Patient Protection and Affordable Care Act (PPACA), which went into effect on March 23, 2010, requires tax-exempt hospitals to conduct community health needs assessments (CHNA) and implementation strategies in order to improve the health and well-being of residents within the communities served by the hospital(s). These strategies created by hospitals and institutions consist of programs, activities, and plans that are specifically targeted towards populations within the community. The execution of the implementation strategy plan is designed to increase and track the impact of each hospital's efforts.</p> <p>Tripp Umbach was contracted by Metropolitan Hospital Council of New Orleans (MHCNO) to conduct a CHNA for East Jefferson General Hospital, LCMC Health, Ochsner Health System, HCA Healthcare (Tulane Medical Center), Slidell Memorial Hospital, and St. Tammany Parish Hospital. The overall CHNA involved multiple steps that are depicted in Chart 1. The CHNA process undertaken by LCMC Health, along with East Jefferson General Hospital, HCA Healthcare (Tulane Medical Center), Ochsner Health System, Slidell Memorial Hospital, and St. Tammany Parish Hospital, with project management and consultation by Tripp Umbach, included input from representatives who represent the broad interests of the community served by the hospital facilities, including those with special knowledge of public health issues, data related to underserved, hard-to-reach, vulnerable populations, and representatives of vulnerable populations served by each hospital.</p> <p>Tripp Umbach worked closely with Working Group members to oversee and accomplish the assessment and its goals. This report fulfills the requirements of the Internal Revenue Code 501(r)(3), established within the Patient Protection and Affordable Care Act (PPACA) requiring that nonprofit hospitals conduct CHNAs every three years. Data from government and social agencies provides a strong framework and a comprehensive piece to the overall CHNA. The information collected is a snapshot of the health of residents in Southern Louisiana, which encompassed socioeconomic information, health statistics, demographics, and mental health issues, etc. The CHNA report is a summary of primary and secondary data collected for LCMC Health - Children's Hospital while the implementation strategy planning report is a plan for how LCMC Health - Ch</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
Children's Hospital	<p>Children's Hospital will address the identified needs from the CHNA over the next 3 years. Tripp Umbach facilitated and managed an implementation planning process on behalf of Children's Hospital of New Orleans, resulting in the development of an implementation strategy and plan to address the needs identified in their community health needs assessment completed in 2018 (i.e., access to health services, resource awareness and health literacy, access to healthy options, and behaviors that impact health). Note: The implementation planning strategy report identifies specific approaches and actions to address the community health needs from the 2018 CHNA. Specific timeframes and measures/metrics are tracked internally for reporting purposes. Hospital administration will utilize these measures/metrics to ensure benchmarking efforts are being tracked between each assessment cycle. Refer to http://www.chnola.org/communityhealth for the details of the implementation plan.</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
Children's Hospital	Part V, Section B, Line 13h Children's Hospital - Patients ineligible for financial assistance and having no third-party coverage for emergency or medically necessary services provided by Children's Hospital will be granted a discount equal to that of the average amount generally billed

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
Children's Hospital	Part V, Section B, Line 16j Children's Hospital - Refer to note for Schedule H, Part III, Section C, Line 9b

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
Children's Hospital	Part V, Section B, Line 18e Children's Hospital - None of a - d or anything similar, but if eligible for other funding, we ask the families to apply for such funding

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
Children's Hospital	Part V, Section B, Line 20e Children's Hospital - Refer to note for Schedule H, Part III, Section C, Line 9b

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Children's Hospital Inc

Employer identification number

72-0467503

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 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 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	Children's Hospital maintains the general ledger accounts for the Greater New Orleans Miracle League (EIN 810635899) and holds all the contributions in its operating bank account as well as handles the payroll and accounts payable for the Miracle League expenses. In addition, the hospital maintains an expense account on its General Ledger to account for an agreement to fund 25 percent of the Miracle League's payroll and non-payroll expenses as the hospital's annual contribution to the Miracle League. The amount reported as the domestic contribution is the total expenses in the expense account on Children's general ledger.

Additional Data

Software ID:
Software Version:
EIN: 72-0467503
Name: Children's Hospital Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater New Orleans Miracle League 200 Henry Clay Avenue New Orleans, LA 701185720	81-0635899			34,195			Children's Hospital has an agreement to fund 25 percent of the Miracle League's Payroll and non-payroll expenses as the hospital's annual contribution to the Miracle League
University Medical Center Management Corporation 2021 Perdido Street New Orleans, LA 70112	25-1925187			31,382,612			During the year ended December 31, 2018, Children's Hospital donated \$31,382,612 to University Medical Center Management Corporation (UMCMC) with the intention of providing working capital to UMCMC to support their healthcare and educational activities, specifically for uninsured and underinsured patients. This donation supports Children's tax-exempt purpose and community benefit obligations and is presented as community support in the statement of operations.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Audubon Zoo 6500 Magazine Street New Orleans, LA 70118	51-0157624			1,000,000			During the year ended December 31, 2018, Children's Hospital pledged \$1,000,000 to the Audubon Zoo to sponsor the Audubon Zoo Lights event which furthers the Audubon Zoo's mission to celebrate the wonders of nature
Miracle League Northshore 200 Henry Clay Avenue New Orleans, LA 70118	46-5626903			300,000			During the year ended December 31, 2018, Children's Hospital pledged a sponsorship of \$300,000 to the Miracle League Northshore to further this organization's mission of providing children with an opportunity to play team sports

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Children's Hospital Inc

Employer identification number
72-0467503

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input 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 type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input 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 type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	Yes			
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 3	Base compensation, incentive compensation and all other reportable and non-reportable compensation for Children's Hospital's President/CEO is reviewed annually by the Executive Committee of the Board of trustees of Louisiana Children's Medical Center which is Children's Hospital's parent. The Executive Committee is a 9 voting-member subset of the Board of trustees. Decisions made by the Executive Committee are documented and reported in summary to the full Board of Trustees. In addition to board review, third-party consultants periodically review compensation and incentive amounts to ensure market reasonableness and competitiveness. Third-party prepared compensation and incentive review is presented to the Executive Committee.

Return Reference	Explanation
Part I, Line 4a	Mary Perrin \$695,669



Additional Data

Software ID:

Software Version:

EIN: 72-0467503

Name: Children's Hospital Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Gregory C Feirn Ex-Officio CEO LCMC	(i)	0	0	0	0	0	0	0
	(ii)	1,044,068	1,371,544	321,184	11,000	28,054	2,775,850	0
John Nickens Ex-Officio CEO	(i)	633,216	25,782	36,529	7,664	11,773	714,964	0
	(ii)	0	0	0	0	0	0	0
George Bissett Ex-Officio CMO	(i)	416,301	150,000	24,601	11,000	7,093	608,995	0
	(ii)	0	0	0	0	0	0	0
Matthew Schaefer COO	(i)	339,954	4,426	18,500	12,481	14,996	390,357	0
	(ii)	0	0	0	0	0	0	0
Jamie Wiggins Chief Nursing Officer	(i)	232,058	53,543	19,978	12,498	12,074	330,151	0
	(ii)	0	0	0	0	0	0	0
Courtney C Garrett Sr VP & CFO	(i)	208,616	48,349	18,500	12,542	17,274	305,281	0
	(ii)	0	0	0	0	0	0	0
Gonzales Joseph A Jr MD Physician	(i)	522,305	2,696	37,000	14,769	17,447	594,217	0
	(ii)	0	0	0	0	0	0	0
Stephen Levine MD Physician	(i)	428,075	2,136	24,500	13,986	11,966	480,663	0
	(ii)	0	0	0	0	0	0	0
Dean S Edell MD Physician	(i)	422,831	96,164	43,000	14,607	19,925	596,527	0
	(ii)	0	0	0	0	0	0	0
Leron J Finger ACMO	(i)	343,706	72,451	18,500	13,223	0	447,880	0
	(ii)	0	0	0	0	0	0	0
Joseph Caspi Physician	(i)	0	422,336	0	0	0	422,336	0
	(ii)	0	0	0	0	0	0	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Children's Hospital Inc

Employer identification number 72-0467503

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

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

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

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

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

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

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) Allan Bissinger	Children's Hosp Board Member	310,094	Telecommunication Services		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)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

Children's Hospital Inc

Employer identification number

72-0467503

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Two of the Board Members/Trustees, Mrs Francis Lauricella (Betty) and Louis Lauricella are mother and son related

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Louisiana Children's Medical Center (LCMC) acts as a System Parent and it is the sole member of Children's Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Louisiana Children's Medical Center (LCMC) has the sole authority to appoint the board of Children's Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	On July 13, 2009, as part of the acquisition of Touro Infirmary, Louisiana Children's Medical Center (LCMC), a 501(c)3 corporation, became the sole member of Children's Hospital, Inc and Touro Infirmary, Inc LCMC, through various reserve powers, has the ability to approve, disapprove and ratify decisions made by the Board of Trustee's of Children's Hospital The Board of Trustee's of LCMC, through a majority vote approves the annual operating budgets and capital expenditures of Children's Hospital LCMC also approves the appointment of new members of the Board of Trustee's of Children's Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Organization's Form 990 was presented to all members of the Organization's board for review via email link to a secure drop box. The Form 990 was prepared by Children's accounting department and reviewed by Children's CFO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	At the time of hire, each employee reviews the conflict of interest form, has an opportunity to ask questions about the policy, and signs a document stating that they have reviewed and understand the policy. This is a part of the employee's permanent record, and applies to all employees. Senior management (directors, vice presidents, CEO) and members of the board of directors are required to review and sign a conflict of interest form on an annual basis.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The corporation relies on comparable data from unrelated entities to determine the amount of compensation for its executives, and documentation is maintained regarding the determination of these amounts. The final decision regarding the amount of compensation is subject to approval of the LCMC Executive Committee.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Documents are made available upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	<p>General Medical Prof Fees Program service expenses 44,922,649 Management and general expenses 60,505 Fundraising expenses 0 Total expenses 44,983,154</p> <p>INO Therapeutics, LLC Program service expenses 2,294,160 Management and general expenses 0 Fundraising expenses 0 Total expenses 2,294,160</p> <p>Acadian Ambulance SE Program service expenses 743,950 Management and general expenses 0 Fundraising expenses 0 Total expenses 743,950</p> <p>ARAMARK Program service expenses 712,519 Management and general expenses 71 Fundraising expenses 8 Total expenses 712,598</p> <p>Westport Linen Service Program service expenses 517,760 Management and general expenses 0 Fundraising expenses 0 Total expenses 517,760</p> <p>Premium Parking Service Program service expenses 0 Management and general expenses 412,902 Fundraising expenses 0 Total expenses 412,902</p> <p>X Change Dialysis IN Program service expenses 371,412 Management and general expenses 0 Fundraising expenses 0 Total expenses 371,412</p> <p>Infection Prevention Program service expenses 192,579 Management and general expenses 0 Fundraising expenses 0 Total expenses 192,579</p> <p>Patio Healthcare Program service expenses 181,681 Management and general expenses 0 Fundraising expenses 0 Total expenses 181,681</p> <p>Values Coach Inc Program service expenses 0 Management and general expenses 178,200 Fundraising expenses 0 Total expenses 178,200</p> <p>Jones Group Program service expenses 0 Management and general expenses 0 Fundraising expenses 169,515 Total expenses 169,515</p> <p>Windancer Technologies Program service expenses 168,247 Management and general expenses 788 Fundraising expenses 87 Total expenses 169,122</p> <p>Strategy Resouce Group Program service expenses 0 Management and general expenses 0 Fundraising expenses 154,862 Total expenses 154,862</p> <p>Stryker Sales Corporation Program service expenses 151,466 Management and general expenses 0 Fundraising expenses 0 Total expenses 151,466</p> <p>Whitcap Health Program service expenses 0 Management and general expenses 151,162 Fundraising expenses 0 Total expenses 151,162</p> <p>Stericycle Inc Program service expenses 137,173 Management and general expenses 6,788 Fundraising expenses 740 Total expenses 144,701</p> <p>Louisiana Organ Program service expenses 144,000 Management and general expenses 0 Fundraising expenses 0 Total expenses 144,000</p> <p>Owens & Minor Inc Program service expenses 133,697 Management and general expenses 0 Fundraising expenses 0 Total expenses 133,697</p> <p>Gootee Services Program service expenses 99,498 Management and general expenses 25,683 Fundraising expenses 843 Total expenses 126,024</p> <p>River Parish Disposal Program service expenses 96,337 Management and general expenses 7,375 Fundraising expenses 816 Total expenses 104,528</p> <p>Libertas Group LLC Program service expenses 0 Management and general expenses 88,327 Fundraising expenses 0 Total expenses 88,327</p> <p>Mullin Landscape Assoc Program service expenses 54,222 Management and general ex</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	penses 30,853 Fundraising expenses 241 Total expenses 85,316 Canon Financial Services Program service expenses 69,059 Management and general expenses 11,936 Fundraising expenses 4,263 Total expenses 85,258 Taw Power Systems Inc Program service expenses 80,075 Management and general expenses 0 Fundraising expenses 0 Total expenses 80,075 All Other Purchased Services (Various Departments) Program service expenses 3,350,848 Management and general expenses 1,265,837 Fundraising expenses 172,576 Total expenses 4,789,261

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	The organization did not change either its oversight process or selection process during the tax year

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Children's Hospital Inc

Employer identification number

72-0467503

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
(1) Children's Hospital Medical Practice 298 Henry Clay Avenue New Orleans, LA 701185720 72-1318421	Pediatric Primary Care Physician Service	LA	501(c)(3)	Line 11	Children's Hospital EIN 72-0467503	Yes	No
(2) Louisiana Children's Medical Center 200 Henry Clay Avenue New Orleans, LA 701185720 94-3480131	Provides support for the affiliates of LCMC	LA	501(c)(3)	Line 3			No
(3) Touro Infirmary 1401 Foucher Street New Orleans, LA 70115 72-0423659	Community based, not-for-profit, faith-based hospital	LA	501(c)(3)	Line 3	LCMC EIN 94-3480131		No
(4) University Medical Center Management Corporation 2021 Perdido Street New Orleans, LA 70112 25-1925187	Hospital	LA	501(c)(3)	Line 11	LCMC EIN 94-3480131		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Childrens Healthcare Network 935 Calhoun Street New Orleans, LA 70118 75-1337515	Negotiate contractual agreements with Managed Care on behalf of physicians	LA						No			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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Louisiana Children's Medical Center (LCMC)	C	67,500	Contribution amount
(2) Children's Hospital Medical Practice Corporation	Q	33,337,934	General Ledger
(3) Children's Hospital Medical Practice Corporation	O	12,898,945	Salaries EIN 72-1318421
(4) University Medical Center	B	31,382,612	
(5) Children's Hospital Medical Practice Corporation	L	0	

Part VII **Supplemental Information**

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

Return Reference	Explanation