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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

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

C Name of organization
Phoenix Children's Hospital

% JAMIE PHILLIPS
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1919 E Thomas Road

City or town, state or province, country, and ZIP or foreign postal code
Phoenix, AZ 85016

F Name and address of principal officer:
Robert L Meyer
1919 E Thomas Road
Phoenix, AZ 85016

D Employer identification number

86-0422559

E Telephone number

(602) 512-8132

G Gross receipts \$ 1,251,195,777

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

J Website: ▶ www.phoenixchildrens.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983

M State of legal domicile: AZ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
We provide hope, healing and the best healthcare for children and their families.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 11

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6,252

6 Total number of volunteers (estimate if necessary) 6 7,500

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year Current Year

15,805,188 16,968,218

885,903,945 1,003,708,015

38,168,230 19,564,121

0 0

939,877,363 1,040,240,354

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Prior Year Current Year

241,392 180,128

0 0

472,228,812 536,271,807

0 0

380,696,476 417,865,381

853,166,680 954,317,316

86,710,683 85,923,038

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year End of Year

1,413,019,681 1,698,002,089

859,021,619 1,035,302,666

553,998,062 662,699,423

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
JAMIE PHILLIPS VP, Finance
Type or print name and title

2020-11-11
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ ERNST & YOUNG US LLP
Firm's address ▶ 101 E WASHINGTON ST STE 910
PHOENIX, AZ 85004

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶
Phone no. (602) 322-3000

PTIN P01508556

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

We provide hope, healing and the best healthcare for children and their families.

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 \$ 738,850,400 including grants of \$ 180,128) (Revenue \$ 1,003,708,015)
See Additional Data






















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

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

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

4e Total program service expenses ▶ 738,850,400

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
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? If "Yes," complete Schedule R, Part I	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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 ComplianceCheck 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	643
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

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

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
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?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
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	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
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	15a	Yes
b Other officers or key employees of the organization	15b	Yes
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?	16a	Yes
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?	16b	Yes

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ 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:
▶JAMIE PHILLIPS 1919 E Thomas Rd Phoenix, AZ 85016 (602) 933-6508

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 ☐

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

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

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	19,325,804	0	345,189

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 ▶ 916

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SODEXO INC AND AFFILIATES, 9801 WASHINGTON BLVD GAITHERSBURG, MD 20870	OUTSOURCING	19,704,306
WESPAC CONSTRUCTION, 9440 N 26TH ST SUITE 100 PHOENIX, AZ 85028	CONSTRCUTION	9,306,757
MEDEFIS CONSOLIDATED INC, PO BOX 5068 NEW YORK, NY 10087	OUTSOURCING	4,990,226
CBRE GWS INC, 22220 NETWORK PLACE CHICAGO, IL 60673	OUTSOURCING	4,408,615
TRIDENT SECURITY SERVICES, 2085 S COTTONWOOD DR TEMPE, AZ 85282	OUTSOURCING	3,570,435

<p>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 ► 111</p>	
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Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII							
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	14,748,065				
	e Government grants (contributions)	1e	2,220,153				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f		16,968,218				
Program Service Revenue	2a NET PATIENT SERVICE REVENUE	Business Code					
		622110	957,608,629	957,608,629	0	0	
	b Other Operating Revenue	900099	40,036,520	40,036,520	0	0	
	c Research Revenue	541700	6,062,866	6,062,866	0	0	
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f		1,003,708,015				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		21,517,879			21,517,879	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)		0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	209,001,665				
		b Less: cost or other basis and sales expenses	7b	210,958,673	-3,250		
		c Gain or (loss)	7c	-1,957,008	3,250		
	d Net gain or (loss)		-1,953,758			-1,953,758	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	0				
		b Less: direct expenses	8b	0			
		c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities. See Part IV, line 19	9a	0				
		b Less: direct expenses	9b	0			
		c Net income or (loss) from gaming activities		0			
	10aGross sales of inventory, less returns and allowances	10a	0				
b Less: cost of goods sold		10b	0				
c Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		0					
12 Total revenue. See instructions		1,040,240,354	1,003,708,015	0	19,564,121		

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	180,128	180,128		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	18,560,950		18,560,950	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	581,650		581,650	
7 Other salaries and wages	418,757,244	370,030,071	48,727,173	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,074,534	131,952	12,942,582	
9 Other employee benefits	58,868,888	50,269,506	8,599,382	
10 Payroll taxes	26,428,541	22,176,008	4,252,533	
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,505,190	182,644	1,322,546	
c Accounting	500,000		500,000	
d Lobbying	45,308	45,308		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	245,132		245,132	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	82,998,564	64,838,973	18,159,591	
12 Advertising and promotion	1,022,245		1,022,245	
13 Office expenses	5,683,819	4,485,601	1,198,218	
14 Information technology	1,188,597	631,085	557,512	
15 Royalties	0			
16 Occupancy	19,164,965	15,780,875	3,384,090	
17 Travel	2,455,178	1,723,795	731,383	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	5,142,680	3,627,564	1,515,116	
20 Interest	26,427,193	1,326,532	25,100,661	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	48,536,949	118,809	48,418,140	
23 Insurance	8,697,969	117,695	8,580,274	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	75,703,413	75,537,619	165,794	0
b PHARMACEUTICALS	58,911,849	58,911,849	0	0
c MISSION SUPPORT	45,347,863	45,347,863	0	0
d EQUIPMENT	12,809,125	12,502,146	306,979	0
e All other expenses	21,479,342	10,884,377	10,594,965	0
25 Total functional expenses. Add lines 1 through 24e	954,317,316	738,850,400	215,466,916	0
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).	0			

Part X Balance SheetCheck 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		40,332,174	1	41,397,978	
	2	Savings and temporary cash investments		0	2	0	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		143,975,929	4	166,814,827	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		8,410,000	7	8,410,000	
	8	Inventories for sale or use		14,867,965	8	17,132,241	
	9	Prepaid expenses and deferred charges		5,444,453	9	6,746,736	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	983,120,771			
	b	Less: accumulated depreciation	10b	461,683,527	528,116,103	10c	521,437,244
	11	Investments—publicly traded securities		584,306,156	11	685,656,780	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		18,272,506	13	19,156,707	
	14	Intangible assets		14,904,166	14	14,282,219	
	15	Other assets. See Part IV, line 11		54,390,229	15	216,967,357	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,413,019,681	16	1,698,002,089		
Liabilities	17	Accounts payable and accrued expenses		93,870,159	17	109,890,868	
	18	Grants payable		0	18	0	
	19	Deferred revenue		9,387,014	19	4,039,357	
	20	Tax-exempt bond liabilities		525,531,388	20	523,890,107	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		14,213,651	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	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		216,019,407	25	397,482,334	
	26	Total liabilities. Add lines 17 through 25		859,021,619	26	1,035,302,666	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		537,398,365	27	645,929,570	
	28	Net assets with donor restrictions		16,599,697	28	16,769,853	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		553,998,062	32	662,699,423	
33	Total liabilities and net assets/fund balances		1,413,019,681	33	1,698,002,089		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,040,240,354
2	Total expenses (must equal Part IX, column (A), line 25)	2	954,317,316
3	Revenue less expenses. Subtract line 2 from line 1	3	85,923,038
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	553,998,062
5	Net unrealized gains (losses) on investments	5	40,913,164
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	-18,134,841
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	662,699,423

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 86-0422559

Name: Phoenix Children's Hospital

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT L MEYER DIRECTOR/PRESIDENT & CEO	38.0 2.0	X		X				2,950,066	0	21,378
DANIEL VELEZ MD STAFF PHYSICIAN	40.0 0.0					X		1,991,227	0	22,900
PHILIP ADELSON MD DIVISION CHIEF	40.0 0.0					X		1,263,708	0	22,145
DAVID HIGGINSON EXECUTIVE VP & COO	40.0 0.0				X			1,266,574	0	16,969
DAVID NOTRICA MD PEDIATRIC SURGEON	40.0 0.0					X		1,253,247	0	25,383
DANIEL OSTLIE MD SURGEON IN CHIEF	40.0 0.0					X		1,206,730	0	19,581
BETSY KUZAS SVP, CONSTRUCTION & SPECIAL PR	40.0 0.0				X			1,018,983	0	16,518
CRAIG MCKNIGHT EXECUTIVE VP & CFO/TREASURER	39.0 1.0			X				975,749	0	10,170
RAMIN JAMSHIDI MD PEDIATRIC SURGEON	40.0 0.0					X		967,188	0	17,352
CARMEN NEUBERGER SVP/GENERAL COUNSEL/SECRETARY	39.0 1.0			X				969,177	0	12,905

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JARED MUENZER MD SVP, COO, PCMG	40.0 0.0				X			825,469	0	21,176
DOROTHY ROWE MD PRESIDENT, MEDICAL STAFF	40.0 0.0	X						764,856	0	14,682
MICHAEL RITCHEY MD PRES, MED STAFF (THRU 4/19)	40.0 0.0	X						749,177	0	18,920
PAGE BACHMAN SVP, HUMAN RESOURCES	40.0 0.0				X			624,904	0	24,011
DOUG MYERS EXECUTIVE VP & CFO/TREASURER	39.0 1.0						X	580,808	0	842
JULIE BOWMAN RN SVP, PATIENT CARE SVCS & CNO	40.0 0.0				X			516,747	0	17,806
RICH LEHMUTH SVP, STRATEGIC PLANNING	40.0 0.0				X			454,888	0	16,157
KARI S CORNICELLI EVP & CFO/TREASURER	39.0 1.0			X				392,208	0	23,769
BRIAN MEYER SVP, CIO	40.0 0.0				X			393,535	0	21,966
TOM DIEDERICH VP, TOTAL REWARDS (THRU 1/19)	40.0 0.0				X			160,563	0	559

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL EBERT DIRECTOR	1.0 0.0	X						0	0	0
GEORGE F GETZ DIRECTOR/VICE CHAIR	1.0 0.0	X		X				0	0	0
JON HULBURD DIRECTOR	1.0 1.0	X						0	0	0
JOHN JONES MD PRESIDENT, MEDICAL STAFF	1.0 0.0	X						0	0	0
DAVID LENHARDT DIRECTOR	1.0 0.0	X						0	0	0
SCOTT REHORN DIRECTOR (THRU 4/19)	1.0 1.0	X						0	0	0
JACQUE J SOKOLOV MD DIRECTOR/CHAIR (OUTGOING)	1.0 0.0	X		X				0	0	0
ROBERT M DELGADO DIRECTOR/CHAIR	1.0 0.0	X		X				0	0	0
KEVIN CZERWENSKI DIRECTOR	1.0 0.0	X						0	0	0
MOLLY RYAN CARSON DIRECTOR	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Phoenix Children's Hospital

Employer identification number
86-0422559

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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2018 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2019. 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 <input type="checkbox"/>	
b	33 1/3% support test—2018. 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 <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2019. 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 <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2018. 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 <input type="checkbox"/>	
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 <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 86-0422559
Name: Phoenix Children's Hospital

Part VI

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

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Phoenix Children's Hospital	Employer identification number 86-0422559
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	45,308													
c Total lobbying expenditures (add lines 1a and 1b)	45,308													
d Other exempt purpose expenditures	671,281,221													
e Total exempt purpose expenditures (add lines 1c and 1d)	671,326,529													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-														
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	199,205	54,538	60,809	45,308	359,860
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures				0	0

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			0
d	Mailings to members, legislators, or the public?			0
e	Publications, or published or broadcast statements?			0
f	Grants to other organizations for lobbying purposes?			0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			0
i	Other activities?			0
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-A	PHOENIX CHILDREN'S HOSPITAL (PCH) IS A POWERFUL ADVOCATE FOR CHILDREN ON THE NATIONAL, STATE, AND LOCAL STAGES. AS AN ORGANIZATION, PCH PAYS MEMBERSHIP DUES TO SEVERAL ORGANIZATIONS WITHIN THE HEALTHCARE ARENA WHERE ACTIONS ARE TAKEN TO INFORM AND EDUCATE INDIVIDUALS IN GOVERNMENT AS WELL AS AGENCIES THAT SET POLICIES FOR THE COMMUNITY PCH SERVES. MEMBERS OF PCH LEADERSHIP AND MANY PCH PHYSICIANS SERVE ON BOARDS, COMMISSIONS, AND COMMITTEES AND USE THEIR EXPERTISE TO THE BENEFIT OF OUR COMMUNITY AT LARGE.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Phoenix Children's Hospital

Employer identification number
86-0422559

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2019

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

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

☐

b

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

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

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	14,198,417	12,759,580	9,970,870	9,508,410	8,176,061
b	Contributions	4,561,960	3,010,760	2,132,316	-122,316	1,077,293
c	Net investment earnings, gains, and losses	1,208,234	-1,566,241	663,927	592,978	263,643
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses	6,489	5,682	7,533	8,202	8,587
g	End of year balance	19,962,122	14,198,417	12,759,580	9,970,870	9,508,410

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

(ii) related organizations

3a(i)

Yes

No

3a(ii)

Yes

3b

b

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

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	43,221,432		43,221,432
b	Buildings	628,154,657	249,492,056	378,662,601
c	Leasehold improvements	26,031,107	12,281,152	13,749,955
d	Equipment	268,386,872	199,910,319	68,476,553
e	Other	17,326,703		17,326,703
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			521,437,244

Schedule D (Form 990) 2019

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) ROU ASSET	142,704,337
(2) BOND COLLATERAL	53,070,573
(3) OTHER CURRENT ASSETS	19,227,794
(4) PLGL Banner Recoveries	1,964,653
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	216,967,357

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	397,482,334

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 86-0422559
Name: Phoenix Children's Hospital

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	ENDOWMENT FUNDS WILL BE USED TO PROVIDE ON-GOING OUTSTANDING PEDIATRIC CARE TO CHILDREN BY ENABLING PHOENIX CHILDREN'S HOSPITAL TO OFFER THE VERY BEST TECHNOLOGY, PROGRAMS AND MEDICAL SPECIALISTS. ENDOWMENT FUNDS WILL BE USED TO SUPPORT PHOENIX CHILDREN'S HOSPITAL PROGRAMS INCLUDING: (1) THE CHILDREN'S NEUROSCIENCES INSTITUTE, (2) THE CENTER FOR CANCER AND BLOOD DISORDERS, (3) CAMP RAINBOW (A CAMP FOR CHILDREN WITH DIABETES, HEMOPHILIA AND KIDNEY DISEASE), (4) THE CENTER FOR PEDIATRIC ORTHOPEDICS, PULMONARY AND CYSTIC FIBROSIS, (5) PEDIATRIC RHEUMATOLOGY AND (6) PEDIATRIC ONCOLOGY.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MANAGEMENT IS OF THE OPINION THAT SUBSTANTIALLY ALL OF THE HOSPITAL'S, FOUNDATION'S, CAPTI VE'S, PHOENIX CHILDREN'S CARE NETWORK'S AND PHOENIX CHILDREN'S PROPERTY DEVELOPMENT, LLC'S ACTIVITIES ARE RELATED TO THEIR EXEMPT PURPOSES, AND PHOENIX CHILDREN'S CARDIOLOGY DIAGNO STICS LLC'S ACTIVITIES WILL NOT RESULT IN TAXABLE INCOME. NO MATERIAL UNCERTAIN TAX POSITI ONS HAVE BEEN IDENTIFIED OR RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT DECEMBER 31, 2019 OR 2018.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Phoenix Children's Hospital

Employer identification number
86-0422559

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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>225 %</u> 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 _____ % 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	No
		6b	

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)			3,146,188	0	3,146,188	0.330 %
b Medicaid (from Worksheet 3, column a)			494,212,117	426,008,806	68,203,311	7.150 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			33,578,741	32,556,333	1,022,408	0.110 %
d Total Financial Assistance and Means-Tested Government Programs			530,937,046	458,565,139	72,371,907	7.590 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			13,143,131	6,403,100	6,740,031	0.710 %
f Health professions education (from Worksheet 5)			27,700,521	10,740,729	16,959,792	1.780 %
g Subsidized health services (from Worksheet 6)			13,506,554	6,639,097	6,867,457	0.720 %
h Research (from Worksheet 7)			10,254,299	7,045,337	3,208,962	0.340 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,015,746	293,400	3,722,346	0.390 %
j Total. Other Benefits			68,620,251	31,121,663	37,498,588	3.940 %
k Total. Add lines 7d and 7j			599,557,297	489,686,802	109,870,495	11.530 %

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			2,070,155		2,070,155	0.220 %
8 Workforce development						
9 Other						
10 Total			2,070,155		2,070,155	0.220 %

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		264,729
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		264,729
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	7,425,904
6	Enter Medicare allowable costs of care relating to payments on line 5	6	8,710,213
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,284,309
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
	<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		No

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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?

2

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

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

A

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

12

Community Health Needs Assessment

	Yes	No
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?	1	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.	2	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):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</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	5	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	6a	Yes
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	6b	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):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 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):	15 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):	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): WWW.PHOENIXCHILDRENS.ORG		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.PHOENIXCHILDRENS.ORG		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.PHOENIXCHILDRENS.ORG		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

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

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

A

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 38

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	MEDICAL INTERPRETER/TRANSLATION SERVICES CLEAR COMMUNICATION BETWEEN PATIENTS AND PROVIDERS AND HELP TO SOLVE AN URGENT HEALTH AND SAFETY ISSUE. PHOENIX CHILDREN'S MEDICAL INTERPRETER/TRANSLATOR PROGRAM IS THE NATIONAL MODEL TO IMPROVE COMMUNICATION AND SAFETY WITH THE HISPANIC POPULATION AT 20 CHILDREN'S HOSPITALS. MEDICAL INTERPRETER TRAINERS FROM NATIONAL AND LOCAL HOSPITALS GATHERED AT PHOENIX CHILDREN'S FOR TRAINING DESIGNED TO IMPROVE COMMUNICATION AND SAFETY FOR PATIENTS AND THEIR FAMILIES. ATTENDEES WERE TRAINED IN TEACHING BILINGUAL HEALTHCARE WORKERS MEDICAL TERMS, INTERPRETING PROTOCOL AND MULTICULTURAL UNDERSTANDING. SINCE 2001, THE HOSPITAL HAS TRAINED NEARLY 1,000 STUDENTS IN MEDICAL TERMINOLOGY, INTERPRETING ETHICS, LEADERSHIP, CULTURAL DIFFERENCES AND TEAM BUILDING.
SCHEDULE H, PART III, LINE 2	THE METHODOLOGY USED WAS TO TAKE TOTAL BAD DEBT CHARGES WRITTEN OFF MULTIPLIED BY THE HOSPITAL COST-TO-CHARGE RATIO.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	PAGE 16 OF THE AUDITED FINANCIAL STATEMENTS CONTAINS THE FOOTNOTE THAT ADDRESSES ALLOWANCE FOR DOUBTFUL ACCOUNTS.
SCHEDULE H, PART III, LINE 8	THE COSTS WERE CALCULATED USING THE COST TO CHARGE RATIO FROM THE MOST RECENTLY FILED MEDICARE COST REPORT. ANY SHORTFALL OF REVENUE OVER THE COST TO PROVIDE CARE WHICH IS CALCULATED USING THE HOSPITAL'S COST TO CHARGE RATIO SHOULD BE CONSIDERED CHARITY CARE. CONSISTENT WITH PCH'S MISSION TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH CARE SERVICES AND TO ADVOCATE FOR THOSE WHO ARE POOR AND DISENFRANCHISED, PCH STRIVES TO ENSURE THAT THE FINANCIAL CAPACITY OF PEOPLE WHO NEED HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING CARE. PCH ACCEPTS PAYMENT FOR THE DIFFERENCE BETWEEN THE COST OF SERVICES A PERSON RECEIVES AND THE AMOUNT RECEIVED TO PROVIDE THESE SERVICES, THUS RELIEVING BURDENS ON THE GOVERNMENT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	COMMUNITY NEEDS ARE DETERMINED VIA AN ASSESSMENT OF MULTIPLE STAKEHOLDERS, STATE AND FEDERAL GOVERNMENT REPORTS, AND PATIENT DATA. PRIORITIES AND PROGRAMS ARE DEVELOPED TO SERVE THESE DEMONSTRATED NEEDS, WITH A SPECIAL FOCUS ON POPULATIONS THAT ARE KNOWN TO HAVE DIFFICULTY ACCESSING CARE AND PROGRAMS THAT IMPROVE OVERALL PEDIATRIC HEALTH AND SAFETY.
SCHEDULE H, PART VI, LINE 3	FINANCIAL COUNSELORS ARE AVAILABLE TO ASSIST PATIENTS WITH INSURANCE COMPANIES, STATE AGENCIES, ACCESS TO PCH DISCOUNTED CARE OR APPLYING FOR THE HOSPITAL'S CHARITY CARE POLICY. INFORMATION REGARDING THE CHARITY CARE POLICY IS AVAILABLE ON OUR WEB SITE. FINANCIAL COUNSELORS INTERVIEW PARENTS OF CHILDREN WHO ARE UNINSURED AND UNDERINSURED. AHCCCS APPLICATIONS ARE INITIATED BY PCH ON BEHALF OF THE PATIENTS AND IF THE PARENTS DO NOT QUALIFY, FINANCIAL COUNSELORS PROCEED WITH THE FINANCIAL ASSISTANCE PROCESS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	THE GEOGRAPHIC AREA FOR THIS CHNA IS MARICOPA COUNTY, THE COMMON COMMUNITY FOR ALL PARTNERS PARTICIPATING IN THE CCHNA COLLABORATIVE. MARICOPA COUNTY IS THE FOURTH MOST POPULOUS COUNTY IN THE UNITED STATES. WITH AN ESTIMATED POPULATION OF OVER 4 MILLION AND GROWING, MARICOPA COUNTY IS HOME TO WELL OVER HALF OF ARIZONA'S RESIDENTS. MARICOPA COUNTY ENCOMPASSES THE GREATER PHOENIX AREA, WITH 9,224 SQUARE MILES, 27 CITIES AND TOWNS, AS WELL AS THE WHOLE OR PART OF FIVE SOVEREIGN AMERICAN INDIAN RESERVATIONS. MARICOPA COUNTY IS ETHNICALLY AND CULTURALLY DIVERSE, HOME TO MORE THAN 1.4 MILLION HISPANICS (31% OF ALL RESIDENTS), 277,000 AFRICAN AMERICANS, 202,000 ASIAN AMERICANS, AND 123,000 AMERICAN INDIANS. ACCORDING TO THE U.S. CENSUS BUREAU, 14% PERCENT OF THE POPULATION DOES NOT HAVE A HIGH SCHOOL DIPLOMA, 17% ARE LIVING BELOW THE FEDERAL POVERTY LEVEL, AND OVER 530,000 ARE UNINSURED.
SCHEDULE H, PART VI, LINE 5	THE FOLLOWING STATEMENTS SUMMARIZE EACH OF THE AREAS OF PRIORITY FOR PHOENIX CHILDREN'S, AND ARE BASED ON DATA AND INFORMATION GATHERED THROUGH THE CHNA. 1. ACCESS TO CARE: FOCUS GROUP PARTICIPANTS OVERWHELMINGLY BELIEVE THAT ACCESS TO CARE IS AN IMPORTANT ISSUE FOR YOUTH AND ADULTS IN THE COMMUNITY. WITHIN MARICOPA COUNTY, ONE OUT OF EVERY SIX RESIDENTS LACK HEALTH INSURANCE AND 12% OF CHILDREN UNDER THE AGE OF 18 ARE NOT INSURED. NEARLY 30% UTILIZE PUBLICLY FUNDED HEALTH INSURANCE PROGRAMS. THE NUMBER OF ADULTS REPORTING THEY HAVE A USUAL SOURCE OF HEALTH CARE IS DECREASING, WITH ONE OUT OF EVERY THREE REPORTING THEY DO NOT HAVE A REGULAR DOCTOR THEY SEE FOR CARE. HAVING A PRIMARY CARE PROVIDER (PCP) AS THE USUAL SOURCE OF CARE IS ESPECIALLY IMPORTANT. PCP'S CAN DEVELOP MEANINGFUL AND SUSTAINED RELATIONSHIPS WITH PATIENTS AND PROVIDE INTEGRATED SERVICES WHILE PRACTICING IN THE CONTEXT OF FAMILY AND COMMUNITY. 2. MENTAL HEALTH: IN MARICOPA COUNTY, MENTAL HEALTH WAS RANKED AS THE MOST IMPORTANT HEALTH PROBLEM IMPACTING THE COMMUNITY BY KEY INFORMANTS (HEALTH OR COMMUNITY EXPERTS FAMILIAR WITH TARGET POPULATIONS AND GEOGRAPHIC AREAS WITHIN PHOENIX CHILDREN'S PRIMARY SERVICE AREAS).THIS WAS ECHOED BY PARTICIPANTS IN FOCUS GROUPS WHO BELIEVED MENTAL HEALTH WAS ONE OF TOP HEALTH ISSUES IMPACTING COMMUNITY RESIDENTS. RATES FOR OVERALL MENTAL HEALTH EMERGENCY DEPARTMENT VISITS, NON-DRUG INDUCED MENTAL DISORDERS (INCLUDING SCHIZOPHRENIC DISORDER, DELUSIONAL DISORDER, MANIC OR BIPOLAR DISORDER, MAJOR DEPRESSIVE DISORDER, PERSISTENT MOOD DISORDER, ANXIETY DISORDER, PTSD, DISSOCIATIVE AND CONVERSION DISORDER, DEMENTIAS, DELUSIONAL DISORDERS, PERSONALITY DISORDERS, ADJUSTMENT DISORDERS), INPATIENT HOSPITALIZATIONS AND SUICIDE HAVE INCREASED FROM 2016 TO 2017.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	IN 2011, PCH ENTERED A STRATEGIC ALLIANCE WITH DIGNITY HEALTHCARE. BY COMBINING OUR PEDIATRIC PROGRAMS, WE ELEVATE THE OVERALL PEDIATRIC CARE OFFERED IN THE STATE OF ARIZONA AND ACHIEVE A LEVEL THAT WILL BE ON PAR WITH LEADING CHILDREN'S HOSPITALS MORE QUICKLY AND EFFICIENTLY THAN DOING SO ALONE. THIS STRATEGIC ALLIANCE WITH DIGNITY WILL HELP US TO: - IMPROVE ACCESS TO HIGHER QUALITY PEDIATRIC HEALTHCARE SERVICES IN A COST EFFECTIVE MANNER, WHICH IS ESSENTIAL IN THIS ECONOMIC ENVIRONMENT - ENHANCE RECRUITMENT AND DEVELOPMENT OF RESOURCES FOR NEW AND EXISTING HOSPITAL SERVICES AND PROGRAMS - MAINTAIN AND ENHANCE MEDICAL SERVICES FOR THE UNDERSERVED - DEVELOP COMPREHENSIVE PROGRAMS AND REGIONAL CENTERS OF EXCELLENCE - MEET THE NEEDS OF THE TREMENDOUS GROWTH IN DEMAND FOR PEDIATRIC HEALTHCARE SERVICES IN ARIZONA - SUPPORT OUR VISION TO BE THE PRIMARY AND TRUSTED RESOURCE FOR THE DEVELOPMENT OF PUBLIC POLICY RELATED TO CHILDREN'S HEALTHCARE IN ARIZONA - ACCELERATE THE DEVELOPMENT OF RESEARCH PROGRAMS

Additional Data

Software ID:
Software Version:
EIN: 86-0422559
Name: Phoenix Children's Hospital

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	PHOENIX CHILDREN'S HOSPITAL 1919 E THOMAS ROAD PHOENIX, AZ 850167710 WWW.PHOENIXCHILDRENS.ORG SH3107			X				X			A
2	Phoenix Children's-Mercy Gilbert Ctr 3555 S Val Vista DrIVE GILBERT, AZ 85297 www.dignityhealth.org/mercygilbert/ SH6849			X							A

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E	THE CHNA REPORT IDENTIFIES THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND DESCRIBES THE PROCESS BY WHICH THEY WERE IDENTIFIED AND PRIORITIZED. THE IDENTIFIED NEEDS ARE REPORTED AND PRIORITIZED ON PAGE 5 OF THE REPORT. A SUMMARY OF THE PROCESS TO IDENTIFY AND PRIORITIZE THE COMMUNITY HEALTH NEEDS CAN BE FOUND ON PAGE 21 OF THE REPORT.
SCHEDULE H, PART V, SECTION B, LINE 5	APPLICABLE TO PHOENIX CHILDREN'S HOSPITAL ("PCH") AND PHOENIX CHILDREN'S-MERCY GILBERT CENTER ("PCMGC") THE PROCESS OF CONDUCTING THIS ASSESSMENT BEGAN WITH A REVIEW OF APPROXIMATELY 100 INDICATORS TO MEASURE HEALTH OUTCOMES AND ASSOCIATED HEALTH FACTORS OF MARICOPA COUNTY RESIDENTS. THE INDICATORS INCLUDED DEMOGRAPHIC DATA, SOCIAL AND ECONOMIC FACTORS, HEALTH BEHAVIORS, PHYSICAL ENVIRONMENT, HEALTH CARE AND HEALTH OUTCOMES. HEALTH NEEDS WERE IDENTIFIED THROUGH THE COMBINED ANALYSIS OF SECONDARY DATA AND COMMUNITY INPUT. BASED ON THE REVIEW OF THE SECONDARY DATA, A CONSULTANT TEAM DEVELOPED A PRIMARY DATA COLLECTION GUIDE USED IN FOCUS GROUPS WITH REPRESENTATIVES OF MINORITY AND UNDERSERVED POPULATIONS WHO IDENTIFIED COMMUNITY CONCERNS AND ASSETS. SURVEYS WERE COLLECTED FROM KEY INFORMANTS TO HELP DETERMINE COMMUNITY NEEDS AND PRIORITIES. ADDITIONALLY, MEETINGS WERE HELD WITH STAKEHOLDERS. TO BE A CONSIDERED A HEALTH NEED, A HEALTH OUTCOME OR FACTOR MUST MEET TWO CRITERIA. FIRST, EXISTING DATA MUST DEMONSTRATE A WORSENING TREND IN RECENT YEARS OR INDICATE AN APPARENT HEALTH DISPARITY. SECOND, THE HEALTH OUTCOME OR FACTOR HAD TO BE MENTIONED IN A SUBSTANTIAL WAY IN FOCUS GROUPS AND KEY STAKEHOLDER MEETINGS. PHOENIX CHILDREN'S PARTNERED WITH SYNAPSE PARTNERS, THE HEALTH IMPROVEMENT PARTNERSHIP OF MARICOPA COUNTY (HIPMC) AND THE MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH (MCDPH) TO ASSESS THE HEALTH NEEDS OF MARICOPA COUNTY RESIDENTS. INTERNAL COMMITTEES AND WORKGROUPS OF INTERNAL PHOENIX CHILDREN'S STAKEHOLDERS AND COMMUNITY STAKEHOLDERS CONTRIBUTED TO THE PRIORITIZATION PROCESS. 1. COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THIS PROCESS WERE FILTERED THROUGH PHOENIX CHILDREN'S COMMUNITY CONSTITUENTS (INTERNAL AND EXTERNAL) THROUGH A SURVEY TO ARRIVE AT A PRIORITIZED RANKING OF HEALTH NEEDS. 2. PHOENIX CHILDREN'S CHNA CLINICAL WORKGROUP REVIEWED AND ANALYZED THE TOP HEALTH NEEDS IDENTIFIED IN THE COMMUNITY SURVEY. THIS GROUP ALSO CONSTRUCTED IMPLEMENTATION STRATEGIES TO ADDRESS THESE HEALTH NEEDS. 3. PHOENIX CHILDREN'S CHNA EXECUTIVE STEERING COMMITTEE APPROVED THE FOCUS AREAS AND IMPLEMENTATION STRATEGIES, COMPILED THE DRAFT CHNA REPORT AND SUBMITTED THE REPORT TO THE PHOENIX CHILDREN'S BOARD OF DIRECTORS FOR APPROVAL. 4. PHOENIX CHILDREN'S BOARD OF DIRECTORS APPROVED THE CHNA.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	PCH AND PCMGC CONDUCTED A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT. SCHEDULE H, PART V, SECTION B, LINE 7A, 7B, AND 10A THE 2019 COMMUNITY NEEDS ASSESSMENT FOR PCH IS AVAILABLE AT THE FOLLOWING WEBSITES: HTTPS://WWW.PHOENIXCHILDRENS.ORG/ABOUT-US/HEALTHCARE-OUTREACH httpS://www.maricopa.gov/3849/Public-Health
SCHEDULE H, PART V, SECTION B, LINE 11	THE CHNA, WHICH CAN BE FOUND AT THE ABOVE WEBSITE, DESCRIBES THE MOST SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND THE STRATEGY TO ADDRESS EACH NEED IDENTIFIED. THERE ARE NO NEEDS THAT ARE NOT BEING ADDRESSED.

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13B	APPLICABLE TO PHOENIX CHILDREN'S HOSPITAL ("PCH") AND PHOENIX CHILDREN'S-MERCY GILBERT CENTER ("PCMGC") FINANCIAL ASSISTANCE WILL BE DETERMINED BASED ON BEST AVAILABLE INFORMATION AFTER ALL EFFORTS TO CONTACT THE PATIENT AND OBTAIN FINANCIAL INFORMATION HAVE BEEN EXHAUSTED. DETERMINATION MAY BE MADE DURING THE COLLECTIONS PROCESS IF EFFORTS TO COLLECT INFORMATION ARE EXHAUSTED AT THAT TIME. FACTORS USED TO DETERMINE PRESUMED FINANCIAL ASSISTANCE COULD INCLUDE ONE OR ALL OF THE FOLLOWING: -FINANCIAL APPLICATIONS; -OUT OF COUNTRY ADDRESSES WITHOUT PROPER SECTION 1011 DOCUMENTATION; -INABILITY TO CONTACT FAMILIES BY PHONE OR MAIL (DISCONNECTED PHONES AND RETURNED MAIL); -A CREDIT SCORE OF 600 OR BELOW WITH THE INABILITY TO PAY; -NON-QUALIFYING EVENT WITH AHCCCS DENIAL; -HOMELESS GUARANTOR/RESPONSIBLE PARTY; -INCARCERATED GUARANTOR/RESPONSIBLE PARTY; -MEDICAID ACCOUNTS-EXHAUSTED DAYS/BENEFITS/NON-COVERED DAYS; AND -FES COVERAGE.

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 PHOENIX CHILDREN'S HOSPITAL 1920 E CAMBRIDGE PHOENIX, AZ 85006	SURGERY CENTER
1 PHOENIX CHILDREN'S SPCLTY URGENT CARE 1665 N AVONDALE BLVD AVONDALE, AZ 85392	SPECIALTY & URGENT CARE CENTER
2 PHOENIX CHILDREN'S HOSPITAL 5131 E SOUTHERN MESA, AZ 85205	URGENT CARE - SPECIALTY & SURGERY CENTER
3 PHOENIX CHILDREN'S HOSPITAL 20325 N 51ST AVE GLENDALE, AZ 85308	SPECIALTY & URGENT CARE CENTER
4 PHOENIX CHILDREN'S HOSPITAL 6900 E SHEA BLVD SCOTTSDALE, AZ 85254	SPECIALTY & URGENT CARE CENTER
5 PHOENIX CHILDREN'S HOSPITAL 3420 S MERCY RD SUITE 121 GILBERT, AZ 85297	SPECIALTY CARE
6 PHX CHILDREN'S SPCLTY CARE CNTER-GILBERT 1501 N GILBERT RD 203 GILBERT, AZ 85234	SPECIALTY CARE
7 PHX CHILDREN'S HEART CENTER - SCOTTSDALE 10250 N 92ND ST STE 212 SCOTTSDALE, AZ 85258	HEART CENTER
8 PHX CHILDREN'S HEART CENTER - GLENDALE 5757 W THUNDERBIRD STE E353 GLENDALE, AZ 85306	HEART CENTER
9 ARIZONA PEDIATRIC EYE - GLENDALE 6320 W UNION HILLS DR STE 230 GLENDALE, AZ 85308	SPECIALTY CARE
10 ARIZONA PEDIATRIC EYE - MESA 1520 S DOBSON RD STE 202 MESA, AZ 85202	SPECIALTY CARE
11 ARIZONA PEDIATRIC EYE - MESA (SOUTHEAST) 1220 S HIGLEY RD STE 460 MESA, AZ 85206	SPECIALTY CARE
12 ARIZONA PEDIATRIC EYE - PHOENIX (NORTH) 4530 E SHEA BLVD STE 150 PHOENIX, AZ 85208	SPECIALTY CARE
13 ARIZONA PEDIATRIC EYE - PHOENIX (WEST) 9250 W Thomas Rd Ste 320 PHOENIX, AZ 85037	SPECIALTY CARE
14 ARIZONA PEDIATRIC EYE - SCOTTSDALE 20201 N SCOTTSDALE HEALTHCARE DR ST SPECIALTY CARE, AZ 85255	SPECIALTY CARE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
16 PHOENIX CHILDREN'S HOSPITAL - UMOM 3333 E VAN BUREN ST PHOENIX, AZ 85008	CLINIC
1 GATEWAY PEDIATRICS - CHANDLER 205 S DOBSON RD 1 CHANDLER, AZ 85224	GENERAL PEDIATRICS OFFICE
2 GATEWAY PEDIATRICS - GILBERT 1790 E BOSTON ST 101 GILBERT, AZ 85295	GENERAL PEDIATRICS OFFICE
3 DESERT CANYON PEDIATRICS 3805 E BELL RD STE 5100 PHOENIX, AZ 85032	General Pediatrics Office
4 PHX Children's Specialty Care - Tucson 5983 E Grant Rd Suite 201 Tucson, AZ 85712	Specialty Care
5 PHX Children's Cardiology - Casa Grande 1828 E Florence Blvd Building C Casa Grande, AZ 85222	Cardiology
6 PHX Children's Cardiology - Douglas 815 15th St Douglas Arizona 8560 Douglas, AZ 85607	Cardiology
7 PHX Children's Cardiology - Safford 2115 W 16th St Safford, AZ 85546	Cardiology
8 PHX Children's Cardiology - Sierra VISTA 155 Calle Portal Suite 700 Sierra Vista, AZ 85635	Cardiology
9 PHX Children's ENTOT - MESA 2045 S Vineyard Bldg 3 Suite 137 Mesa, AZ 85210	Specialty Care
10 PHX Children's Pediatrics Dobson Village 205 S Dobson Rd Ste 1 Chandler, AZ 85224	General Pediatrics Office
11 PHX ChildrenS Pediatrics - San TaN VILLA 1790 E Boston St Ste 101 Gilbert, AZ 85295	General Pediatrics Office
12 PHX Children's Urology & Surgery - YUMA 2851 S Ave B Bldg 20 Ste 2001 Yuma, AZ 85364	Specialty Care & Surgery
13 PHX Children's Mercy Gilbert Spec CARE 3420 Mercy Rd Ste 113 205 Gilbert, AZ 85297	Specialty Care
14 Phoenix Children's OphthENT - WEST 2045 South Vineyard Bldg 3 Suite Mesa, AZ 85210	Specialty Care

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
31 PHX Children's Pediatrics - Scottsdale 5425 E Bell Rd Ste 145 Scottsdale, AZ 85254	General Pediatrics Office
1 PHX Children's Pediatrics - Cottonwood 800 Cove Pkwy Cottonwood, AZ 86326	General Pediatrics Office
2 PHX Children's Pediatrics - VAL VISTA LAKE 1546 N Parkway Dr Ste 101 Gilbert, AZ 85234	General Pediatrics Office
3 PHX Children's Sports Med PT - GILBERT 3530 S Val Vista Dr Ste B205 Gilbert, AZ 85297	Specialty Care
4 Phoenix Children's Sports Med PT - PHX 4215 E Bell Rd Phoenix, AZ 85032	Specialty Care
5 PHX Children's Pediatrics - Palo VERDE 120 S Val Vista Dr Gilbert, AZ 85296	General Pediatrics Office
6 PHX Children's SpeC Care - ArrowHEAD 18555 N 79th Ave Suite E-105 Glendale, AZ 85308	Specialty Care
7 Phoenix Children's Ophthalmology - SW 2045 South Vineyard Bldg 3 Suite Mesa, AZ 85210	Specialty Care

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493316039980	
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.					
Schedule I (Form 990)		<div>Grants and Other Assistance to Organizations, Governments and Individuals in the United States</div> <div>Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for the latest information.</div>			
Department of the Treasury Internal Revenue Service		Name of the organization Phoenix Children's Hospital		Employer identification number 86-0422559	

Part I General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	
<div><input checked="" type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Arizona Hemophilia Association 825 N 5th Ave SUITE 825 Phoenix, AZ 85003	86-0209257	501(c)(3)	152,000				PROGRAM SUPORT
(2) American Heart Association 2601 N Campbell SUITE 250 Tucson, AZ 85719	13-5613797	501(c)(3)	15,000	0			PROGRAM SUPPORT

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

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PHOENIX CHILDREN'S HOSPITAL (PCH) MAKES CONTRIBUTIONS TO OTHER HEALTH RELATED ORGANIZATIONS TO SUPPORT VARIOUS PROGRAMS. PCH RELIES ON THE GOVERNANCE PRACTICES OF THE RECIPIENT ORGANIZATIONS TO MONITOR USE OF THE FUNDS.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Phoenix Children's Hospital		Employer identification number 86-0422559

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

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I LINE 1A	HOUSING ALLOWANCE PAYMENTS WERE MADE IN 2019 TO: KARI S. CORNICELLI - \$27,211 RICH LEHMUTH - \$17,738 THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION. SCHEDULE J, PART I LINE 4a SEVERANCE PAYMENTS WERE MADE IN 2019 TO: DOUG MYERS - \$435,000 THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) AS OTHER REPORTABLE COMPENSATION.
Schedule J, Part I, Line 4b	PHOENIX CHILDREN'S HOSPITAL OFFERS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO CERTAIN EXECUTIVES OF THE ORGANIZATION. ELIGIBLE PARTICIPANTS ARE SELECTED BY THE BOARD OF DIRECTORS. PARTICIPANT VESTING OCCURS UPON RETIREMENT, DISABILITY BEFORE SEPARATION, INVOLUNTARY SEPARATION (OTHER THAN FOR CAUSE) OR DEATH. THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE SERP PLAN DURING 2019 AND THEIR DEFERRED COMPENSATION AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C): BETSY KUZAS KARI S. CORNICELLI DAVID HIGGINSON PAGE BACHMAN BRIAN MEYER RICH LEHMUTH JULIE BOWMAN JARED MUENZER, MD DANIEL OSTLIE, MD THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE SERP PLAN AND RECEIVED TAXABLE SERP PAYOUTS DURING 2019 THAT ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AS OTHER REPORTABLE COMPENSATION: ROBERT L. MEYER - \$289,334 CRAIG MCKNIGHT - \$65,065 CARMEN NEUBERGER - \$75,311
SCHEDULE J, PART I, LINE 7	CERTAIN EXECUTIVES WERE ELIGIBLE FOR THE DISCRETIONARY EXECUTIVE INCENTIVE PLAN OF PHOENIX CHILDREN'S HOSPITAL IN WHICH ONE OF THE PERFORMANCE MEASURES WAS EARNINGS BEFORE INTEREST, DEPRECIATION AND AMORTIZATION. THIS INCENTIVE PLAN WAS APPROVED BY THE COMPENSATION COMMITTEE.
SCHEDULE J, PART II	MICHAEL RITCHEY, MD RECEIVED COMPENSATION FOR MEDICAL SERVICES RENDERED IN THE CAPACITY OF STAFF PHYSICIAN FOR PHOENIX CHILDREN'S HOSPITAL, NOT FOR HIS DUTIES AS CURRENT BOARD MEMBER.

Additional Data

Software ID:
Software Version:
EIN: 86-0422559
Name: Phoenix Children's Hospital

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				
1MICHAEL RITCHEY MD PRES, MED STAFF (THRU 4/19)	(i)	674,341	35,886	38,950	9,091	9,829	768,097	0
	(ii)	0	0	0	0	0	0	0
1CRAIG MCKNIGHT EXECUTIVE VP & CFO/TREASURER	(i)	386,408	498,463	90,878	3,114	7,056	985,919	65,065
	(ii)	0	0	0	0	0	0	0
2DOUG MYERS EXECUTIVE VP & CFO/TREASURER	(i)	47,289	98,299	435,220	0	842	581,650	0
	(ii)	0	0	0	0	0	0	0
3CARMEN NEUBERGER SVP/GENERAL COUNSEL/SECRETARY	(i)	448,477	419,612	101,088	3,665	9,240	982,082	75,311
	(ii)	0	0	0	0	0	0	0
4JULIE BOWMAN RN SVP, PATIENT CARE SVCS & CNO	(i)	325,794	168,802	22,151	10,000	7,806	534,553	0
	(ii)	0	0	0	0	0	0	0
5DAVID HIGGINSON EXECUTIVE VP & COO	(i)	589,705	655,791	21,078	2,533	14,436	1,283,543	0
	(ii)	0	0	0	0	0	0	0
6BETSY KUZAS SVP, CONSTRUCTION & SPECIAL PR	(i)	508,440	486,538	24,005	11,200	5,318	1,035,501	0
	(ii)	0	0	0	0	0	0	0
7JARED MUENZER MD SVP, COO, PCMG	(i)	495,669	309,111	20,689	10,857	10,319	846,645	0
	(ii)	0	0	0	0	0	0	0
8DANIEL VELEZ MD STAFF PHYSICIAN	(i)	1,393,396	574,829	23,002	11,200	11,700	2,014,127	0
	(ii)	0	0	0	0	0	0	0
9PHILIP ADELSON MD DIVISION CHIEF	(i)	1,134,198	102,828	26,682	11,200	10,945	1,285,853	0
	(ii)	0	0	0	0	0	0	0
10DANIEL OSTLIE MD SURGEON IN CHIEF	(i)	875,554	308,174	23,002	5,231	14,350	1,226,311	0
	(ii)	0	0	0	0	0	0	0
11PAGE BACHMAN SVP, HUMAN RESOURCES	(i)	383,542	218,317	23,045	11,200	12,811	648,915	0
	(ii)	0	0	0	0	0	0	0
12BRIAN MEYER SVP, CIO	(i)	300,135	73,715	19,685	7,600	14,366	415,501	0
	(ii)	0	0	0	0	0	0	0
13RICH LEHMUTH SVP, STRATEGIC PLANNING	(i)	404,978	0	49,910	11,200	4,957	471,045	0
	(ii)	0	0	0	0	0	0	0
14DAVID NOTRICA MD PEDIATRIC SURGEON	(i)	734,274	495,458	23,515	10,000	15,383	1,278,630	0
	(ii)	0	0	0	0	0	0	0
15TOM DIEDERICH VP, TOTAL REWARDS (THRU 1/19)	(i)	56,841	98,280	5,442	291	268	161,122	0
	(ii)	0	0	0	0	0	0	0
16KARI S CORNICELLI EVP & CFO/TREASURER	(i)	262,850	35,000	94,358	19,731	4,038	415,977	0
	(ii)	0	0	0	0	0	0	0
17RAMIN JAMSHIDI MD PEDIATRIC SURGEON	(i)	732,300	214,208	20,680	4,000	13,352	984,540	0
	(ii)	0	0	0	0	0	0	0
18ROBERT L MEYER DIRECTOR/PRESIDENT & CEO	(i)	1,108,266	1,519,070	322,730	11,200	10,178	2,971,444	289,334
	(ii)	0	0	0	0	0	0	0
19DOROTHY ROWE MD PRESIDENT, MEDICAL STAFF	(i)	718,164	23,828	22,864	3,333	11,349	779,538	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Phoenix Children's Hospital

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

86-0422559

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040506MX2	09-06-2012	301,690,236	SEE PART VI		X		X		X
B ARIZONA HEALTH FACILITIES AUTHORITY	86-0453292	040507NG6	02-26-2013	280,805,274	SEE PART VI		X		X		X
C ARIZONA INDUSTRIAL DEVELOPMENT AUTHORITY	81-3526584	04052EAA6	05-14-2019	159,250,000	SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		150,000,000		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	305,422,103		283,318,646		160,082,126			
4	Gross proceeds in reserve funds	0		2,513,372		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	4,694,611		4,566,579		0			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		41,807,818		8,368,558			
11	Other spent proceeds	274,871,232		220,553,803		150,881,442			
12	Other unspent proceeds	25,856,260		13,877,074		832,126			
13	Year of substantial completion	2012		2014		2019			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	2.000 %		2.000 %		2.000 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %					
6	Total of lines 4 and 5	2.000 %		2.000 %		2.000 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?		X		X		X		
c	No rebate due?	X		X			X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		
b	Name of provider	0		MERILL LYNCH		0			
c	Term of hedge			10 %					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

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

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).	
Return Reference	Explanation
	SCHEDULE K, PART I, LINE A, COLUMN (F) DESCRIPTION OF PURPOSE - REFUNDING \$225,000,000 OF THE SERIES 2007 BONDS ISSUED 01/31/07. SCHEDULE K, PART I, LINE B, COLUMN (F) DESCRIPTION OF PURPOSE - REFUNDING REMAINING SERIES 2007 BONDS AND ESTABLISHING PROJECT FUND FOR CAPITAL ACQUISITION. SCHEDULE K, PART I, LINE C, COLUMN (F) DESCRIPTION OF PURPOSE ESTABLISH PROJECT FUNDS FOR CAPITAL ACQUISITION AND PARTIALLY REFUND 2013 BONDS. SCHEDULE K, PART II, LINE 3 WHERE TOTAL GROSS PROCEEDS SHOWN IN PART II, LINE 3 EXCEED THE BOND ISSUE PRICE LISTED IN PART I, IT IS DUE TO INVESTMENT EARNINGS. SCHEDULE K, PART IV, LINE 2C, COLUMN (A) BOND A - OCTOBER 2, 2017 SCHEDULE K, PART IV, LINE 2C, COLUMN (B) BOND B - MARCH 1, 2018

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493316039980
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 <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization Phoenix Children's Hospital		Employer identification number 86-0422559	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	<p>VOLUNTEERS MAKE A DIFFERENCE FOR PATIENTS AND FAMILIES AT PHOENIX CHILDREN'S HOSPITAL (PCH) EVERY DAY BY GIVING THE GIFT OF TIME. THE VOLUNTEERS EACH HAVE SOMETHING UNIQUE TO OFFER AND COME FROM ALL BACKGROUNDS AND WALKS OF LIFE. VOLUNTEERS ARE AN IMPORTANT PART OF PCH' S TEAM THAT PROVIDES THE BEST HOPE, HEALING AND CARE TO CHILDREN AND FAMILIES. EACH WEEK, OVER 400 VOLUNTEERS DONATE THREE TO FOUR HOURS OF SERVICE IN OVER 30 AREAS OF THE HOSPITAL . PCH VOLUNTEERS PLEDGE A MINIMUM OF 100 HOURS AND MUST BE AT LEAST 16 YEARS OF AGE. VOLUN TEERS GO THROUGH THE SAME SCREENING AND ORIENTATION PROCESS AS EMPLOYEES IN TERMS OF APPLI CATION, BACKGROUND CHECK, GENERAL HOSPITAL ORIENTATION, HIPAA, CONFIDENTIALITY TRAINING, E XTENSIVE HANDS-ON TRAINING AND ADDITIONAL TRAINING AS NECESSARY FOR DIFFERENT POSITIONS. F ORM 990, PART III, LINE 4 PHOENIX CHILDREN'S HOSPITAL (PCH) IS ARIZONA'S ONLY LICENSED NON PROFIT CHILDREN'S HOSPITAL PROVIDING CARE IN MORE THAN 75 PEDIATRIC SUBSPECIALTIES TO THE STATE'S PEDIATRIC PATIENTS. SIX CENTERS OF EXCELLENCE AT PCH OFFER INTERDISCIPLINARY CARE, INCLUDING: (1) THE CENTER FOR CANCER AND BLOOD DISORDERS, (2) THE CHILDREN'S HEART CENTER , (3) THE CHILDREN'S NEUROSCIENCES INSTITUTE, (4) THE CENTER FOR PEDIATRIC ORTHOPEDICS, (5) TRAUMA AND (6) THE NEWBORN INTENSIVE CARE UNIT (NICU). PCH IS ONE OF THE 10 LARGEST FREE STANDING CHILDREN'S HOSPITALS IN THE UNITED STATES ON NUMBER OF BEDS AND IS THE SINGLE LAR GEST PROVIDER OF PEDIATRIC SERVICES TO LOW-INCOME CHILDREN IN ARIZONA; 59 PERCENT OF PATIE NTS ARE MEDICAID BENEFICIARIES. IN ADDITION TO THE HOSPITAL'S MAIN CAMPUS NEAR DOWNTOWN PH OENIX, ARIZONA, THE HOSPITAL OPENED A 22-BED PEDIATRIC UNIT AT MERCY GILBERT HOSPITAL (A D IGNITY HEALTH HOSPITAL) IN GILBERT ARIZONA. THE HOSPITAL ALSO OPERATES FOUR FREESTANDING P EDIATRIC CLINICS IN MESA, AVONDALE, SCOTTSDALE AND GLENDALE, ARIZONA THAT OFFER SPECIALTY CARE AND ADVANCE URGENT CARE. THROUGH ITS BROAD RANGE OF SUPERIOR PEDIATRIC SERVICES INCLU DING NEUROLOGY, ENDOCRINOLOGY, CHEMOTHERAPY, CARDIOLOGY AND OTHER MEDICAL SERVICES, PCH HA S PROVIDED A DISTINGUISHED INDEPENDENT HEALTH FACILITY FOR THE CHILDREN OF ARIZONA. PCH DE LIVERS ON ITS MISSION TO PROVIDE HOPE, HEALING, AND THE BEST CARE FOR CHILDREN AND FAMILIE S BY PROVIDING ACCESS TO THE MOST ADVANCED SPECIALTY AND SUBSPECIALTY PEDIATRIC CARE IN AR IZONA. PCH EXTENDS THIS MISSION BEYOND OUR PATIENT POPULATION BY DELIVERING DIRECT FUNDING , PROGRAM SUPPORT, HEALTHCARE EXPERTISE, AND OTHER RESOURCES TO THE MOST VULNERABLE MEMBER S OF OUR COMMUNITY AND TO THE COMMUNITY AT LARGE. THE FOLLOWING DESCRIBES PCH'S SIX CENTER S OF EXCELLENCE AND OTHER MEDICAL SERVICES: AS HOSPITAL VOLUMES HAVE GROWN, PCH HAS BEEN A BLE TO PROVIDE MORE SUBSPECIALIZED CARE THROUGH INVESTMENTS IN SPECIALIZED MEDICAL STAFF A ND TECHNOLOGY. TODAY THE ORGANIZATION FOCUSES INVESTMENT ON THE SIX CENTERS OF EXCELLENCE TO IMPROVE ACCESS TO CARE FOR THE CHILDREN IN ARIZONA AND THE SOUTHWESTERN UNITED STATES. SINCE 2011, THE HOSPITAL HAS B</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	<p>EEN RECOGNIZED ANNUALLY AS ONE OF THE TOP 50 PEDIATRIC HOSPITALS IN THE UNITED STATES, ACC ORDING TO THE U.S. NEWS & WORLD REPORT SURVEY OF CHILDREN'S HOSPITALS, AND IS CURRENTLY RANKED IN ALL 10 SPECIALTIES THAT ARE EVALUATED FOR PEDIATRIC HOSPITALS. PCH BEGAN WITH FOUR CENTERS OF EXCELLENCE BUT HAS EXPANDED TO SIX CENTERS OF EXCELLENCE OFFERING INTERDISCIPLINARY CARE, EACH OF WHICH IS DESCRIBED BELOW. ADDITIONALLY, IN 2019, PCH WAS DESIGNATED BY THE AMERICAN COLLEGE OF SURGEONS AS A CHILDREN'S SURGERY VERIFICATION LEVEL 1 PROGRAM. THE PHOENIX CHILDREN'S HEART CENTER IS ONE OF ONLY ELEVEN PROGRAMS IN THE NATION TO RECEIVE A THREE STAR RATING, THE HIGHEST LEVEL OF DISTINCTION, FROM THE SOCIETY OF THORACIC SURGEONS CONGENITAL HEART SURGERY DATABASE. SINCE THE PROGRAM'S INCEPTION, THE HEART TEAM HAS PERFORMED OVER 80 HEART TRANSPLANTS, INCLUDING THE YOUNGEST CHILD EVER TO RECEIVE A TOTAL ARTIFICIAL HEART TRANSPLANT. THE CVICU WAS RECENTLY EXPANDED FROM 24 TO 48 BEDS. THE CENTER FOR CANCER AND BLOOD DISORDERS AND INFUSION CENTER AT PCH IS THE LARGEST PEDIATRIC PROVIDER OF HEMATOLOGY AND ONCOLOGY SERVICES IN ARIZONA WITH 15 PRIVATE INFUSION ROOMS, 6 QUICK INFUSION ROOMS AND 6 BLOOD DRAW SPACES. IT IS THE ONLY FOUNDATION FOR THE ACCREDITATION OF CELLULAR THERAPY ("FACT") ACCREDITED PROGRAM IN THE STATE AND THE ONLY FREE-STANDING PEDIATRIC HOSPITAL IN THE STATE WITH A BLOOD AND BONE MARROW TRANSPLANT PROGRAM IN PARTNERSHIP WITH THE MAYO CLINIC. THE PROGRAM IS RANKED IN THE TOP FIVE PERCENT OF PROGRAMS FOR ONE-YEAR SURVIVAL FOR PATIENTS WITH FIRST ALLOGENEIC STEM CELL TRANSPLANTS. THE CENTER FOR CANCER AND BLOOD DISORDERS AND INFUSION CENTER IS ALSO THE ONLY LOCATION IN ARIZONA WHERE CHILDREN LIVING WITH CANCER CAN PARTICIPATE IN PHASE I CLINICAL TRIALS, GIVING THEM ACCESS TO THE LATEST BREAKTHROUGH THERAPIES. BARROW NEUROLOGICAL INSTITUTE AT PCH IS THE ONLY PROGRAM IN THE SOUTHWEST, AND ONE OF THE FEW IN THE COUNTRY, TO OFFER LASER ABLATION SURGERY FOR EPILEPSY AND BRAIN TUMORS. BARROW NEUROLOGICAL INSTITUTE ALSO MAINTAINS RESEARCH LABS, A LEVEL 4 EPILEPSY PROGRAM AND PROVIDES COVERAGE FOR THE ONLY NEURO-NICU IN ARIZONA, WHICH PROVIDES LIFE-SAVING TREATMENT TO NEWBORNS WHO HAVE SUFFERED BIRTH-RELATED BRAIN INJURY. THE PHOENIX CHILDREN'S CENTER FOR PEDIATRIC ORTHOPEDIC SURGERY IS A STATEWIDE REFERRAL CENTER FOR CHILD AND ADOLESCENT MUSCULOSKELETAL PROBLEMS. THESE INCLUDE SPINAL DEFORMITY AND SCLIOSIS, LEG-LENGTH DISCREPANCY, INFECTIONS, MUSCULOSKELETAL ONCOLOGY AND THOSE RELATED TO MUSCULAR DYSTROPHY AND CEREBRAL PALSY. THE PEDIATRIC SPINE SURGERY PROGRAM IS THE PREMIER PROGRAM IN THE STATE, OFFERING STATE-OF-THE-ART EOS IMAGING. PHOENIX CHILDREN'S HOSPITAL LEVEL IV NEWBORN INTENSIVE CARE UNIT HAS 33 LICENSED NICU BEDS. THE NICU IS THE ONLY LEVEL IV NURSERY IN THE STATE. PCH CARES FOR THE MOST COMPLEX NEWBORNS. MANY OF THE CHILDREN IN THE NICU DRAW ON THE STRENGTH OF OTHER PCH RELATED PROGRAMS. FOR EXAMPLE, THE MEDICAL AND SURGICAL CAPABILITIES OF THE H</p>

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Return Reference	Explanation
FORM 990, PART I, LINE 6	<p>EART CENTER FOR CHILDREN BORN WITH SERIOUS CONGENITAL HEART ISSUES ARE OFTEN PART OF A PER SON'S CARE FROM THE TIME THEY ARE IN THE NICU UNTIL THEY ARE WELL INTO ADULTHOOD. THE PROG RAM IS EXPECTED TO GROW WITH THE ARIZONA FETAL CARE NETWORK AND FUTURE EXPANSION PLANS FOR MOTHER-BABY CARE. THE PHOENIX CHILDREN'S HOSPITAL LEVEL I PEDIATRIC TRAUMA CENTER (WHICH INCLUDES A STATE OF THE ART NEW EMERGENCY DEPARTMENT) IS THE ONLY LEVEL I PEDIATRIC TRAUMA CENTER IN THE STATE, AND ONE OF ONLY 18 SUCH CENTERS IN THE UNITED STATES. THE APPROXIMAT ELY 42,000 SQUARE-FOOT CENTER HAS 75 EXAM ROOMS AND ACCOMMODATES BETWEEN 100,000 AND 125,0 00 VISITS ANNUALLY. IT IS ALSO HOME TO THE ONLY PHILIPS IQON SPECTRAL CT SCANNER APPROVED FOR PEDIATRIC CLINICAL USE IN THE COUNTRY. THE HOSPITAL IS NATIONALLY RECOGNIZED FOR THE H IGH QUALITY OF ITS MEDICAL SERVICES IN MANY OTHER SPECIALIZED PRACTICES AS WELL. FOR EXAMP LE, THE CYSTIC FIBROSIS CENTER AT THE HOSPITAL WAS THE FIRST PROGRAM IN THE STATE TO BE CE RTIFIED BY THE NATIONAL CYSTIC FIBROSIS FOUNDATION. IN ADDITION TO THE TRANSPLANTATION PRO GRAMS DESCRIBED ABOVE, THE HOSPITAL ALSO HAS HIGHLY RATED PROGRAMS IN LIVER AND KIDNEY TRA NSPLANTATION. PCH'S PECTUS PROGRAM FOR CHEST WALL RECONSTRUCTION IS THE LARGEST IN THE NAT ION AND ONE OF THE LARGEST IN THE WORLD. PHOENIX CHILDREN'S HOSPITAL SURGICAL PROGRAM IS O NE OF 24 DESIGNATED LEVEL 1 CHILDREN'S SURGERY VERIFICATION PROGRAMS IN THE UNITED STATES. THE AMERICAN COLLEGE OF SURGEONS, IN COLLABORATION WITH THE TASK FORCE FOR CHILDREN'S SUR GICAL CARE, DEVELOPED STANDARDS TO IMPROVE SURGICAL CARE FOR PEDIATRIC SURGICAL PATIENTS. THESE STANDARDS HAVE LED THE DEVELOPMENT OF THE CHILDREN'S SURGERY VERIFICATION PROGRAM AN D ARE THE NATION'S FIRST AND ONLY MULTISPECIALTY STANDARDS FOR CHILDREN'S SURGICAL CARE. O THER MAJOR MEDICAL SERVICES DOCTORS AND NURSES ARE VITAL COMPONENTS OF THE PERSONALIZED CA RE TEAM PHOENIX CHILDREN'S PROVIDES EACH OF ITS CHILDREN. EQUALLY IMPORTANT TO THE HOSPITA L'S PHILOSOPHY OF CARE IS THE FAMILY: MOTHERS, FATHERS, SIBLINGS, GRANDPARENTS AND OTHER M EMBERS OF A FAMILY'S SUPPORT SYSTEM. IT'S THOSE FAMILY MEMBERS WHO ARE THE PRIMARY CAREGIV ERS AND PROVIDE THE STRENGTH AND SUPPORT REQUIRED TO HELP OUR YOUNG PATIENTS RECOVER FROM ILLNESS AND INJURY. THEY PARTNER WITH THE HOSPITAL'S TEAM TO HELP DEVELOP A PLAN OF TREATM ENT THAT BEST FITS THEIR PERSONAL SITUATIONS. AND FOR THAT REASON PHOENIX CHILDREN'S - THR OUGH ITS PATIENT AND FAMILY SERVICES DEPARTMENT - OFFERS A COMPREHENSIVE SUPPORT NETWORK F OR THE ENTIRE FAMILY THROUGH SOCIAL WORK, CHAPLAINCY AND CHILD LIFE, THE LATTER A PROGRAM DEVELOPED RIGHT HERE AT PHOENIX CHILDREN'S HOSPITAL THAT HELPS PATIENTS AND OFTEN THEIR SI BBLINGS COPE EMOTIONALLY AND PHYSICALLY DURING THEIR HOSPITAL STAY BY PROVIDING AGE APPROPR IATE EDUCATION. PATIENTS GAIN A MEASURE OF CONTROL OVER THEIR OWN CARE BY LEARNING ABOUT I T THROUGH PLAY.</p>

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Return Reference	Explanation
<p>THE HOSPITAL ALSO UNDERSTANDS THOSE FAMILY MEMBERS HAVE NEEDS, TOO.</p>	<p>AND FOR THAT REASON PHOENIX CHILDREN'S - THROUGH ITS PATIENT AND FAMILY SERVICES DEPARTMENT - OFFERS A COMPREHENSIVE SUPPORT NETWORK FOR THE ENTIRE FAMILY THROUGH SOCIAL WORK, CHAPLAINCY AND CHILD LIFE, THE LATTER A PROGRAM DEVELOPED RIGHT HERE AT PHOENIX CHILDREN'S HOSPITAL THAT HELPS PATIENTS AND OFTEN THEIR SIBLINGS COPE EMOTIONALLY AND PHYSICALLY DURING THEIR HOSPITAL STAY BY PROVIDING AGE APPROPRIATE EDUCATION. PATIENTS GAIN A MEASURE OF CONTROL OVER THEIR OWN CARE BY LEARNING ABOUT IT THROUGH PLAY. ROUNDING OUT THE CARE TEAM ARE COMPASSIONATE AND CARING MEMBERS OF THE COMMUNITY, OUR VOLUNTEERS, WHO MAKE AN INDELIBLE DIFFERENCE IN THE LIVES OF OUR CHILDREN, FAMILIES AND STAFF. WHETHER THEY'RE ESCORTING A FAMILY TO ONE OF OUR CLINICS, SERVING AS A CANDY STRIPER OR ENTERTAINING CHILDREN IN ONE OF THE PLAYROOMS, PHOENIX CHILDREN'S VOLUNTEERS ARE THERE TO OFFER ANOTHER LEVEL OF COMFORT AND CARE. THE HOSPITAL'S PHILOSOPHY OF FAMILY-CENTERED CARE IS ALSO ONE OF THE MOTIVATIONS BEHIND ITS ALLIANCE WITH DIGNITY HEALTH. THE UNIFICATION OF THESE PEDIATRIC PROGRAMS - WHOSE MISSIONS AND VISIONS SO CLOSELY ALIGN - FORTIFIES PHOENIX CHILDREN'S COMMITMENT TO DELIVER ON ITS PROMISE TO PROVIDE HOPE, HEALING AND THE BEST HEALTH CARE TO ARIZONA'S CHILDREN AND FAMILIES. PHOENIX CHILDREN'S OFFERS WORLD-CLASS CARE IN MORE THAN 75 SUB-SPECIALTY FIELDS OF PEDIATRIC MEDICINE, INCLUDING 67 CENTERS OF EXCELLENCE. IN 2019, PHOENIX CHILDREN'S HAD 14,232 DISCHARGES; 98,152 VISITS TO THE EMERGENCY DEPARTMENT; 367,610 OUTPATIENT VISITS; AND 25,473 SURGICAL PROCEDURES. ARIZONA'S POPULATION GROWTH MEANS PHOENIX CHILDREN'S MUST GROW, TOO. THE HOSPITAL IS EXPANDING TO ADD MORE PHYSICIANS, BUILD NEW CLINICAL PROGRAMS, AND LOCATIONS. THE CENTERPIECE OF THE EXPANSION IS AN 11-STORY TOWER THAT OPENED IN 2011. 2017 SAW THE OPENING OF A NEW ED/TRAUMA CENTER. THE NEW FACILITY OPENED IN SEPTEMBER OF 2017. IT IS 42,300 SQUARE FEET WITH 75 PRIVATE EXAM ROOMS AND 9 TRAUMA BAYS. IN 2018, PCH AND DIGNITY HEALTH ANNOUNCED PLANS FOR THE CONSTRUCTION OF A WOMEN'S AND CHILDREN'S HOSPITAL ON THE DIGNITY HEALTH MERCY GILBERT MEDICAL CENTER CAMPUS. UNDER THE CURRENT PLANS, PEDIATRIC SERVICES WILL INCLUDE 48 PEDIATRIC BEDS, 6 PEDIATRIC OPERATING ROOMS, 60 LEVEL III NICU BEDS AND A PEDIATRIC EMERGENCY ROOM WITH 24 BAYS WITH ADULT SERVICES THAT INCLUDE 24 LABOR AND DELIVERY ROOMS AND 48 POST-PARTUM BEDS. DIGNITY HEALTH WILL FUND THE CONSTRUCTION AND THE HOSPITAL WILL LEASE ITS PORTION OF THE SPACE. IN RETURN, DIGNITY HEALTH HAS THE RIGHTS TO 33% INTEREST IN THE AVAILABLE FREE CASH FLOW OF THE PROJECT. PHOENIX CHILDREN'S HAS ARIZONA'S ONLY DEDICATED PEDIATRIC DIALYSIS CENTER AND PEDIATRIC KIDNEY TRANSPLANT PROGRAM. PHOENIX CHILDREN'S HOSPITAL HAS 153 ICU BEDS (NICU, PICU & CVICU), ONE OF THE LARGEST AMONG ALL FREESTANDING CHILDREN'S HOSPITALS IN THE COUNTRY, AND ONE OF ONLY A HANDFUL IN THE U.S. PERFORMING THE EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO) PROCEDURE. PHOENIX CHILDREN'S HAS THE FIRST AND</p>

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Return Reference	Explanation
THE HOSPITAL ALSO UNDERSTANDS THOSE FAMILY MEMBERS HAVE NEEDS, TOO.	ONLY PEDIATRIC RADIOLOGY FELLOWSHIP PROGRAM IN ARIZONA. THE DIVISION OF RADIOLOGY OCCUPIES 45,000 SQUARE FEET OF THE FIRST FLOOR. PHOENIX CHILDREN'S OPERATES FOUR SPECIALTY AND URG ENT CARE CENTERS, LOCATED IN SCOTTSDALE, THE EAST VALLEY, THE WEST VALLEY AND THE NORTHWEST VALLEY. APPROXIMATELY 59 PERCENT OF PHOENIX CHILDREN'S PATIENTS ARE COVERED BY AHCCCS, A RIZONA'S MEDICAID PROGRAM FOR LOW-INCOME FAMILIES. THE TRACHEOTOMY AND AIRWAY PROGRAM IS T HE ONLY COMPREHENSIVE INPATIENT AND OUTPATIENT SERVICE IN ARIZONA THAT CARES FOR CHILDREN WITH TRACHEOSTOMIES AND HOME VENTILATORS. FORM 990, PART VI, LINE 1 PCH HAS AN EXECUTIVE C OMMITTEE THAT MAY EXERCISE THE POWER AND AUTHORITY OF THE BOARD OF DIRECTORS IN THE INTERV ALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS . THE EXECUTIVE COMMITTEE MAY REVIEW ALL POLICY MATTERS IN CONNECTION WITH THE OPERATIONS OF THE CORPORATION AND MAY MAKE RECOMMENDATIONS WITH RESPECT TO SUCH MATTERS TO THE BOARD OF DIRECTORS. MATTERS TO THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	ROBERT MEYER AND BRIAN MEYER HAVE A FAMILY RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	<p>THE TWO MEMBERS OF PCH ARE DIGNITY HEALTH AND CHILDREN'S HEALTHCARE OF ARIZONA, INC. FORM 990, PART VI, LINE 7A MEMBERS OF THE GOVERNING BODY ARE NOMINATED BY THE TWO CORPORATE MEMBERS, AND APPROVAL FOR ELECTION IS REQUIRED BY A MAJORITY OF THE BOARD OF DIRECTORS. DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS. FORM 990, PART VI, LINE 7B THE MEMBERS OF PCH HAVE CERTAIN RIGHTS AS OUTLINED IN THE AFFILIATION AGREEMENT AND THE BYLAWS WITH REGARD TO GOVERNANCE DECISIONS OF THE ORGANIZATION. FORM 990, PART VI, LINE 11B FORM 990 WAS REVIEWED BY VP FINANCE, EVP/CFO AND CEO. FORM 990 WAS THEN SENT TO THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 12C PCH AND ITS AFFILIATE ORGANIZATIONS REQUIRES EACH OF ITS DIRECTORS, OFFICERS, AND VICE PRESIDENTS TO COMPLETE AN ANNUAL DISCLOSURE FORM, IDENTIFYING REAL OR POTENTIAL CONFLICTS, SUCH AS FINANCIAL RELATIONSHIPS OR INTERESTS, FAMILY OR BUSINESS ASSOCIATIONS OR EMPLOYEE RELATIONSHIPS WITH PCH AND/OR ITS DIRECTORS, OFFICERS AND KEY EMPLOYEES. IF SITUATIONS ARE DISCLOSED THAT PRESENT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, THEY ARE REPORTED TO THE CEO AND THE BOARD OF DIRECTORS. RESOLUTION AND/OR AVOIDANCE OF CONFLICT OF INTEREST SITUATIONS RESIDES WITH THE BOARD AND THE CEO. FORM 990, PART VI, LINES 15A AND 15B PCH USES THE SERVICES OF AN OUTSIDE COMPENSATION CONSULTING FIRM TO MAKE MARKET COMPARISONS OF COMPENSATION, INCLUDING BOTH BASE SALARY AND INCENTIVE PROGRAMS. THESE PLANS ARE REVIEWED WITH AND ULTIMATELY APPROVED BY THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE. AFTER COMPLETION OF THE YEAR END AUDIT, THE COMPENSATION COMMITTEE MEETS TO EVALUATE PERFORMANCE OF THE CEO AND KEY EXECUTIVES AND TO APPROVE THE RECOMMENDATION OF THE SVP OF HUMAN RESOURCES AND THE CEO, BASED ON THE CRITERIA IN THE PREVIOUSLY APPROVED PLAN. THIS PROCESS WAS LAST COMPLETED IN 2019.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	SUCH DOCUMENTS ARE NOT REQUIRED TO BE MADE AVAILABLE; HOWEVER, THEY WILL BE PROVIDED UPON REASONABLE REQUEST.

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS (\$ 20,261,129) NET ASSET TRANSFER - CONSOLIDATION \$ 7,067,010 Loss on Defeasance (\$ 1,997,666) Accounting Change (\$ 2,943,056) ----- TOTAL (\$ 18,134,841)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Phoenix Children's Hospital

Employer identification number
86-0422559

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Phoenix Children's Care Network LLC 1919 E Thomas Road Phoenix, AZ 85016 46-2046629	Healthcare	AZ	4,285,519	0	PCH
(2) PHX Children's Community Physicians LLC 1919 E Thomas Road Phoenix, AZ 85016 86-0422559	Healthcare	AZ	0	0	PCH

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) ARIZONA CHILDREN'S RISK SOLUTIONS 333 E Osborn Road Suite 300 Phoenix, AZ 85012 26-1756912	Insurance	AZ	501(c)(3)	12A - I	PCH	Yes	
(2) Children's Healthcare of Arizona Inc 1919 E Thomas Road Phoenix, AZ 85016 45-1474342	Support	AZ	501(c)(3)	12A - I	NA		No
(3) Phoenix Children's Hospital Foundation 1919 E Thomas Road Phoenix, AZ 85016 74-2421549	Support	AZ	501(c)(3)	7	PCH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PHX CHILDREN'S CARDIOLOGY DIAG 1919 E THOMAS ROAD PHOENIX, AZ 85016 46-4850215	HEALTHCARE	AZ	PCH	related	3,814,011	4,355,317		No	0	Yes		62.500 %
(2) PHOENIX CHILDREN'S PROPERTY DEV 1919 E THOMAS ROAD PHOENIX, AZ 85016 47-2408123	HEALTHCARE	AZ	PCH	related	-374,302	24,339,183		No	0	Yes		90.000 %

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
(1) CHARITABLE REMAINDER TRUST (2)	TRUST	AZ	NA						

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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) PHOENIX CHILDREN'S HOSPITAL FOUNDATION	c	14,748,065	BOOK VALUE
(2) PHOENIX CHILDREN'S HOSPITAL FOUNDATION	n	6,990,395	BOOK VALUE
(3) ARIZONA CHILDREN'S RISK SOLUTIONS	q	6,840,007	BOOK VALUE
(4) PHOENIX CHILDREN'S PROPERTY DEVELOPMENT	j	676,717	BOOK VALUE
(5) PHOENIX CHILDREN'S PROPERTY DEVELOPMENT	k	1,567,999	BOOK VALUE

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART III, COLUMN (A)	PHOENIX CHILDREN'S CARDIOLOGY DIAGNOSTICS, LLC EIN: 46-4850215 ADDRESS: 1919 E. THOMAS ROAD, PHOENIX, AZ 85016 PHOENIX CHILDREN'S PROPERTY DEVELOPMENT, LLC EIN: 47-2408123 ADDRESS: 1919 E. THOMAS ROAD, PHOENIX, AZ 85016