

Form 990
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

C Name of organization SEATTLE CHILDREN'S HOSPITAL
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 5371 MS RC-507
City or town, state or province, country, and ZIP or foreign postal code
SEATTLE, WA 981455005

D Employer identification number 91-0564748
E Telephone number (206) 987-4846
G Gross receipts \$ 2,079,469,892

F Name and address of principal officer
JEFF SPERRING MD
PO BOX 5371 MS RC-507
SEATTLE, WA 981455005

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number 8041

I Tax-exempt status 501(c)(3) 501(c) () (insert) 4947(a)(1) or 527

J Website: WWW SEATTLECHILDRENS ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1907

M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE PROVIDE HOPE, CARE & CURES TO HELP EVERY CHILD LIVE THE HEALTHIEST & MOST FULFILLING LIFE POSSIBLE

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members (22), 4 Number of independent voting members (19), 5 Total number of individuals employed (9,178), 6 Total number of volunteers (716), 7a Total unrelated business revenue (1,942,378), 7b Net unrelated business taxable income (380,890).

Table with 4 columns: Description, Prior Year, Current Year, Net Assets or Fund Balances. Rows include: 8 Contributions and grants (246,106,645 / 294,717,218), 9 Program service revenue (1,420,371,215 / 1,480,441,574), 10 Investment income (80,657,746 / 73,673,879), 11 Other revenue (12,431,557 / 17,714,821), 12 Total revenue (1,759,567,163 / 1,866,547,492), 13 Grants and similar amounts paid (21,963,717 / 23,906,698), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (733,807,731 / 807,687,602), 16a Professional fundraising fees (0 / 0), 17 Other expenses (699,992,603 / 779,690,085), 18 Total expenses (1,455,764,051 / 1,611,284,385), 19 Revenue less expenses (303,803,112 / 255,263,107), 20 Total assets (3,605,274,314 / 3,878,355,666), 21 Total liabilities (1,035,707,026 / 1,061,319,116), 22 Net assets or fund balances (2,569,567,288 / 2,817,036,550).

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: SUZANNE B BEITEL SENIOR VP & CFO
Date: 2020-07-23

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date: 2020-07-24, Check if self-employed, PTIN: P00746598, Firm's name: CLARK NUBER PS, Firm's EIN: 91-1194016, Firm's address: 10900 NE 4TH STREET SUITE 1400 BELLEVUE, WA 98004, Phone no: (425) 454-4919

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEATTLE CHILDREN'S HOSPITAL (SEATTLE CHILDREN'S) WILL BE AN INNOVATIVE LEADER IN PEDIATRIC HEALTH AND WELLNESS THROUGH OUR UNSURPASSED QUALITY, CLINICAL CARE, RELENTLESS SPIRIT OF INQUIRY, AND COMPASSION FOR CHILDREN AND THEIR FAMILIES (CONTINUED ON SCHEDULE O)OUR FOUNDING PROMISE TO THE COMMUNITY IS AS VALID TODAY AS IT WAS OVER A CENTURY AGO WE WILL CARE FOR ALL CHILDREN IN OUR REGION, REGARDLESS OF THEIR FAMILY'S ABILITY TO PAY WE WILL - PRACTICE THE SAFEST, MOST ETHICAL AND EFFECTIVE MEDICAL CARE POSSIBLE - DISCOVER NEW TREATMENTS AND CURES THROUGH BREAKTHROUGH RESEARCH - PROMOTE HEALTHY COMMUNITIES WHILE REDUCING HEALTH DISPARITIES (SEE THE COMMUNITY BENEFIT REPORT IN SCHEDULE O)- EMPOWER OUR TEAM MEMBERS TO REACH THEIR HIGHEST POTENTIAL IN A RESPECTFUL WORK ENVIRONMENT - EDUCATE AND INSPIRE THE NEXT GENERATION OF FACULTY, STAFF AND LEADERS - BUILD ON A CULTURE OF PHILANTHROPY FOR PATIENT CARE AND RESEARCH

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 \$ 1,308,262,523 including grants of \$ 1,883,493) (Revenue \$ 1,447,234,873)
See Additional Data

4b (Code) (Expenses \$ 231,133,720 including grants of \$ 22,023,205) (Revenue \$ 32,252,083)
See Additional Data

4c (Code) (Expenses \$ 43,626,234 including grants of \$ 0) (Revenue \$ 6,729,605)
See Additional Data

(Code) (Expenses \$ 2,881,265 including grants of \$ 0) (Revenue \$ 366,015)

CHILDREN'S CLINICALLY INTEGRATED NETWORK, DOING BUSINESS AS SEATTLE CHILDREN'S CARE NETWORK (SCCN), IS A LIMITED LIABILITY COMPANY ESTABLISHED BY SEATTLE CHILDREN'S TO DEVELOP, COORDINATE AND IMPLEMENT A CLINICALLY INTEGRATED PEDIATRIC PROVIDER NETWORK TO PROMOTE COLLABORATION AND MODIFY PRACTICE PATTERNS TO ENHANCE THE QUALITY AND COST EFFECTIVENESS OF PEDIATRIC CARE SCCN CONTRIBUTES TO THE MISSION OF SEATTLE CHILDREN'S BY PROMOTING HEALTH THROUGH ITS PEDIATRIC ORGANIZED SYSTEM OF CARE THAT IMPROVES INTEGRATION, COORDINATION, QUALITY, SAFETY AND EFFICIENCY FOR BETTER OUTCOMES FOR PEDIATRIC PATIENTS WITHIN THE COMMUNITY

4d Other program services (Describe in Schedule O)
(Expenses \$ 2,881,265 including grants of \$ 0) (Revenue \$ 366,015)

4e Total program service expenses 1,585,903,742

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	759	<input type="checkbox"/>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	<input type="checkbox"/>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	<input type="checkbox"/>

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	9,178		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (WA); 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 (checked), 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: WARREN E HEWITT VP FINANCE 4300 ROOSEVELT WAY NE 5TH FLOOR SEATTLE, WA 981054718 (206) 987-4846

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

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

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

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

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

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

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

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

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

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

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	14,344,576	2,391,354	2,182,394

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,643

	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) Name and business address	(B) Description of services	(C) Compensation
LEASE CRUTCHER LEWIS 107 SPRING STREET SEATTLE, WA 981041052	CONSTRUCTION	130,112,979
CHILDREN'S UNIVERSITY MEDICAL GROUP PO BOX 50010 SEATTLE, WA 98105	PHYSICIAN SERVICES	112,433,364
UNIVERSITY OF WASHINGTON PO BOX 358220 SEATTLE, WA 98195	RESIDENTS & INTERNS	36,085,766
SELLEN CONSTRUCTION 227 WESTLAKE AVENUE NORTH SEATTLE, WA 98109	CONSTRUCTION	32,499,440
ALDRICH AND ASSOCIATES INC 810 240TH ST SE BOTHELL, WA 98021	CONSTRUCTION	18,550,041

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 ▶ 374

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	157,129,313		
	e Government grants (contributions)	1e	95,301,650		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	42,286,255		
	g Noncash contributions included in lines 1a - 1f \$ _____		19,528,125		
	h Total. Add lines 1a-1f		294,717,218		

Program Service Revenue			Business Code				
	2a PATIENT SVC REVENUES		621500	1,434,794,246	1,434,794,246		
b OTHER HEALTHCARE SVCS		621500	44,489,862	42,547,484	1,942,378		
c WHALE GIFT SHOP		453220	587,466				587,466
d INVESTMENT PROV CHILD		621500	570,000	570,000			
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			1,480,441,574				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			56,177,199			56,177,199
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			3,197,769			3,197,769
	6a Gross rents	(i) Real	(ii) Personal				
		13,736,142					
	b Less rental expenses	5,360,092					
	c Rental income or (loss)	8,376,050					
	d Net rental income or (loss)			8,376,050			8,376,050
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		225,047,288	11,700				
	b Less cost or other basis and sales expenses	207,327,410	234,898				
	c Gain or (loss)	17,719,878	-223,198				
	d Net gain or (loss)			17,496,680			17,496,680
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a PARKING	812930		3,791,084			3,791,084	
b CAFETERIA	722212		2,349,918			2,349,918	
c _____							
d All other revenue							
e Total. Add lines 11a-11d			6,141,002				
12 Total revenue. See Instructions			1,866,547,492	1,477,911,730	1,942,378	91,976,166	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	21,656,145	21,656,145		
2 Grants and other assistance to domestic individuals See Part IV, line 22	640,624	640,624		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	1,609,929	1,609,929		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,729,724		10,729,724	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,749,008	1,730,793	18,215	
7 Other salaries and wages	624,587,440	618,082,861	6,504,579	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	34,873,118	34,509,942	363,176	
9 Other employee benefits	86,061,711	85,165,447	896,264	
10 Payroll taxes	49,686,601	49,169,155	517,446	
11 Fees for services (non-employees)				
a Management				
b Legal	2,254,919	2,231,436	23,483	
c Accounting	413,449	409,143	4,306	
d Lobbying	485,351	485,351		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	2,730,939	2,702,498	28,441	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	124,978,228	123,676,680	1,301,548	
12 Advertising and promotion	2,467,882	2,442,181	25,701	
13 Office expenses	210,464,766	208,272,944	2,191,822	
14 Information technology	25,342,742	25,078,818	263,924	
15 Royalties				
16 Occupancy	45,406,058	44,933,190	472,868	
17 Travel	6,586,612	6,518,018	68,594	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,432,892	1,417,970	14,922	
20 Interest	12,409,757	12,280,519	129,238	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,826,286	95,817,918	1,008,368	
23 Insurance	7,003,521	6,930,585	72,936	
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 PHYSICIANS SERVICES	166,106,024	166,106,024		
b LICENSES & TAXES	43,076,779	42,628,169	448,610	
c BAD DEBT EXPENSE	2,406,777	2,406,777		
d UBI TAXES	828,463	828,463		
e All other expenses	28,468,640	28,172,162	296,478	
25 Total functional expenses. Add lines 1 through 24e	1,611,284,385	1,585,903,742	25,380,643	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)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	37,010,075	1	32,715,660
	2 Savings and temporary cash investments	37,157,976	2	60,652,245
	3 Pledges and grants receivable, net	68,575,952	3	101,640,655
	4 Accounts receivable, net	251,969,932	4	270,779,283
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	15,806,274	8	18,719,564
	9 Prepaid expenses and deferred charges	23,010,161	9	28,002,098
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,384,532,347		
	b Less accumulated depreciation	854,452,482	10c	1,530,079,865
	11 Investments—publicly traded securities	1,230,348,030	11	1,141,504,700
	12 Investments—other securities See Part IV, line 11	436,999,762	12	383,135,297
	13 Investments—program-related See Part IV, line 11	163,955,138	13	191,545,965
	14 Intangible assets	2,000,000	14	2,543,237
	15 Other assets See Part IV, line 11	58,067,704	15	117,037,097
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,605,274,314	16	3,878,355,666	
Liabilities	17 Accounts payable and accrued expenses	216,994,599	17	217,630,274
	18 Grants payable		18	
	19 Deferred revenue	833,084	19	1,166,667
	20 Tax-exempt bond liabilities	713,217,472	20	699,695,150
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	104,661,871	25	142,827,025
	26 Total liabilities. Add lines 17 through 25	1,035,707,026	26	1,061,319,116
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,055,396,407	27	2,229,758,916
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	514,170,881	29	587,277,634
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,569,567,288	33	2,817,036,550	
34 Total liabilities and net assets/fund balances	3,605,274,314	34	3,878,355,666	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,866,547,492
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,611,284,385
3	Revenue less expenses Subtract line 2 from line 1	3	255,263,107
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,569,567,288
5	Net unrealized gains (losses) on investments	5	-787,038
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	-7,006,807
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,817,036,550

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 91-0564748

Name: SEATTLE CHILDREN'S HOSPITAL

Form 990 (2018)

Form 990, Part III, Line 4a:

PATIENT CARE SEATTLE CHILDREN'S PROVIDES SUPERIOR MEDICAL CARE TO CHILDREN FROM WASHINGTON, ALASKA, MONTANA AND IDAHO, SERVING THE LARGEST GEOGRAPHICAL AREA OF ANY CHILDREN'S HOSPITAL IN THE UNITED STATES IN ADDITION, FAMILIES LIVING BEYOND OUR PRIMARY SERVICE REGION INCREASINGLY SEEK CARE FROM OUR WORLD-RENOWNED SPECIALISTS IN PROGRAMS SUCH AS CANCER, ORGAN TRANSPLANTS AND CRANIOFACIAL SPECIALTIES IN FISCAL YEAR 2019, SEATTLE CHILDREN'S MEDICAL TEAM TREATED KIDS OF ALL AGES DURING 442,125 PATIENT VISITS, INCLUDING 16,032 ADMISSIONS TO THE HOSPITAL AND 51,136 VISITS TO OUR EMERGENCY DEPARTMENT WE PERFORMED 16,328 DAY SURGERIES AND CARED FOR CHILDREN DURING 42,148 VISITS FOR BEHAVIORAL MEDICINE, 37,129 VISITS TO URGENT CARE, AND 279,352 OTHER AMBULATORY CLINIC APPOINTMENTS

Form 990, Part III, Line 4b:

RESEARCH BECAUSE RESEARCH IS THE FOUNDATION OF SEATTLE CHILDREN'S MISSION TO DISCOVER NEW TREATMENT AND CURES, SEATTLE CHILDREN'S RESEARCH INSTITUTE, A DIVISION OF SEATTLE CHILDRENS, INVESTED \$51 MILLION IN RESEARCH DURING FISCAL YEAR 2019 SEATTLE CHILDREN'S RESEARCH INSTITUTE INVESTIGATORS ARE ADVANCING SCIENTIFIC UNDERSTANDING OF IMPORTANT BIOLOGICAL PROCESSES AND INFLUENCING THE PRACTICE OF PEDIATRICS AROUND THE WORLD

Form 990, Part III, Line 4c:

EDUCATION SEATTLE CHILDREN'S IS THE MAJOR RESOURCE FOR PEDIATRIC GRADUATE MEDICAL EDUCATION PROGRAMS IN OUR REGION RESIDENTS AND FELLOWS FROM 82 PROGRAMS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), THREE PROGRAMS ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION (ADA), AND TWELVE NON-ACGME ACCREDITED SUBSPECIALTY PROGRAMS ROTATED AT SEATTLE CHILDREN'S IN ACADEMIC YEAR 2018-2019 SEATTLE CHILDREN'S HAS DEVELOPED CURRICULUM AND EVALUATION METHODS THAT ASSESS AND ASSURE RESIDENT COMPETENCY IN SIX MAIN AREAS PATIENT CARE, MEDICAL KNOWLEDGE, PRACTICE-BASED LEARNING, INTERPERSONAL AND COMMUNICATIONS SKILLS, PROFESSIONALISM, AND SYSTEM-BASED PRACTICE

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			
DEAN ALLEN TRUSTEE	4 00 0 00	X						0	0	0
JOEL BENOLIEL TRUSTEE	2 00 0 00	X						0	0	0
SUSAN BETCHER TRUSTEE	10 00 0 00	X						0	0	0
JILL BRUBAKER MD TRUSTEE	2 00 0 00	X						0	0	0
MICHAEL DELMAN TRUSTEE	4 00 0 00	X						0	0	0
ROY DIAZ PHD TRUSTEE	2 00 0 00	X						0	0	0
COLIN FOX PHD TRUSTEE	4 00 0 00	X						0	0	0
COLLEEN FUKUI-SKETCHLEY TRUSTEE	1 00 0 00	X						0	0	0
DEBORAH HAUG TRUSTEE	1 00 0 00	X						0	0	0
JUDY HOLDER TRUSTEE	4 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA HUFFMAN VICE CHAIR	2 00 0 00	X		X				0	0	0
MONA LEE LOCKE TRUSTEE	3 00 0 00	X						0	0	0
PATRICIA LOERA SECRETARY	3 00 0 00	X		X				0	0	0
SUSAN MASK CHAIR	15 00 1 00	X		X				0	0	0
JEFF NITTA TREASURER	4 00 0 00	X		X				0	0	0
JUDITH PIERCE TRUSTEE	2 00 0 00	X						0	0	0
MICHAEL REEVES TRUSTEE	2 00 0 00	X						0	0	0
NANCY SENSENEY TRUSTEE	2 00 0 00	X						0	0	0
MICHELE SMITH TRUSTEE	3 00 0 00	X						0	0	0
CHARLES STEVENS TRUSTEE	5 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MOYA VAZQUEZ TRUSTEE	3 00 0 00	X						0	0	0
ALVIN WINTERROTH TRUSTEE	2 00 0 00	X						0	0	0
JEFF SPERRING MD CEO/NON-VOTING EX OFFICIO TRUSTEE	43 00 12 00			X				1,021,126	338,918	296,331
SUZANNE BEITEL SENIOR VP & CHIEF FINANCIAL OFFICER	41 00 14 00			X				463,755	140,850	117,238
JAMES HENDRICKS PHD PRESIDENT - RESEARCH INSTITUTE	55 00 0 00				X			635,308	600,000	119,366
CINDY GAZECKI SENIOR VP - HOSPITAL OPERATIONS	55 00 0 00				X			765,656	219,907	70,829
SANFORD MELZER MD EXEC VP-NETWORKS & POPULATION HEALTH	55 00 0 00				X			741,339	106,953	158,968
MARK DEL BECCARO MD SR VP-CHIEF MED OFF/NON-VOTING TRUST	55 00 0 00				X			718,354	0	112,827
RUSSELL WILLIAMS SR VP & CHIEF OPERATING OFFICER	55 00 0 00				X			637,070	0	94,158
MADLYN MURREY SR VP - CHIEF CLINICAL OFFICER	55 00 0 00				X			541,035	0	100,315

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			
MYRA GREGORIAN SR VP - CHIEF PEOPLE OFFICER	55 00 0 00				X			480,928	0	92,975
ERIC THAM MD VP & ASSOC CHIEF INFORMATION OFFICER	55 00 0 00				X			516,596	0	50,548
ZAFAR CHAUDRY MD SR VP - CHIEF INFORMATION OFFICER	55 00 0 00				X			482,731	0	76,772
SUZANNE PETERSEN VP - EXTERNAL AFFAIRS & GUEST SVCS	55 00 0 00				X			486,881	0	45,317
ERIK LAUSUND VP - RESEARCH OPERATIONS & LOGISTICS	55 00 0 00				X			465,700	0	41,921
CARA BAILEY SR VP-INNOVATION/IMPROVEMENT OFFICER	55 00 0 00				X			421,011	0	70,991
RUTH MCDONALD MD VP, ASSOC CHIEF MEDICAL OFFICER	55 00 0 00				X			461,902	0	26,812
TODD JOHNSON VP - FACILITIES	55 00 0 00				X			381,109	0	47,551
KELLY WALLACE SENIOR VP & CFO THRU JAN 2018	1 00 1 00				X			168,321	230,915	21,075
MICHAEL MURPHY VP - ACC CARE & EXEC DIRECTOR SCCN	1 00 0 00				X			390,110	0	29,886

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			
PETRA SMITH VP - HUMAN RESOURCES	55 00 0 00				X			362,017	0	49,990
WARREN HEWITT VP - FINANCE	41 00 14 00				X			266,669	87,488	40,026
CHRISTINE KESSLER VP SYS ACCESS, AMB OPS & EX DIR CUMG	55 00 0 00				X			347,667	0	36,012
JEFFREY AVANSINO MD VP & MEDICAL DIRECTOR, SURGICAL SVCS	55 00 0 00				X			337,364	147,904	53,433
DOUGLAS PICHA PRESIDENT - FOUNDATION	5 50 49 50					X		68,236	518,419	111,268
MARK EGBERT DDS CHIEF - ORAL & MAXILLOFACIAL SURGERY	55 00 0 00					X		598,054	0	50,128
MICHAEL ASTION MD PHD MEDICAL DIRECTOR - LABORATORIES	55 00 0 00					X		593,033	0	51,312
JAMES CHRISTIANSEN MD CARDIOLOGIST	55 00 0 00					X		456,412	0	50,290
WAYNE CHANDLER MD MEDICAL DIRECTOR - LABORATORY MED	55 00 0 00					X		449,578	0	42,341
JENNIFER BECKER FORMER KEY EMPLOYEE	55 00 0 00						X	306,714	0	33,318

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			
PAMELA ROCK FORMER KEY EMPLOYEE	55 00 0 00						X	307,143	0	31,960
SCOTT BINGHAM FORMER KEY EMPLOYEE	55 00 0 00						X	269,501	0	35,299
GREGORY BLACKBURN FORMER KEY EMPLOYEE	0 00 0 00						X	203,256	0	23,137

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number
91-0564748

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

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

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

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

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	130,967,380	141,913,396	166,489,706	246,106,645	294,717,218	980,194,345
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	130,967,380	141,913,396	166,489,706	246,106,645	294,717,218	980,194,345
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						980,194,345

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	130,967,380	141,913,396	166,489,706	246,106,645	294,717,218	980,194,345
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,132,475	39,030,564	48,960,832	55,689,382	73,111,110	243,924,363
9	Net income from unrelated business activities, whether or not the business is regularly carried on	284,687	479,145	216,488	64,447	330,013	1,374,780
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,790,406	20,490,033				30,280,439
11	Total support. Add lines 7 through 10						1,255,773,927

12 Gross receipts from related activities, etc (see instructions) **12** 6,438,170,549

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	78.060 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	73.910 %

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	GAIN ON TERMINATION OF NEW MARKETS TAX CREDIT FINANCING OF RESEARCH FACILITY 2014 AMOUNT \$ 9,790,406 2015 AMOUNT \$ 19,740,033 LITIGATION SETTLEMENT - 2015 AMOUNT \$ 750,000

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PARTS I AND II	AS INDICATED ON PART I, SEATTLE CHILDREN'S IS A HOSPITAL DESCRIBED IN SECTION 170(B)(1)(A)(III) HOWEVER, THE SUPPORT SCHEDULE ON PART II HAS BEEN PREPARED IN ORDER TO DEMONSTRATE THAT IT ALSO QUALIFIES AS 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) AND THEREFORE QUALIFIES FOR THE SPECIAL RULE ON SCHEDULE B, SCHEDULE OF CONTRIBUTORS

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2018

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 SEATTLE CHILDREN'S HOSPITAL	Employer identification number 91-0564748
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
b Total lobbying expenditures to influence a legislative body (direct lobbying)	485,351	485,351												
c Total lobbying expenditures (add lines 1a and 1b)	485,351	485,351												
d Other exempt purpose expenditures	1,613,769,155	1,805,512,186												
e Total exempt purpose expenditures (add lines 1c and 1d)	1,614,254,506	1,805,997,537												
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0												
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	379,062	485,089	481,522	485,351	1,831,024
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-A, AFFILIATED GROUP STATEMENT	SEATTLE CHILDREN'S HOSPITAL, EIN 91-0564748 PO BOX 5371, MS RC-507, SEATTLE, WA 98145-5005 TOTAL LOBBYING EXPENSES 485,351 OTHER EXEMPT PURPOSE EXPENDITURES 1,613,769,155 TOTAL EXEMPT PURPOSE EXPENDITURES 1,614,254,506 SEATTLE CHILDREN'S HOSPITAL HAS A 501(H) ELECTION SEATTLE CHILDREN'S HEALTHCARE SYSTEM, EIN 91-1250116 PO BOX 5371, MS RC-507, SEATTLE, WA 98145-5005 TOTAL LOBBYING EXPENSES 0 OTHER EXEMPT PURPOSE EXPENDITURES 7,077,208 TOTAL EXEMPT PURPOSE EXPENDITURES 7,077,208 NO 501(H) ELECTION WAS MADE SEATTLE CHILDREN'S HOSPITAL FOUNDATION, EIN 91-1156519 PO BOX 5371, MS RC-507, SEATTLE, WA 98145-5005 TOTAL LOBBYING EXPENSES 0 OTHER EXEMPT PURPOSE EXPENDITURES 159,500,304 TOTAL EXEMPT PURPOSE EXPENDITURES 159,500,304 NO 501(H) ELECTION WAS MADE SEATTLE CHILDREN'S HOSPITAL GUILD ASSOCIATION, EIN 91-1394056 PO BOX 5371, MS RC-507, SEATTLE, WA 98145-5005 TOTAL LOBBYING EXPENSES 0 OTHER EXEMPT PURPOSE EXPENDITURES 19,293,262 TOTAL EXEMPT PURPOSE EXPENDITURES 19,293,262 NO 501(H) ELECTION WAS MADE CHILDREN'S RETAIL, EIN 91-1998909 PO BOX 5371, MS RC-507, SEATTLE, WA 98145-5005 TOTAL LOBBYING EXPENSES 0 OTHER EXEMPT PURPOSE EXPENDITURES 5,872,257 TOTAL EXEMPT PURPOSE EXPENDITURES 5,872,257 NO 501(H) ELECTION WAS MADE

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number
91-0564748

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
2 Aggregate value of contributions to (during year)		2,440
3 Aggregate value of grants from (during year)		215,844
4 Aggregate value at end of year		871,719
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	444,625,000	409,859,000	368,141,000	342,807,000	343,981,000
b Contributions	6,140,000	12,310,000	1,524,000	4,574,000	10,256,000
c Net investment earnings, gains, and losses	14,026,000	31,902,000	49,357,000	29,475,000	-3,157,000
d Grants or scholarships					
e Other expenditures for facilities and programs	9,982,000	9,446,000	9,163,000	8,715,000	8,273,000
f Administrative expenses					
g End of year balance	454,809,000	444,625,000	409,859,000	368,141,000	342,807,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 55 570 %
 - b** Permanent endowment ▶ 44 430 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | No |
| (ii) related organizations | Yes | |
| 3a(ii) | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
| 3b | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		221,166,313		221,166,313
b Buildings		1,263,137,456	411,365,321	851,772,135
c Leasehold improvements		72,392,193	21,388,422	51,003,771
d Equipment		617,614,252	413,473,636	204,140,616
e Other		210,222,133	8,225,103	201,997,030
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,530,079,865

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) POOLED INVESTMENTS	378,609,201	F
(B) DEFERRED COMPENSATION PLANS	2,321,840	F
(C) OIL LEASES	18,500	C
(D) LIFE INSURANCE	55,170	F
(E) INVESTMENT IN HCSA PROPERTIES, LLC	2,130,557	C
(F) PRONIRAS	29	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	383,135,297	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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	
SWAP MTM VALUE - BONDS	17,038,974
DEFERRED COMPENSATION PLAN PAYABLE	2,321,840
DEFERRED AND OTHER LIABILITIES	16,420,368
PAYABLE TO AFFILIATE	22,351,821
DUE TO BROKERS FOR SECURITIES PURCHASED	75,266,109
OPERATING LEASE & LEASE INCENTIVE LIABILITIES	9,427,913
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	142,827,025

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: 91-0564748

Name: SEATTLE CHILDREN'S HOSPITAL

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	SEATTLE CHILDREN'S HOSPITAL AND SEATTLE CHILDREN'S HEALTHCARE SYSTEM (SCHS) SHARE IN A UNIFIED ENDOWMENT FUND (UEF) THAT IS MANAGED BY SCHS SEATTLE CHILDREN'S HOSPITAL'S RESTRICTED ASSETS REFLECT ENDOWMENTS WHOSE PURPOSE IS TO SUPPORT THE HOSPITAL

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE INTERNAL REVENUE SERVICE HAS GRANTED SCHS, AND THE CONTROLLED CORPORATIONS LISTED ABOVE, EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE IRC FORMED TO OPERATE FOR CHARITABLE, EDUCATIONAL, SCIENTIFIC, AND MEDICAL PURPOSES DURING 2019 AND 2018, SCHS DID NOT RECORD ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number

91-0564748

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			152,859,516
b Total from continuation sheets to Part I					2,537,188
c Totals (add lines 3a and 3b)	0	0			155,396,704

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▶** _____ **4**

3 Enter total number of other organizations or entities **▶** _____ **9**

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	<p>THE OFFICE OF SPONSORED RESEARCH DEPARTMENT AT SEATTLE CHILDREN'S RESEARCH INSTITUTE, A DIVISION OF THE HOSPITAL, PERFORMS QUARTERLY REVIEWS OF EACH SUBAWARD TO ENSURE THAT RECIPIENTS ARE MANAGING FUNDING IN ACCORDANCE WITH THE TERMS OF THE CONTRACT A-133 AUDITS, RATE AGREEMENTS, AND DISCLOSURE REQUIREMENTS ARE ALL REVIEWED TO ENSURE THEY ARE CURRENT OR EXEMPT THIS REVIEW IS TO ENSURE THAT THE SUBRECIPIENT HAS THE NECESSARY INFRASTRUCTURE IN PLACE TO MANAGE FUNDS TERMS OF THE SUBCONTRACTS ARE MODIFIED AS NEEDED TO ADDRESS ANY ISSUES THE PRIVATE INVESTIGATOR IS RESPONSIBLE TO ENSURE THE WORK IS PERFORMED TO SATISFACTION AND CONSISTENT WITH THE AIMS OF THE PROJECT THE CENTER BUSINESS OFFICE ENSURES THAT THE INVOICED AMOUNTS ARE ALLOWABLE UNDER THE PROVISIONS OF THE AWARD AND SUBCONTRACT A FINAL CHECK FOR COMPLIANCE TAKES PLACE AT THE EXPIRATION OF THE SUBAWARD WHEN THE OFFICE OF SPONSORED RESEARCH PERFORMS ITS FINAL CLOSEOUT ANY PROBLEMS WITH PERFORMANCE OR EXPENDITURES ARE IDENTIFIED AT THAT TIME AND RESOLVED AS APPROPRIATE BEFORE FINAL DISTRIBUTIONS ARE MADE AND THE SUBAWARD IS COMPLETE</p>

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	THE ACCRUAL METHOD WAS USED TO ACCOUNT FOR EXPENDITURES

Additional Data

Software ID:

Software Version:

EIN: 91-0564748

Name: SEATTLE CHILDREN'S HOSPITAL

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		149,955,316
NORTH AMERICA	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES AND SUPPLIES	1,261,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES AND SUPPLIES	910,000
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES AND SUPPLIES	51,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES AND SUPPLIES	8,000
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES AND SUPPLIES	5,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES AND SUPPLIES	2,000
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		667,200

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		645,235
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		193,206

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		91,256
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		13,032

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND MEETINGS	362,000
NORTH AMERICA	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND MEETINGS	124,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND MEETINGS	70,000
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND AID SITES	53,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND MEETINGS	31,000
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND MEETINGS	8,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND MEETINGS	6,000
SOUTH ASIA	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND MEETINGS	3,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PATIENT ACCOUNT REFUNDS	465,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	PATIENT ACCOUNT REFUNDS	285,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PATIENT ACCOUNT REFUNDS	200
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PARTNERS IN AFRICA CLEFT TRAINING	113,847

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PEDIATRIC HEALTHCARE - GLOBAL HEALTH PATHWAY RESIDENCY PROGRAM	73,412
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	RESEARCH GRANTS AND OTHER HEALTHCARE REVENUES FROM ORGANIZATIONS IN THE REGION		

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	RESEARCH GRANTS RECEIVED FROM ORGANIZATIONS IN THE REGION		
EAST ASIA AND THE PACIFIC	0	0	RESEARCH GRANTS RECEIVED FROM ORGANIZATIONS IN THE REGION		

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	RESEARCH GRANTS RECEIVED FROM ORGANIZATIONS IN THE REGION		
	0	0			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	308,137	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	286,771	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	72,292	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	351,336	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	127,200	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	101,619	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	59,113	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	5,967	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	146,651	CHECK PAYMENT			
		NORTH AMERICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	24,398	CHECK PAYMENT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	13,398	CHECK PAYMENT			
		EAST ASIA AND THE PACIFIC	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	88,406	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	10,117	WIRE TRANSFER			

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

Hospitals

OMB No 1545-0047
2018
 Open to Public Inspection

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

Name of the organization
 SEATTLE CHILDREN'S HOSPITAL

Employer identification number
 91-0564748

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>40000 0000000000</u> %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>59900 0000000000</u> %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	21,219	11,469,000	1,598,000	9,871,000	0 610 %
b Medicaid (from Worksheet 3, column a)	18	214,387	606,393,000	432,065,000	174,328,000	10 840 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	19	235,606	617,862,000	433,663,000	184,199,000	11 450 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	138		15,199,319	3,758,992	11,440,327	0 710 %
f Health professions education (from Worksheet 5)	97		43,626,234	9,632,047	33,994,187	2 110 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	7		203,196,882	147,165,646	56,031,236	3 480 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	10		922,852	253,666	669,186	0 040 %
j Total. Other Benefits	252		262,945,287	160,810,351	102,134,936	6 340 %
k Total. Add lines 7d and 7j	271	235,606	880,807,287	594,473,351	286,333,936	17 790 %

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	12		257,522	81,371	176,151	0.010 %
4 Environmental improvements	3		20,297		20,297	0 %
5 Leadership development and training for community members	1		10,315		10,315	0 %
6 Coalition building						
7 Community health improvement advocacy	3		6,306		6,306	0 %
8 Workforce development	11		1,203,172	85	1,203,087	0.070 %
9 Other	3		11,293		11,293	0 %
10 Total	33		1,508,905	81,456	1,427,449	0.080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,064,523
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME).	5	5,848,584
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	9,362,538
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-3,513,954
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW SEATTLECHILDRENS ORG/COMMUNITYHEALTHASSESSMENT</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW SEATTLECHILDRENS ORG/COMMUNITYHEALTHASSESSMENT</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SEATTLE CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>599 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEATTLECHILDRENS ORG/CLINICS/PAYING-FOR-CARE/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>FINASST SEATTLECHILDRENS ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEATTLECHILDRENS ORG/CLINICS/PAYING-FOR-CARE/FINANCIAL-ASSISTANCE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

SEATTLE CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
	a <input type="checkbox"/> Reporting to credit agency(ies)			
	b <input type="checkbox"/> Selling an individual's debt to another party			
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	d <input type="checkbox"/> Actions that require a legal or judicial process			
	e <input 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 type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
	b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	c <input type="checkbox"/> Processed incomplete and complete FAP applications			
	d <input type="checkbox"/> Made presumptive eligibility determinations			
	e <input type="checkbox"/> Other (describe in Section C)			
	f <input checked="" 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)

SEATTLE CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 21

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

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Form and Line Reference	Explanation
PART I, LINE 3C	SEATTLE CHILDREN'S HOSPITAL (SEATTLE CHILDREN'S) USES THE FEDERAL POVERTY GUIDELINES (FPG) AS ITS PRIMARY CRITERIA FOR QUALIFYING PATIENTS WHO APPLY FOR FINANCIAL ASSISTANCE FAMILIES WHO RESIDE IN OUR REGION WITH INCOME BELOW OR EQUAL TO 400% FPG BASED ON THEIR FAMILY SIZE QUALIFY FOR FINANCIAL ASSISTANCE FURTHERMORE, SEATTLE CHILDREN'S RECOGNIZES THAT FAMILIES WHO HAVE HIGH BALANCES, EVEN WITH HIGHER INCOMES, CAN EXPERIENCE FINANCIAL HARDSHIP RESPONSIBLE PARTIES WHOSE INCOME IS BETWEEN 400% AND 599% FPG, WHO HAVE INCURRED SIGNIFICANT ACCOUNT BALANCES, AND WHO ARE NOT ELIGIBLE FOR FUNDING FROM OTHER SOURCES ARE ALSO ELIGIBLE FOR SLIDING SCALE FINANCIAL ASSISTANCE WHEREBY THEY ARE RESPONSIBLE FOR PAYING A PERCENTAGE OF THEIR BILL WHICH IS PROPORTIONATELY DISCOUNTED BASED ON THEIR INCOME AND SEATTLE CHILDREN'S FINANCIAL ASSISTANCE FUNDS THE REMAINING BALANCES FAMILIES WHO RECEIVE A DENIAL OF FINANCIAL ASSISTANCE BASED ON THE FPG AND FAMILY SIZE INFORMATION ARE ALLOWED TO APPEAL THE DENIAL BY PROVIDING INFORMATION ABOUT ADDITIONAL CIRCUMSTANCES IMPACTING THEIR FINANCIAL SITUATION SUCH AS EXCESSIVE MEDICAL DEBT THE VICE PRESIDENT OF REVENUE CYCLE OR CHIEF FINANCIAL OFFICER, OR THEIR DELEGATE, MAY ADMINISTRATIVELY APPROVE FINANCIAL ASSISTANCE BASED ON THIS ADDITIONAL INFORMATION THESE SAME INDIVIDUALS CAN ALSO GRANT FINANCIAL ASSISTANCE IN SPECIAL CASES BASED ON SOCIOECONOMIC OR OTHER FACTORS SUCH AS KNOWLEDGE THAT THE PATIENT IS HOMELESS, OR DUE TO OTHER REASONS WHEN THE STANDARD APPLICATION PROCESS FOR FINANCIAL ASSISTANCE IS NOT LIKELY TO BE SUCCESSFULLY COMPLETED EVEN THOUGH THE PATIENT CAN BE REASONABLY PRESUMED TO QUALIFY FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 2,406,777

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6	SEATTLE CHILDREN'S PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THIS REPORT IS AVAILABLE TO THE GENERAL PUBLIC SEATTLE CHILDREN'S APPLIES THE CATHOLIC HEALTH ASSOCIATION PRINCIPLES AND USES THE "CBISA LYONS" SOFTWARE TO ACCUMULATE THE INFORMATION INCLUDED IN ITS ANNUAL COMMUNITY BENEFIT REPORT SEE SCHEDULE O FOR THE FULL 2019 COMMUNITY BENEFIT REPORT OR VISIT WWW SEATTLECHILDRENS ORG/COMMUNITYBENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE MISSION OF SEATTLE CHILDREN'S HOSPITAL IS TO PROVIDE EXCELLENT PATIENT CARE FOR CHILDREN, TO ENGAGE IN INNOVATIVE RESEARCH THAT WILL IMPROVE THE HEALTH OF CHILDREN, TO TRAIN THE NEXT GENERATION OF PHYSICIANS, OTHER HEALTHCARE WORKERS AND SCIENTISTS WHO WILL ADVANCE THE HEALTH OF CHILDREN, AND TO ADVOCATE FOR THE HEALTHCARE NEEDS OF CHILDREN AS PART OF ITS MISSION, SEATTLE CHILDREN'S IS COMMITTED TO CARING FOR CHILDREN IN ITS SERVICE AREA IRRESPECTIVE OF ABILITY TO PAY AND TO OTHERWISE IDENTIFY AND HELP TO MEET THE HEALTHCARE NEEDS OF CHILDREN IN THE COMMUNITY FINANCIAL ASSISTANCE REPRESENTS THE ESTIMATED COST OF CARE PROVIDED TO CHILDREN WHO ARE UNINSURED OR UNDERINSURED AND WHOSE FAMILIES CANNOT AFFORD TO PAY FOR THEIR MEDICAL CARE SEATTLE CHILDREN'S PROVIDES FINANCIAL ASSISTANCE IN ACCORDANCE WITH ITS FINANCIAL ASSISTANCE POLICY BASED ON FAMILY NEED AND MAINTAINS RECORDS TO IDENTIFY THE LEVEL OF ASSISTANCE IT PROVIDES THE DETERMINATION OF FAMILY NEED IS EVALUATED DURING A PATIENT'S COURSE OF CARE AND CAN BE UPDATED AFTER CARE IS COMPLETE BECAUSE SEATTLE CHILDREN'S DOES NOT PURSUE COLLECTION OF THESE AMOUNTS DETERMINED TO QUALIFY AS FINANCIAL ASSISTANCE, THEY ARE NOT REPORTED AS REVENUE THE ESTIMATED COST OF FINANCIAL ASSISTANCE PROVIDED IS BASED ON A RATIO OF HOSPITAL TOTAL PATIENT CARE COSTS AS A PERCENTAGE OF HOSPITAL TOTAL GROSS PATIENT CARE CHARGES THIS COST RATIO IS APPLIED TO GROSS CHARGES RELATED TO CHARITY CARE SERVICES, RESULTING IN THE ESTIMATED COST OF PROVIDING FINANCIAL ASSISTANCE MEDICAID PAYMENT SHORTFALL REPRESENTS THE ESTIMATED COST OF PROVIDING SERVICES TO PATIENTS COVERED UNDER MEDICAID IN EXCESS OF PAYMENTS RECEIVED THE ESTIMATED COST OF SERVICES PROVIDED TO MEDICAID PATIENTS IS BASED ON A RATIO OF HOSPITAL TOTAL PATIENT CARE COSTS AS A PERCENTAGE OF HOSPITAL TOTAL GROSS PATIENT CARE CHARGES THIS COST RATIO IS APPLIED TO GROSS CHARGES RELATED TO SERVICES PROVIDED TO MEDICAID PATIENTS, RESULTING IN THE ESTIMATED COST OF PROVIDING CARE TO THESE PATIENTS OTHER BENEFITS REPRESENT THE COSTS OF PROVIDING PROGRAMS, NET OF DIRECT OFFSETTING REVENUES, FOR THE BENEFIT OF THE ENTIRE COMMUNITY THESE BENEFITS INCLUDE RESEARCH, HEALTH PROFESSIONS EDUCATION AND VARIOUS OTHER COMMUNITY-BASED HEALTHCARE PROGRAMS

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>AS PART OF OUR MISSION TO PROVIDE HOPE, CARE AND CURES TO HELP EVERY CHILD LEAD THEIR HEALTHIEST AND MOST FULFILLING LIFE POSSIBLE, SEATTLE CHILDREN'S MAKES PROACTIVE AND STRATEGIC INVESTMENTS TO HELP CHILDREN AND FAMILIES BE AND STAY HEALTHY IN THE PLACES WHERE THEY LIVE, PLAY AND LEARN. WE WORK WITH OUR COMMUNITIES TO ADDRESS SOME OF THE DETERMINANTS OF HEALTH SUCH AS EDUCATION, HOUSING, ACCESS TO HEALTHY AFFORDABLE FOOD, SOCIAL SUPPORTS AND THE BUILT ENVIRONMENT. SOME EXAMPLES OF OUR COMMUNITY BUILDING ACTIVITIES INCLUDE - ODESSA BROWN CHILDREN'S CLINIC (OBCC) IS A COMMUNITY CLINIC OF SEATTLE CHILDREN'S. CHILDREN FROM BIRTH THROUGH AGE 21 RECEIVE CARE FROM A TEAM OF SPECIALLY TRAINED PEDIATRIC CARE PROVIDERS LOCATED IN SEATTLE'S CENTRAL DISTRICT, OBCC PROVIDES MEDICAL, DENTAL AND MENTAL HEALTH SERVICES TO OVER 40,000 PATIENTS A YEAR, FOCUSING ESPECIALLY ON FAMILIES IN LOW-INCOME COMMUNITIES. OBCC'S MODEL FOR CARE IS UNIQUE AND ADDRESSES THE SOCIAL, ECONOMIC AND ENVIRONMENTAL ROOTS OF ILLNESS. AS A SITE FOR REACH OUT AND READ, OBCC PROMOTES EARLY LITERACY BY PROVIDING BOOKS AT WELL-CHILD VISITS FOR CHILDREN AGES 6 MONTHS TO 5 YEARS OLD. OBCC PROVIDES BOOKS TO ALL CHILDREN AT ALL VISITS AND EXTENDS THE OFFERING TO SIBLINGS THAT COME TO THEIR APPOINTMENTS. OBCC ALSO DISTRIBUTES BOOKS AT NO COST TO LOCAL SCHOOLS WHERE THEY PROVIDE HEALTH AND MENTAL HEALTH SERVICES. LAST YEAR OBCC DISSEMINATED 6,000 BOOKS - OUR CLINICAL AND NON-CLINICAL STAFF AND PROVIDERS PROVIDE LECTURES, TOURS, MENTORING AND SHADOWING OPPORTUNITIES THAT DISCUSS EMPLOYMENT OPPORTUNITIES IN HEALTHCARE TO UNDER-RESOURCED STUDENTS AND PEOPLE FROM DIVERSE BACKGROUNDS. ONE OF THE PROGRAMS REACHES OUT TO PEOPLE WHO ARE PLANNING TO ATTEND MEDICAL SCHOOL TO INCREASE THEIR SKILL SET WHEN APPLYING. IN ADDITION, WE PROVIDE NEONATAL AND PEDIATRIC CLINICAL TRAINING TO RESPIRATORY THERAPISTS AT LOCAL COLLEGES. OUR GOAL IS TO TRAIN RESPIRATORY THERAPISTS TO PROPERLY ASSESS PATIENTS FOR RESPIRATORY INTERVENTIONS. ONCE THESE THERAPISTS ARE CREDENTIALLED AND LICENSED, THEY WILL JOIN EMERGENCY RESPONSE TEAMS AND THEIR SKILLS TO ASSESS PEDIATRIC PATIENTS WILL HAVE A VALUABLE IMPACT IN CASE OF EMERGENCY RESPONSE DEPLOYMENT. WITH CERTAIN TYPES OF DISASTERS, WE ANTICIPATE THE NEED FOR PROFESSIONALS WHO CAN ASSESS THE NEED FOR AND ADMINISTER COMPLEX RESPIRATORY THERAPY TREATMENTS TO PEDIATRIC PATIENTS, SO THE TYPE OF TRAINING WE OFFER IS CRUCIAL. - ADDITIONALLY, SEATTLE CHILDREN'S OFFERS MEDICAL OBSERVERSHIPS AND SHADOWING OPPORTUNITIES WHEREBY INDIVIDUALS WITH OR WITHOUT PRIOR MEDICAL EDUCATION CAN OBSERVE MEDICAL PROFESSIONALS AS THEY CARE FOR PATIENTS AND FAMILIES FOR A SPECIFIC PERIOD OF TIME. WHILE OBSERVERS ARE VISITORS AND NOT INVOLVED IN PATIENT CARE, PARTICIPANTS ARE EXPOSED TO DIFFERENT MEDICAL PROFESSIONS AND ARE OFTEN INSPIRED TO PURSUE A CAREER IN HEALTH CARE DELIVERY. - SEATTLE CHILDREN'S HOSTS THE SCIENCE ADVENTURE LAB. THE SCIENCE ADVENTURE LAB IS A CUSTOM-BUILT, MOBILE SCIENCE LAB OUTFITTED WITH RESEARCH GRADE EQUIPMENT AND SPACE FOR UP TO 30 STUDENTS AT A TIME. THE MOBILE LAB TRAVELS TO SCHOOLS ACROSS WASHINGTON TO PROVIDE INNOVATIVE, HANDS-ON SCIENCE CURRICULUM TO STUDENTS IN GRADES FOUR THROUGH TWELVE REACHING 6,397 CHILDREN IN 2019. INSIDE, STUDENTS PERFORM SCIENCE EXPERIMENTS AND LEARN ABOUT CAREERS IN SCIENCE AND HEALTH CARE. MANY OF THE SCHOOLS ARE IN RURAL AREAS AND/OR HAVE HIGH NUMBERS OF LOW INCOME CHILDREN. THE SCIENCE ADVENTURE LAB PROGRAM OFFERS A VARIETY OF DIFFERENT CURRICULUM MODULES FROM WHICH TEACHERS CAN SELECT. EACH MODULE USES HANDS-ON ACTIVITIES TO TEACH SCIENCE CONTENT WHILE ADDRESSING KEY ISSUES IN PEDIATRIC HEALTH SUCH AS ASTHMA, CONCUSSIONS, NUTRITION AND THE CONNECTION BETWEEN GENES AND HEALTH. IN ADDITION TO THE MOBILE LAB, OUR SCIENCE EDUCATION DEPARTMENT HOSTS HIGH SCHOOL STUDENTS FOR CAREERS IN BIOMEDICAL RESEARCH AND HEALTH CARE THROUGH A YEAR-LONG ACADEMIC PROGRAM, A RESEARCH TRAINING PROGRAM WHEREBY HIGH SCHOOL STUDENTS FROM UNDER-REPRESENTED GROUPS APPLY FOR POSITIONS IN OUR RESEARCH TRAINING PROGRAM. WE ALSO HOST THE SCIENCE DISCOVERY LAB AT OUR BUILDING CURE SITE WHERE STUDENTS OF ANY AGE CAN PARTICIPATE IN AUTHENTIC SCIENCE IN A LAB EMBEDDED IN OUR RESEARCH INSTITUTE ITSELF. - ADDITIONALLY, SEATTLE CHILDREN'S IS COMMITTED TO CONTRIBUTING TO TRANSPORTATION IMPROVEMENTS IN NORTHEAST SEATTLE AND BEYOND. THROUGH OUR LIVABLE STREETS INITIATIVE, WE WORK WITH OUR COMMUNITY ON PROJECTS SUCH AS UPGRADES TO LOCAL STREETS SO THAT THEY ARE SAFE FOR PEDESTRIANS AND BIKERS OF ALL AGES AND ABILITIES, INTELLIGENT TRANSPORTATION SYSTEMS THAT USE TECHNOLOGY TO GIVE DRIVERS MORE INFORMATION, AND INTERSECTION IMPROVEMENTS THAT INCREASE SAFETY FOR ALL USERS. IN 2019, OUR COMMUNITY BUILDING WORK INCLUDED COLLABORATION WITH OTHER COMMUNITY PARTNERS SUCH AS FORTERRA AND PLANTED 250 TREES TO SEQUESTER 1,300 TONS OF CARBON. ADDITIONALLY, SEATTLE CHILDREN'S PARTNERED WITH U-DISTRICT RESIDENTS, BUSINESSES, THE UNIVERSITY OF WASHINGTON, U-</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>DISTRICT PARTNERSHIP, GOVERNMENT AGENCIES AND COMMUNITY GROUPS TO SPONSOR AND HELP CRAFT A N ACCESS PLAN FOR THE FUTURE U-DISTRICT LIGHT RAIL STATION AT 43RD AND BROOKLYN THE PLAN IS BOTH A VISION AND A LIST OF ACTIONABLE RECOMMENDATIONS THAT ADDRESS ACCESS, SAFETY AND LIVABILITY AROUND THE FUTURE LIGHT RAIL STATION SEATTLE CHILDREN'S STAFF HELPED SECURE FU NDING, CREATE AN RFP FOR A CONSULTANT TEAM, CRAFT SURVEYS, LEAD COMMUNITY WORKSHOPS, TRANS LATE MATERIALS, ATTEND OUTREACH EVENTS AND COORDINATE WITH GOVERNMENTAL AGENCIES TO DEVELO P THE PLAN - WE HAVE ALSO INCREASED OUR COMMUNITY BUILDING EFFORTS AMONGST OUR WORKFORCE, OUR DIVERSITY AND INCLUSION DIVISION AND OTHER COMMUNITY GROUPS IN THE REGION EXAMPLES OF OUR INCLUSION NETWORKS ARE Q POD (LGBTQ) NETWORK, THE GREEN TEAM (SUSTAINABILITY) NETWORK, HOLA (HISPANIC/LATINO) NETWORK, THE INDIGENOUS PEOPLES NETWORK, THE PARENTING NETWORK A ND THE BLACK AND AFRICAN HERITAGE NETWORK THESE GROUPS HAVE PARTNERED WITH COMMUNITY BASE D ORGANIZATIONS TO DEVELOP AND SUPPORT PROGRAMMING AS LED BY LOCAL LEADERS AND INVEST IN C OMMUNITY BUILDING EFFORTS ON BEHALF OF SEATTLE CHILDREN'S THESE EFFORTS INCLUDE FUNDING S UPPORTIVE HOUSING INITIATIVES AND SUBSIDIZING THE COST OF HOUSING FOR OUR MOST UNDERSERVED RESIDENTS THROUGH THE HOUSING SOLUTIONS FOR HOPE GUILD - WE ALSO PROVIDE SPONSORSHIPS TO COMMUNITY ORGANIZATIONS THAT SUPPORT CHILDREN, YOUTH AND FAMILIES BY PROVIDING QUALITY CHI LD CARE, LANGUAGE AND CULTURAL TRAINING, HOUSING, WORKFORCE DEVELOPMENT, YOUTH DEVELOPMENT AND PARENTING SKILLS WE ALSO PARTNER WITH COMMUNITY BASED ORGANIZATIONS AND COALITIONS T HAT ADVOCATE FOR COMMUNITY HEALTH IMPROVEMENT, PROVIDE ECONOMIC DEVELOPMENT AND REVITALIZA TION, AND HELP MAKE COMMUNITIES SAFER AND HEALTHIER THIS WORK IS CAPTURED BY THE ORGANIZA TION'S ANCHOR MISSION WHEREBY WE ARE WORKING TO ALIGN OUR INSTITUTIONAL ASSETS TO MEANINGF ULLY IMPACT THE ECONOMIC AND SOCIAL FACTORS IN OUR COMMUNITY THAT CREATE HEALTH - GOOD JOB S AND DECENT WAGES, SAFE AND AFFORDABLE HOUSING, ACCESS TO HEALTHY FOOD, AND A HEALTHY, CL EAN, AND SAFE ENVIRONMENT</p>

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Form and Line Reference	Explanation
PART III, LINE 2	THE TOTAL AMOUNT OF BAD DEBT EXPENSE PROVIDED IS BASED ON THE RATIO OF TOTAL PATIENT CARE COSTS AS A PERCENTAGE OF GROSS PATIENT CARE CHARGES THIS COST RATIO IS APPLIED TO GROSS BAD DEBT EXPENSE, RESULTING IN BAD DEBT EXPENSE AT COST SEATTLE CHILDREN'S CHARACTERIZES SELF PAY AS BAD DEBT WHEN A FAMILY IS EITHER NOT ELIGIBLE OR HAS NOT APPLIED FOR FINANCIAL ASSISTANCE AND IS UNWILLING OR UNABLE TO PAY AN OUTSTANDING ACCOUNT BALANCE THE MOST COMMON PATIENT BAD DEBT SCENARIOS INCLUDE UNPAID SELF PAY PORTIONS OF ACCOUNT BALANCES AFTER INSURANCE OR THIRD PARTY ASSISTANCE PAYMENTS OR UNPAID ACCOUNT BALANCES AFTER A BANKRUPTCY FILING SEATTLE CHILDREN'S IS SENSITIVE TO THE FINANCIAL HEALTH OF FAMILIES AND RECOGNIZES THAT FAMILY FINANCIAL CONCERNS MAY NOT ALWAYS BE EFFECTIVELY COMMUNICATED SEATTLE CHILDREN'S IS COMMITTED TO MANAGING COLLECTION EFFORTS INTERNALLY, IN A RESPECTFUL MANNER AND WITHOUT USING EXTERNAL COLLECTION OR CREDIT AGENCIES, EXCEPT IN LIMITED CIRCUMSTANCES SUCH AS INTERNATIONAL PATIENTS SINCE ALL COLLECTION EFFORTS ARE MANAGED INTERNALLY, IN A RESPECTFUL MANNER, SEATTLE CHILDREN'S DOES NOT DISCLOSE ITS COLLECTION PRACTICE IN THE FOOTNOTES OF THE FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	THE METHOD FOR DETERMINING UNCOLLECTIBLE ACCOUNTS IS DISCUSSED IN THE SECTION OF FOOTNOTE 8 TITLED "PATIENT ACCOUNTS RECEIVABLE," WHICH IS FOUND ON PAGE 28 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	MEDICARE ALLOWABLE COSTS ARE OBTAINED DIRECTLY FROM THE MEDICARE COST REPORT AND ARE DETERMINED IN ACCORDANCE WITH THE MEDICARE PRINCIPLES OF REIMBURSEMENT THE MAJORITY OF SEATTLE CHILDREN'S MEDICARE PATIENTS ARE CHILDREN WITH END STAGE RENAL DISEASE (ESRD) THAT INCLUDES DIALYSIS CARE AND OFTEN A KIDNEY TRANSPLANT ALONG WITH OTHER RELATED SERVICES THE ESRD CARE OFTEN RESULTS IN A LONGER LENGTH OF STAY AND HIGHER ACUITY MEDICARE REIMBURSEMENT FOR THESE SERVICES IS SUBJECT TO THE LIMITS OF THE TAX EQUITY AND FISCAL RESPONSIBILITY ACT, WHICH ARE OFTEN BELOW SEATTLE CHILDREN'S COST THE ACTUAL SHORTFALL IN COST REIMBURSEMENT SHOULD AT LEAST BE TREATED AS COMMUNITY BENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	SEATTLE CHILDREN'S REVENUE CYCLE DEPARTMENT USES A STANDARD, RESPECTFUL PROCEDURE FOR RESOLVING UNPAID PATIENT BALANCES A THE STANDARD PROCESS INCLUDES OFFERING FINANCIAL ASSISTANCE TO ELIGIBLE FAMILIES B SEATTLE CHILDREN'S PROVIDES A STANDARD 25% DISCOUNT ON HEALTH CARE SERVICES TO PATIENTS WHO ARE UNINSURED IN ACCORDANCE WITH ORGANIZATIONAL POLICIES AND PROCEDURES THIS DISCOUNT ALIGNS WITH OR IS LOWER THAN DISCOUNTS PROVIDED TO COMMERCIAL INSURERS C ADDITIONALLY, SEATTLE CHILDREN'S ATTEMPTS TO ACCOMMODATE U S FAMILIES WHO DESIRE TO SET UP REASONABLE INTEREST-FREE PAYMENT PLANS D IF A PATIENT ACCOUNT BALANCE REMAINS UNPAID AFTER STANDARD INTERNAL COLLECTION PROCEDURES HAVE BEEN FOLLOWED, AND IF THE FAMILY HAS NOT APPLIED FOR OR DOES NOT QUALIFY FOR SEATTLE CHILDREN'S FINANCIAL ASSISTANCE, THE ACCOUNT BALANCE WILL BE WRITTEN OFF AS BAD DEBT IN ACCORDANCE WITH STANDARD PROCEDURAL TIMELINES - UPON RECEIPT OF A PERSONAL BANKRUPTCY NOTICE, SEATTLE CHILDREN'S IDENTIFIES ANY OUTSTANDING ACCOUNT BALANCES FOR THE ASSOCIATED PATIENT AND WRITES OFF THESE BALANCES AS BAD DEBT - SEATTLE CHILDREN'S FINANCE DEPARTMENT MONITORS THE PORTION OF OUTSTANDING ACCOUNTS RECEIVABLE THAT IS CLASSIFIED AS BAD DEBT FOR SIGNIFICANT VARIANCES - SEATTLE CHILDREN'S STANDARD PRACTICE IS TO COLLECT ON OUTSTANDING PATIENT ACCOUNTS USING INTERNAL RESOURCES 1 REPORTS ARE NOT SENT TO CREDIT AGENCIES 2 COLLECTION AGENCIES WILL NOT BE USED TO COLLECT ANY OUTSTANDING PATIENT ACCOUNT EXCEPT AS SPECIFICALLY AUTHORIZED BY THE SENIOR DIRECTOR OF REVENUE CYCLE 3 THE USE OF COLLECTION AGENCIES WILL ONLY BE PERMITTED IN VERY RARE SCENARIOS WHERE THE FAMILY RESIDES OUTSIDE OF SEATTLE CHILDREN'S SERVICE AREA (E G , INTERNATIONAL PATIENTS) 4 SEATTLE CHILDREN'S WILL NOT FILE A LIEN AGAINST A PATIENT'S OR FAMILY'S PRIMARY RESIDENCE TO SECURE PAYMENT ON PATIENT ACCOUNT BALANCES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	AS PART OF SEATTLE CHILDREN'S STRATEGIC PLAN DEVELOPMENT, WE HAVE DONE RESEARCH TO IDENTIFY SPECIALTY CARE, MENTAL HEALTH AND EMERGENCY CARE ACCESS AND SHORTAGE ISSUES INCLUDING BOTH SERVICES AND STAFFING, ASSESS THE ONGOING NEED FOR UNCOMPENSATED CARE SUPPORT, AND DETERMINE POTENTIAL PARTNERSHIPS TO BETTER ADDRESS THE HEALTH CARE NEEDS OF ALL CHILDREN IN OUR REGION ADDITIONALLY, NUMEROUS PROGRAMS AND DEPARTMENTS IN THE HOSPITAL CONDUCT NEEDS ASSESSMENTS TO IDENTIFY HEALTH PROMOTION, HEALTH CARE AND HEALTH DISPARITIES THAT IMPACT THE HEALTH OF CHILDREN AND FAMILIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAM IS AVAILABLE TO EVERY FAMILY THAT COMES TO SEATTLE CHILDREN'S, WHETHER FOR AN INPATIENT STAY, CLINIC VISIT, SURGERY OR THROUGH THE EMERGENCY DEPARTMENT BOTH APPLICATION FORMS AND SIGNAGE ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE ARE AVAILABLE IN ENGLISH, SPANISH, VIETNAMESE, RUSSIAN, AND SOMALI IN PERSON INTERPRETERS AND THE HOSPITAL'S SPEAK LINE, WHICH ACCESSES TELEPHONE INTERPRETATION, HELP PROVIDE INFORMATION TO FAMILIES WITH LIMITED ENGLISH PROFICIENCY INFORMATION ABOUT FINANCIAL ASSISTANCE AN APPLICATION FORM IS ALSO AVAILABLE ON THE HOSPITAL WEBSITE ALL REGISTRATION DESKS HAVE FINANCIAL ASSISTANCE INFORMATION VISIBLE AND AVAILABLE EVERY INPATIENT AND EMERGENCY DEPARTMENT FAMILY IS OFFERED FINANCIAL ASSISTANCE INFORMATION, WHETHER OR NOT THEY HAVE INSURANCE ALL HOSPITAL BILLS INCLUDE A STATEMENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE IF HELP IS NEEDED IN PAYING A BILL, REGARDLESS OF INSURANCE STATUS FINANCIAL COUNSELORS ARE AVAILABLE TO MEET INDIVIDUALLY WITH FAMILIES TO HELP DETERMINE WHAT ASSISTANCE THEY MAY QUALIFY FOR AND TO HELP THEM COMPLETE AND SUBMIT FORMS THE FINANCIAL COUNSELORS RECEIVE INFORMATION THROUGH THE SCHEDULING SYSTEM THAT IDENTIFIES UNINSURED OR UNDERINSURED FAMILIES FINANCIAL COUNSELORS CONTACT FAMILIES TO CLARIFY ASSISTANCE AVAILABLE AND TO OFFER THEIR HELP WITH APPLYING FOR ASSISTANCE THEY HELP FAMILIES DETERMINE IF THEY QUALIFY FOR OTHER SOURCES OF FUNDING, INCLUDING MEDICAID AND QUALIFIED HEALTH PLANS SOLD ON THE STATE INSURANCE EXCHANGE SOCIAL WORKERS ALSO HELP SCREEN FAMILIES FOR FINANCIAL NEEDS AND REFER PATIENTS TO FINANCIAL COUNSELORS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>SEATTLE CHILDREN'S SERVES AS THE PEDIATRIC AND ADOLESCENT MEDICAL CENTER FOR WASHINGTON, ALASKA, IDAHO, AND MONTANA, THE LARGEST GEOGRAPHICAL AREA OF ANY CHILDREN'S HOSPITAL IN THE UNITED STATES WE PRIMARILY SERVE CHILDREN FROM BIRTH TO 21 YEARS OLD, MOST OF WHOM ARE FROM WASHINGTON STATE OVER 51% OF OUR PATIENTS ARE UNINSURED OR INSURED BY MEDICAID OR THE CHILDRENS HEALTH INSURANCE PROGRAM (KNOWN AS CHIP OR APPLE HEALTH FOR KIDS IN WASHINGTON STATE) IN 2019, 18% OF OUR PATIENTS CAME FROM SEATTLE, 33% FROM KING COUNTY, 45% FROM LOCATIONS IN WASHINGTON STATE OUTSIDE KING COUNTY, 3% FROM ALASKA, MONTANA AND IDAHO AND 1% FROM AREAS OUTSIDE THE REGION THESE AREAS ARE URBAN, SUBURBAN AND RURAL OF THE MORE THAN 7 5 MILLION RESIDENTS OF WASHINGTON STATE, NEARLY 25% ARE UNDER 20 YEARS OLD WASHINGTON STATE DATA ALSO SHOWS THAT 13 5% OF THE POPULATION ARE FOREIGN-BORN WITH 19% SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME OF THE 1 6 MILLION CHILDREN UNDER THE AGE OF 18 IN WASHINGTON STATE, 21% OF THEM ARE OF HISPANIC OR LATINO ORIGIN ALSO, 18% OF CHILDREN IN WASHINGTON STATE AND 15% OF CHILDREN IN KING COUNTY LIVE IN POVERTY AND 7% OF WASHINGTONIANS (5% KING COUNTY) LIVE IN EXTREME POVERTY ALMOST HALF OF ALL WASHINGTON RESIDENTS ON MEDICAID ARE CHILDREN OR TEENS WHILE MEDICAID EXPANSION HAS PLAYED A ROLE IN REDUCING THE UNINSURED RATE IN WASHINGTON STATE, DATA TELLS US THAT 5 5% OF THE WASHINGTON STATE POPULATION IS UNINSURED (400,000 INDIVIDUALS OF ALL AGES) EVEN AFTER THE AFFORDABLE CARE AND PATIENT PROTECTION ACT AND MEDICAID EXPANSION FOR CHILDREN WHO REMAIN UNINSURED IN WASHINGTON STATE, WE BELIEVE THAT MOST ARE LIKELY ELIGIBLE FOR APPLE HEALTH FOR KIDS, ALTHOUGH THEIR PARENTS MAY NOT BE AWARE OF THEIR ELIGIBILITY AS THE PEDIATRIC AND ADOLESCENT MEDICAL CENTER FOR WASHINGTON, ALASKA, IDAHO, AND MONTANA, SEATTLE CHILDREN'S HOSPITAL HAS SPECIALIZED IN MEETING THE UNIQUE PHYSICAL, EMOTIONAL AND DEVELOPMENTAL NEEDS OF CHILDREN FROM INFANCY THROUGH YOUNG ADULTHOOD THROUGH THE COLLABORATION OF PHYSICIANS AND OTHER CARE PROVIDERS IN NEARLY 60 PEDIATRIC SUBSPECIALTIES, WE PROVIDE INPATIENT, OUTPATIENT, DIAGNOSTIC, SURGICAL, REHABILITATIVE, BEHAVIORAL, EMERGENCY AND OUTREACH SERVICES - REGARDLESS OF A FAMILY'S ABILITY TO PAY WHILE 96% OF OUR PATIENTS HAIL FROM WASHINGTON STATE, THE STATE ITSELF HAS 47 MEDICALLY UNDERSERVED AREAS AND POPULATIONS THROUGHOUT ITS 39 COUNTIES</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>SEATTLE CHILDREN'S IS GOVERNED BY A BOARD OF TRUSTEES, CONSISTING OF BETWEEN 20-30 VOTING TRUSTEES WHO ARE MEMBERS OF THE LOCAL COMMUNITY SEATTLE CHILDREN'S FUNCTIONS THROUGH COMMITTEES THAT ARE STAFFED WITH TRUSTEES OF RESPECTIVE BOARDS WHO HAVE SIGNIFICANT EXPERIENCE AND SKILLS REQUIRED BY THAT COMMITTEE, AND IN SOME CASES INCLUDE OUTSIDE MEMBERS WHO ARE NOT TRUSTEES WHEN THEIR KNOWLEDGE OR EXPERIENCE WOULD CONTRIBUTE TO THE WORK OF THE COMMITTEE SEATTLE CHILDREN'S ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO CERTAIN QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OF ITS DEPARTMENTS SEATTLE CHILDREN'S ALSO HAS REGIONAL STRATEGIC AFFILIATIONS WITH THE FOLLOWING ENTITIES - UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE (UWSOM)SEATTLE CHILDREN'S HAS HAD A FORMAL AFFILIATION WITH THE UWSOM SINCE 1974 SEATTLE CHILDREN'S HOSPITAL PROVIDES THE PEDIATRIC COMPONENT OF THE UWSOM UNDERGRADUATE MEDICAL EDUCATION PROGRAM AS WELL AS THE HOSPITAL-BASED PEDIATRIC TRAINING EXPERIENCE FOR ALL POST-GRADUATE PROGRAMS THE UWSOM, A REGIONAL RESOURCE FOR WASHINGTON, WYOMING, ALASKA, MONTANA, AND IDAHO, IS A NATIONALLY AND INTERNATIONALLY RECOGNIZED LEADER IN MEDICAL EDUCATION, PATIENT CARE, SCIENTIFIC RESEARCH AND COMMUNITY SERVICE THE UWSOM HAS 30 DEPARTMENTS, MANY CENTERS AND NUMEROUS AFFILIATIONS THROUGHOUT THE FIVE-STATE REGION THE UWSOM OFFERS EXTENSIVE TRAINING PROGRAMS IN THE BASIC MEDICAL SCIENCES, PRIMARY CARE AND THE SPECIALTIES OF CLINICAL MEDICINE IT HAS A FULL-TIME REGULAR AND RESEARCH FACULTY OF APPROXIMATELY 2,400 IN ADDITION TO TRAINING FUTURE PHYSICIANS, THE FACULTY ALSO TEACHES GRADUATE AND UNDERGRADUATE STUDENTS IN MANY DISCIPLINES, AND 4,600 VOLUNTEER AND PART-TIME CLINICAL FACULTY MEMBERS TEACH STUDENTS IN TOWNS AND CITIES ACROSS THE REGION THE UWSOM IS AFFILIATED WITH THE 450-BED UNIVERSITY OF WASHINGTON MEDICAL CENTER AND THE 413-BED HARBORVIEW MEDICAL CENTER, WITH WHICH SEATTLE CHILDREN'S HOSPITAL SHARES A DESIGNATION AS A PEDIATRIC LEVEL I TRAUMA CENTER - CHILDREN'S UNIVERSITY MEDICAL GROUP (CUMG)SEATTLE CHILDREN'S HEALTHCARE SYSTEM AND THE UNIVERSITY OF WASHINGTON (THE "UW") JOINTLY CONTROL CUMG, A WASHINGTON NONPROFIT CORPORATION AND A 501(C)(3) ORGANIZATION CUMG IS A PEDIATRIC PRACTICE PLAN THAT EMPLOYS AND MANAGES THE CLINICAL PRACTICES OF APPROXIMATELY 500 PROFESSIONAL MEMBERS WHO ARE BOTH MEMBERS OF SEATTLE CHILDREN'S HOSPITAL MEDICAL STAFF AND PEDIATRIC FACULTY MEMBERS OF THE UWSOM - PROVIDENCE-CHILDREN'S NEONATAL SERVICES, LLC (PCNS)SEATTLE CHILDREN'S PARTICIPATES IN A JOINT VENTURE WITH PROVIDENCE EVERETT MEDICAL CENTER (PEMC), AN UNRELATED COMMUNITY-BASED HOSPITAL LOCATED IN EVERETT, WASHINGTON CHILDREN'S AND PEMC EACH OWN A 50% INTEREST IN PROVIDENCE-CHILDREN'S NEONATAL SERVICES, LLC PCNS MANAGES THE OPERATIONS OF THE NEONATAL INTENSIVE CARE UNIT AT PEMC AND PROVIDES NEONATAL NURSE PRACTITIONER SERVICES TO PEMC - SEATTLE CANCER CARE ALLIANCE (SCCA)THE SEATTLE CANCER CARE ALLIANCE, A WASHINGTON NONPROFIT CORPORATION AND 501(C)(3) ORGANIZATION, OFFERS A COMPREHENSIVE PROGRAM OF INTEGRATED CANCER CARE SERVICES ITS MEMBERS ARE SEATTLE CHILDREN'S HEALTHCARE SYSTEM, UW, AND FRED HUTCHINSON CANCER RESEARCH CENTER SCCA OPERATES AN AMBULATORY CANCER CARE SERVICES FACILITY AND A 20-BED LICENSED HOSPITAL INSIDE UWMC</p>

Additional Data

Software ID:

Software Version:

EIN: 91-0564748

Name: SEATTLE 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? 1		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	SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105 WWW SEATTLECHILDRENS ORG 178019356	X	X	X	X		X	X			

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

Form and Line Reference	Explanation
SEATTLE CHILDREN'S HOSPITAL	<p>PART V, SECTION B, LINE 3J SEATTLE CHILDREN'S CONDUCTED ITS THIRD COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2019 TO COVER THE FISCAL PERIOD ENDING 2019-2022 (TAX YEARS 2018-2021) IN ORDER TO - INVOLVE STAKEHOLDERS AND THE COMMUNITY TO IDENTIFY AND ANALYZE COMMUNITY HEALTH NEEDS AND ASSETS IN ORDER TO PRIORITIZE THESE NEEDS AND TO PLAN AND ACT UPON SIGNIFICANT UNMET COMMUNITY HEALTH NEEDS - MORE DEEPLY UNDERSTAND HEALTH AND SAFETY ISSUES FACING UNDERSERVED AND UNDERRESOURCED POPULATIONS WHO EXPERIENCE HEALTH INEQUITIES, USING EXISTING DATA AND THE PERSPECTIVES OF COMMUNITY STAKEHOLDERS AND FAMILIES - IDENTIFY AND DOCUMENT COMMUNITY STRENGTHS, EXISTING PROGRAMS, AND ACTIVITIES THAT ARE HELPING THE COMMUNITY THRIVE - INFORM OUR COMMUNITY BENEFIT EFFORTS BY DETERMINING WHERE THE COMMUNITY NEEDS ALIGN WITH SEATTLE CHILDREN'S STRATEGIC PLAN, GOALS, OR AREAS IN WHICH WE HAVE SIGNIFICANT EXPERTISE THROUGH THIS CHNA, WE HAVE GAINED A BETTER UNDERSTANDING OF THE NEEDS AND RESOURCES OF THE COMMUNITIES WE SERVE THE NEEDS ASSESSMENT LAYS THE FOUNDATION FOR OUR COMMUNITY HEALTH IMPLEMENTATION STRATEGIES, WHICH GUIDE HOW WE WILL CONTINUE TO FULFILL OUR COMMITMENT TO CHILDREN, TEENS AND FAMILIES, IN PARTNERSHIP WITH HEALTH ORGANIZATIONS, GOVERNMENT, BUSINESSES, COMMUNITY BASED ORGANIZATIONS AND COMMUNITIES SEATTLE CHILDREN'S CHNA HIGHLIGHTS JUST A FEW OF THE MANY DEDICATED GOVERNMENT, NONPROFIT AND PRIVATE ORGANIZATIONS SERVING OUR COMMUNITY'S MOST VULNERABLE POPULATIONS ORGANIZATIONS SUCH AS THE HEALTHY KING COUNTY COALITION, THE CHILDHOOD OBESITY PREVENTION COALITION AND THE HEALTH COALITION FOR CHILDREN AND YOUTH ARE POWERFUL ADVOCATES FOR CHILDREN AND FAMILIES ORGANIZATION S AND PROVIDERS LIKE COMMUNITY HEALTH CLINICS, UNIVERSITY OF WASHINGTON, HARBORVIEW MEDICAL CENTER, YAKIMA CHILDREN'S VILLAGE, YOUTHCARE, CENTER FOR CHILD AND YOUTH JUSTICE, UNITED WAY, CASCADE BICYCLE CLUB, SEATTLE PARKS AND RECREATION, THE CHILDREN'S ALLIANCE, SOLID GROUND, AND WITHINREACH OFFER EDUCATION, ADVOCACY, CLINICAL CARE, RESEARCH AND/OR DIRECT SERVICES TO HELP CHILDREN, YOUTH AND FAMILIES GET THE HEALTHCARE, HEALTH AND WELL BEING AND PREVENTIVE SERVICES THEY NEED STATE AND LOCAL PUBLIC HEALTH DEPARTMENTS ARE KEY TO GETTING ESSENTIAL DATA AND TO HELPING FOSTER PROGRAM, POLICY, ENVIRONMENTAL AND SYSTEM CHANGE IN THE CHNA, THE FOLLOWING THEMES EMERGED FROM OUR QUALITATIVE RESEARCH - ACCESSIBLE MENTAL AND BEHAVIORAL HEALTH SERVICES FOR CHILDREN, TEENS AND YOUNG ADULTS CONTINUES TO BE AN UNMET NEED IN MANY COMMUNITIES, ESPECIALLY FOR NON-ENGLISH SPEAKERS AND FAMILIES LIVING IN RURAL AREAS - OVER THE LAST DECADE, RATES OF DEPRESSION AMONG YOUTH HAVE INCREASED BY AS MUCH AS 30% ACROSS THE WASHINGTON, ALASKA, MONTANA AND IDAHO (WAMI) REGION SUICIDE RATES HAVE ALSO BEEN ON THE RISE, WITH ABOUT 1 IN 10 HIGH SCHOOLERS REPORTING THAT THEY HAD ATTEMPTED SUICIDE - INJURIES, BOTH UNINTENTIONAL AND INTENTIONAL, CONTINUE TO HURT, HARM AND HOSPITALIZE CHILDREN IN THE REGION</p>

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

Form and Line Reference	Explanation
SEATTLE CHILDREN'S HOSPITAL	<p>MOTOR VEHICLE COLLISIONS, DROWNING, AND POISONINGS ARE SOME OF THE LEADING CAUSES OF UNINTENTIONAL INJURY -MANY FAMILIES ACROSS THE REGION STRUGGLE TO AFFORD HEALTHY FOODS AND OTHER BASIC NEEDS WHEN FACED WITH HIGH HOUSING, CHILD CARE AND HEALTHCARE COSTS LIVING WAGE S IN SOME COMMUNITIES MAY NOT BE KEEPING PACE WITH THESE COSTS - THE MAJORITY OF HIGH SCHOOL STUDENTS ARE NOT MEETING THE DAILY PHYSICAL ACTIVITY RECOMMENDATION AND DO NOT CONSUME THE RECOMMENDED AMOUNT OF FRUITS AND VEGETABLES EACH DAY - DIFFICULTIES NAVIGATING THE HEALTHCARE SYSTEM AND FINDING RELIABLE AND AFFORDABLE TRANSPORTATION TO GET TO AND FROM APPOINTMENTS CONTINUE TO BE BARRIERS TO ACCESSING CARE, AS DO SHORTAGES OF LOCAL SPECIALTY SERVICES AND LONG WAITLISTS FOR AVAILABLE SERVICES - CIGARETTE SMOKING RATES AMONG HIGH SCHOOL STUDENTS CONTINUE TO DECLINE, BUT THE RATE OF ELECTRONIC VAPOR PRODUCT USE HAS STAYED STEADY OR INCREASED ACROSS THE WAMI REGION RATES OF ALCOHOL, MARIJUANA AND OTHER DRUG USE VARY ACROSS THE REGION - COORDINATED CARE AND COMMUNICATION BETWEEN HEALTHCARE PROVIDERS , SCHOOLS AND FAMILIES IS CRITICAL TO GOOD HEALTH THIS IS ESPECIALLY IMPORTANT FOR CHILDREN AND YOUTH WITH SPECIAL HEALTHCARE NEEDS - HEALTH DISPARITIES ARE CAUSED BY INEQUITIES AND EXIST ACROSS THE REGION BY RACE, ETHNICITY, GENDER, GEOGRAPHY, SOCIOECONOMIC STATUS, ENVIRONMENTAL FACTORS, HEALTH LITERACY AND DISABILITY TO MEET THE DIVERSE NEEDS IN OUR COMMUNITY, CULTURALLY RELEVANT SERVICES ARE NEEDED ASSESSMENT RESULTS HAVE VALIDATED OUR EXISTING WORK AND HAVE HELPED US PRIORITIZE WHERE AND HOW TO FOCUS OUR NEW WORK GIVEN THE COMPLEXITY OF COMMUNITY NEEDS AND THE FINITE RESOURCES AVAILABLE TO MEET THEM, WE HAVE DIFFICULT CHOICES WE BELIEVE THAT BY WORKING IN PARTNERSHIP WITH OTHERS, OUR EFFORTS WILL BE AMPLIFIED THROUGHOUT THE COMMUNITY FOR SEATTLE CHILDREN'S COMMUNITY HEALTH IMPLEMENTATION STRATEGIES, AND AS A DIRECT RESULT OF THE CHNA, WE HAVE IDENTIFIED FOUR PRIORITY AREAS - MENTAL AND BEHAVIORAL HEALTH-SUICIDE & INJURY PREVENTION- ECONOMIC SECURITY- HEALTHY LIFESTYLES (HEALTHY EATING, ACTIVE LIVING AND FOOD SECURITY)WE HAVE SUSTAINED FOUR OTHER COMMUNITY BENEFIT PROGRAMS - ACCESS AND CARE COORDINATION- ADOLESCENT HEALTH- PROGRAMS AND SERVICES FOR CHILDREN WITH SPECIAL NEEDS-FAMILY EDUCATION AND RESOURCESOUR PRIORITIES HAVE BEEN APPROVED BY THE SEATTLE CHILDREN'S HOSPITAL GOVERNING BOARD OF TRUSTEES AND INCORPORATED IN TO THE HOSPITAL'S OPERATING, COMMUNITY OUTREACH AND STRATEGIC INITIATIVES THE COMMUNITY HEALTH NEEDS ASSESSMENT IS AVAILABLE ON OUR WEBSITE WWW SEATTLECHILDRENS ORG/COMMUNITYHEALTHASSESSMENTTHE COMMUNITY HEALTH IMPLEMENTATION STRATEGIES ARE AVAILABLE ON OUR WEBSITE WWW SEATTLECHILDRENS ORG/COMMUNITYBENEFIT</p>

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

Form and Line Reference	Explanation
SEATTLE CHILDREN'S HOSPITAL	<p>PART V, SECTION B, LINE 5 IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (TAX YEARS 2018-2 021), SEATTLE CHILDREN'S COMPILED EXISTING CHILD AND ADOLESCENT HEALTH DATA TO DESCRIBE DE TERMINANTS OF HEALTH AND SOLICITED DIRECT FEEDBACK FROM COMMUNITY STAKEHOLDERS AND FAMILIE S TO GATHER INFORMATION AND ASSESS COMMUNITY NEEDS AND STRENGTHS, WE - CONDUCTED A REVIEW OF PUBLIC HEALTH INDICATORS AND AREA DEMOGRAPHICS FROM EXISTING SOURCES - PROVIDED AN ONG OING DATA ANALYSIS WITH OUR LOCAL PUBLIC HEALTH DEPARTMENT(S) INCLUDING THE HIRING OF TWO SUMMER MASTERS IN PUBLIC HEALTH STUDENTS, CO-SUPERVISED BY THE PUBLIC HEALTH SEATTLE KING COUNTY DEPARTMENT'S ASSESSMENT, POLICY DEVELOPMENT AND EVALUATION UNIT AND THE COMMUNITY H EALTH & BENEFIT TEAM AT SEATTLE CHILDREN'S TO HELP US CONDUCT AND AUTHOR THE ASSESSMENT - ENGAGED WITH COALITIONS THAT HAVE EXPERTISE ADDRESSING HEALTH NEEDS, HAVE DIVERSE MEMBERSH IP, AND HAVE A REGIONAL OR SUB-REGIONAL FOCUS OTHER STAKEHOLDERS INCLUDED THOSE REPRESENT ING THE BROAD INTERESTS OF THE COMMUNITY, REPRESENTATIVES OF MEDICALLY UNDER-RESOURCED, LO W-INCOME POPULATIONS, PEOPLE OF COLOR, AND/OR POPULATIONS WITH CHRONIC DISEASES, INCLUDING REPRESENTATIVES FROM LOCAL HEALTH DEPARTMENTS AND FROM THE KING COUNTY ACCOUNTABLE COMMUN ITY OF HEALTH, HEALTHIERHERE - WE HOSTED LISTENING SESSIONS WITH YOUTH, PARENTS, CAREGIVER S AND EXPERTS ON SPECIFIC TOPICS, AND REVIEWED RECENT REPORTS ON LOCAL AND STATE HEALTH NE EDS - TO IDENTIFY COMMUNITY CONCERNS AND ASSETS, SEATTLE CHILDREN'S WORKED WITH PEDIATRIC IANS IN THEIR SECOND YEAR OF RESIDENCY WHO, AS A PART OF THEIR TRAINING, TAKE A MONTH-LONG ROTATION IN THE COMMUNITY HEALTH AND BENEFIT DIVISION OF THE EXTERNAL AFFAIRS AND GUEST S ERVICES DEPARTMENT AT SEATTLE CHILDREN'S THESE RESIDENTS INTERVIEWED STAKEHOLDERS, CONSUL TED RECENT COMMUNITY-BASED REPORTS AND PULLED INFORMATION FROM PREVIOUS HOSPITAL CHNAS FOR THE GEOGRAPHIC AREAS THEY WORKED IN FOR THE MONTH - BETWEEN 2016 AND 2019, THESE PEDIATRI CIANS AND THE COMMUNITY HEALTH AND BENEFIT TEAM MEMBERS AT SEATTLE CHILDREN'S WHO TRAINED THEM CONDUCTED 26 LISTENING SESSIONS ACROSS THE WAMI REGION WITH PARENTS OR CAREGIVERS OF CHILDREN AGES 0 TO 21 WE CONDUCTED ALL OF OUR LISTENING SESSIONS IN ENGLISH, AND PROVIDED SPANISH TRANSLATION AT THREE EVENTS, SOMALI TRANSLATION AT FIVE EVENTS, AMHARIC TRANSLATI ON AT FIVE EVENTS, OROMO TRANSLATION AT ONE EVENT AND VIETNAMESE TRANSLATION AT ONE EVENT ADDITIONALLY, WE VISITED EIGHT COMMUNITIES THAT WERE URBAN, SUBURBAN OR RURAL, INCLUDING VILLAGES, TO LEARN ABOUT COMMUNITY HEALTH CHALLENGES - IN ADDITION, WE INTERVIEWED 172 KE Y INFORMANTS IN THE WASHINGTON, ALASKA, MONTANA AND IDAHO (WAMI) REGION - APPROXIMATELY 70 % OF THE PARTICIPANTS TAKING PART IN THESE MEETINGS AND LISTENING GROUPS SELF IDENTIFIED A S EITHER LOW-INCOME, PEOPLE OF COLOR, OR FROM MEDICALLY UNDERSERVED COMMUNITIES OR IDENTIF IED AS REPRESENTING THESE POPULATIONS WE USED TWO FRAMEWORKS THE SOCIAL-ECOLOGICAL AND TH E SPECTRUM OF PREVENTION MODEL</p>

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

Form and Line Reference

Explanation

SEATTLE CHILDREN'S HOSPITAL

S TO GATHER BACKGROUND ON AREAS OF NEED WE ALSO REVIEWED EXISTING STRENGTHS, PROGRAMS AND SERVICES THAT FOCUS ON CHILD AND TEEN HEALTH AND SAFETY ISSUES

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
SEATTLE CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 7D SEATTLE CHILDREN'S EMAILED AN ELECTRONIC COPY OF THE CHNA TO ANYONE UPON REQUEST, INCLUDING THOSE WHO OPTED IN TO RECEIVE ONE AT OUR COMMUNITY BENEFIT FORUMS

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
SEATTLE CHILDREN'S HOSPITAL	<p>PART V, SECTION B, LINE 11 OUR 2019 CHNA (APPLICABLE TO TAX YEARS 2018-2021) CENTERS ON THE NEEDS OF FAMILIES, CHILDREN AND YOUTH IN WASHINGTON, ALASKA, MONTANA AND IDAHO (WAMI) OUR CHNA IDENTIFIED FOUR SIGNIFICANT NEEDS, ALL OF WHICH ARE BEING ADDRESSED BY SEATTLE CHILDREN'S PROGRAMMING BELOW IS AN ACCOUNTING OF THE NEEDS IDENTIFIED AND OUR RESPONSE TO EACH THE CHNA RESEARCH YIELDED THE FOLLOWING ABOUT THE HEALTH NEEDS OF THE COMMUNITY WE SERVE, BUT IT SHOULD BE KNOWN THAT ACROSS THE WAMI REGION, MANY OF THESE RATES VARY BY RACE, ETHNICITY, GENDER, GEOGRAPHY, BEING IN A RURAL OR URBAN AREA, SOCIOECONOMIC STATUS, ENVIRONMENTAL FACTORS, HEALTH LITERACY AND DISABILITY MENTAL AND BEHAVIORAL HEALTH IN WASHINGTON , 25% OF STUDENTS IN 8TH GRADE, 30% OF STUDENTS IN 10TH GRADE AND 28% OF STUDENTS IN 12TH GRADE REPORTED EXPERIENCING DEPRESSIVE FEELINGS ALSO, OF CHILDREN AGES 2 TO 17, 12% HAVE ONE OR MORE EMOTIONAL, BEHAVIORAL OR DEVELOPMENTAL CONDITION IN ADDITION TO OUR EXPANSION IN OUR PSYCHIATRY AND BEHAVIORAL MEDICINE UNIT, WE HAVE EXPANDED THE PARTNERSHIP ACCESS LINE (PAL), A TELEPHONE-BASED CHILD MENTAL HEALTH CONSULTATION SYSTEM THAT ALLOWS PRIMARY CARE PROVIDERS, NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS TO TREAT KIDS WHILE KEEPING THEM CLOSER TO HOME CHILD PSYCHIATRISTS AFFILIATED WITH THE UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE AND SEATTLE CHILDREN'S HOSPITAL PROVIDE RAPID CONSULTATION RESPONSES DURING BUSINESS HOURS FOR ANY TYPE OF MENTAL HEALTH ISSUE THAT ARISES WITH ANY CHILD FURTHER, WE HAVE EXPANDED TELEMENTAL HEALTH THAT ALLOWS CHILDREN IN CERTAIN UNDERSERVED COMMUNITIES IN THE REGION TO SPEAK WITH A PSYCHIATRIST THROUGH VIDEO CONFERENCING WE HAVE LAUNCHED THE WASHINGTON'S MENTAL HEALTH REFERRAL SERVICE FOR CHILDREN AND TEENS WHICH CONNECTS FAMILIES WITH OUTPATIENT PROVIDERS LOCALLY WHO HAVE OPENINGS IN THEIR SCHEDULE AND CAN MEET A CHILD'S SPECIALTY NEEDS AND INSURANCE COVERAGE OR LACK THEREOF ANY WASHINGTON FAMILY CAN USE THIS FREE SERVICE AND WE MAKE REFERRALS FOR CHILDREN AND TEENS 17 AND YOUNGER LAST, WE HAVE RENEWED OUR FOCUS TO UPSTREAM EFFORTS AROUND MENTAL AND BEHAVIORAL HEALTH SUCH AS OUR POSITIVE PARENTING SERIES AND OUR ODESSA BROWN CHILDREN'S CLINIC PROGRAMMING AROUND MOVEMENT AND SOCCER TO SUPPORT THE RELATIONSHIP BETWEEN BEING HEALTHY AND ACTIVE WITH POSITIVE MENTAL HEALTH APPROACHES SUICIDE AND INJURY PREVENTION SUICIDE BY FIREARM, DROWNING, POISONING AND MOTOR VEHICLE CRASHES ARE THE LEADING CAUSES OF DEATH AND INJURY AMONG ADOLESCENTS ACROSS THE WAMI REGION SUICIDE RATES CONTINUE TO RISE AND FIREARMS ACCOUNT FOR OVER HALF OF THESE DEATHS DROWNINGS MOST OFTEN OCCUR WHILE SWIMMING, BOATING OR PLAYING IN OR NEAR WATER POISONS INCLUDE MEDICINES, CLEANING PRODUCTS AND LIQUID NICOTINE CORRECTLY USED , CHILD SAFETY SEATS CAN REDUCE THE RISK OF DEATH BY 71%, YET MORE THAN HALF ARE USED INCORRECTLY THESE INJURIES AND DEATHS ARE PREVENTABLE WE HAVE HELPED DEVELOP SUICIDE AND INJURY PREVENTION TACTICS WHERE WE</p>

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

Form and Line Reference	Explanation
SEATTLE CHILDREN'S HOSPITAL	<p>TAILOR OUR MESSAGE ACCORDING TO THE DEVELOPMENTAL LEVEL, KNOWLEDGE, BELIEFS AND BEHAVIORS OF EACH GROUP WE SERVE IN ADDITION, WE HAVE FOUNDED THE FIREARM TRAGEDY PREVENTION NETWORK IN WASHINGTON STATE WE HOST MULTIPLE EVIDENCE-BASED, FREE, SAFE FIREARM STORAGE GIVEAWAY EVENTS WHERE WE DISTRIBUTE LOCK BOXES AND TRIGGER LOCKS IN ORDER TO SAFELY STORE FIREARMS AS A WAY TO PREVENT SUICIDE AND PROVIDE ONE MECHANISM FOR LETHAL MEANS RESTRICTION IN ADDITION, OUR SECURITY TEAM OFFERS DE-ESCALATION TRAININGS ACROSS THE STATE AND OUR RESEARCH CENTER PURSUES RESEARCH PROJECTS ALIGNED WITH YOUTH SUICIDE, INJURY AND FIREARM TRAGEDY PREVENTION OUR RESEARCHERS COLLABORATE WITH STATEWIDE PARTNERS TO STUDY THE COURSE AND MANAGEMENT OF DEPRESSION IN YOUNG PEOPLE AND TO STUDY SUICIDAL/SELF-HARMING ADOLESCENTS OUR PROTECTION ADVOCACY AND OUTREACH TEAM FOCUSES ON CHILD ABUSE PREVENTION, INCLUDING STATEWIDE DISSEMINATION AND TRAINING FOR THE EVIDENCE-BASED PERIOD OF PURPLE CRYING WE HOST CAR SEAT CHECK EVENTS WHERE TECHNICIANS WORK ALONGSIDE PARENTS AND CAREGIVERS TO ENSURE CAR SEATS ARE PROPERLY INSTALLED AND SHARE THE CORRECT WAY TO SAFELY SECURE A CHILD IN A MOTOR VEHICLE WE ALSO HOST LOW COST CAR SEAT AND BOOSTER SEAT SALES WITH EDUCATION AND DEMONSTRATION IN OUR FAMILY RESOURCE CENTER ADDITIONALLY, WE HAVE CONTINUED TO USE OUR EXPERTISE AROUND DROWNING TO IMPLEMENT OPEN-WATER DROWNING PREVENTION STRATEGIES IN PARTNERSHIP WITH MEMBERS OF THE STATEWIDE DROWNING PREVENTION NETWORK, PUBLIC HEALTH, SAFE KIDS AND THIRTEEN COMMUNITY ORGANIZATIONS INCLUDING HEAD START HEALTHY LIFESTYLES OF WASHINGTON HIGH SCHOOL STUDENTS, 11% ARE OBESE AND 14% ARE OVERWEIGHT POOR DIET AND PHYSICAL ACTIVITY ARE RISK FACTORS FOR BECOMING OVERWEIGHT OR OBESE EATING FEWER MEALS AT HOME, INCREASED AVAILABILITY AND AFFORDABILITY OF UNHEALTHY FOOD, AND INCREASED PORTION SIZES CAN CONTRIBUTE TO POOR DIET AMONG YOUTH FOOD INSECURITY AND OBESITY CAN AFFECT THE SAME YOUTH SINCE FOOD INSECURITY IS LARGELY ATTRIBUTED TO LOW INCOME, AND UNDER-RESOURCED COMMUNITIES OFTEN LACK ACCESS TO PLACES SUCH AS PARKS THAT PROMOTE HEALTHY EXERCISE ALSO, WHEN PEOPLE EAT LESS OR SKIP MEALS TO STRETCH FOOD BUDGETS, THEY MAY OVEREAT WHEN FOOD IS AVAILABLE, OR FILL UP ON AFFORDABLE MEALS HIGH IN FAT, BUT LOW IN NUTRITIONAL VALUE FOR THESE REASONS, WE HAVE HELPED TAILOR A HEALTH EDUCATION AND NUTRITION COURSE FOR FAMILIES AT OUR HOSPITAL CAMPUS, WE HAVE BEGUN OFFERING HEALTHIER FOOD OPTIONS FOR STAFF AND FAMILIES, ELIMINATED SUGAR SWEETENED BEVERAGES FROM OUR CAFES, DEVELOPED A TEACHING GARDEN, AND INSTALLED WATER BOTTLE FILLING SITES WE ARE EXPANDING THE NUMBER OF CLINICS WHERE WE SCREEN FOR FOOD INSECURITY AND HAVE OPENED A FOOD PANTRY ON CAMPUS FOR FAMILIES WE ARE CONTINUALLY INVESTING IN CULTURALLY AND COMMUNITY TAILORED PROGRAMS TO PROMOTE FOOD AFFORDABILITY AS WELL AS COOKING AND EATING AT HOME ADDITIONALLY, WE HAVE PARTNERED WITH THE PUBLIC HEALTH DEPARTMENT AND THE HEALTHY KING COUNTY COALITION</p>

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

Form and Line Reference	Explanation
SEATTLE CHILDREN'S HOSPITAL	<p>TO ADDRESS HEALTHY EATING AND ACTIVE LIVING INITIATIVES IN THE COMMUNITIES WE SERVE WE HAVE ALSO LAUNCHED A 7-5-2-1-0 HEALTHY EATING CURRICULUM THAT WE OFTEN PRESENT AT LOCAL HEALTH FAIRS AND EVENTS IN THE REGION ALONGSIDE OUR ODESSA BROWN CHILDREN'S CLINIC PROGRAMMING ABOUT MINDFULNESS AND NUTRITION ECONOMIC SECURITY AND BASIC NEEDS MEETING CHILDREN'S BASIC NEEDS IS CRITICAL TO PROVIDE A FOUNDATION FOR LIFE-LONG HEALTH THE COMMUNITY ADDRESSED SEVERAL NEEDS INCLUDING AFFORDABLE HOUSING AND CHILDCARE AND AN INCREASE IN PUBLIC TRANSPORTATION, PUBLIC SAFETY AND LIVING WAGES SOME FAMILIES ALSO DISCUSSED THE COST OF HEALTH CARE SERVICES AND TRAVEL FOR CARE, AND HOW IT IMPACTED THEIR ABILITY TO AFFORD OTHER BASIC NEEDS CHILD AND TEEN HEALTH ARE INFLUENCED BY A VARIETY OF ENVIRONMENTAL AND SOCIAL FACTORS SOCIAL RISK FACTORS, SUCH AS POVERTY, RACE AND ETHNICITIES, ARE ASSOCIATED WITH POORER HEALTH OUTCOMES FOR CHILDREN APPROXIMATELY 14% OF WASHINGTON CHILDREN LIVE IN HOUSEHOLDS UNDER THE POVERTY THRESHOLD CHILDREN EXPERIENCING POVERTY ARE MORE LIKELY TO ENTER SCHOOL BEHIND THEIR PEERS, SCORE LOWER ON ACHIEVEMENT TESTS, EARN LESS AS ADULTS, AND HAVE WORSE HEALTH OUTCOMES THIS PATTERN IS ESPECIALLY CLEAR FOR THE POOREST AND YOUNGEST CHILDREN AND THOSE WHO REMAIN IN POVERTY A LONG TIME THERE IS STRONG EVIDENCE LINKING INCOME AND HEALTH THAT SUGGESTS THAT POLICIES PROMOTING ECONOMIC EQUITY MAY HAVE BROAD HEALTH EFFECTS WE KNOW THAT INCOME INFLUENCES HEALTH THROUGH VARIOUS CLINICAL, BEHAVIORAL, SOCIAL AND ENVIRONMENTAL WAYS INCOME INEQUALITY HAS GROWN SUBSTANTIALLY IN RECENT YEARS, WHICH EXACERBATES HEALTH INEQUITIES IN KING COUNTY AND THE WAMI REGION AS SUCH, OUR GOALS IN THIS AREA ARE TO BECOME AN ANCHOR INSTITUTION THROUGH PLACE-BASED WORK AND INVESTMENTS LOCALLY AND REGIONALLY THIS MEANS DOCUMENTING A MEASURED INCREASE IN OUR LOCAL, DIVERSE HIRING, ESPECIALLY FROM UNDER-RESOURCED COMMUNITIES IN OUR REGION WE HAVE SIMILAR GOALS FOR PURCHASED SERVICES AND SUPPLIES AS WELL AS MEASURABLES OF LOCAL AND DIVERSE HIRING IN EACH OF OUR CONSTRUCTION PROJECTS WE PLAN ON DEVELOPING AND MAINTAINING LOCAL HOUSING SUPPORTS, SUPPORTING THE MEDICAL LEGAL PARTNERSHIP, REDEVELOPING THE NEW ODESSA BROWN CHILDREN'S CLINIC FOR HEALTH CARE AND MIXED USE AND PARTNERING WITH COMMUNITY TRANSPORTATION SUPPORTS TO REMOVE BARRIERS TO ACCESSING CARE WE CONTINUE TO CONTRACT WITH OUR LOCAL MEDICAID TRANSPORTATION PROVIDER, HOPELINK, TO STAFF A DESK AT THE HOSPITAL AND FACILITATE RIDES FOR FAMILIES TO AND FROM THEIR APPOINTMENTS ASSESSMENT RESULTS HAVE VALIDATED OUR EXISTING WORK AND HAVE HELPED US PRIORITIZE WHERE AND HOW TO FOCUS OUR CHINA HOWEVER, GIVEN THE COMPLEXITY OF COMMUNITY NEEDS AND THE FINITE RESOURCES AVAILABLE TO MEET THEM, WE HAVE DIFFICULT CHOICES WE BELIEVE THAT BY WORKING IN PARTNERSHIP WITH OTHERS, OUR EFFORTS WILL HAVE RIPPLE EFFECTS THROUGHOUT THE COMMUNITY</p>

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

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

Form and Line Reference	Explanation
SEATTLE CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 13H DUE TO SOCIOECONOMIC OR OTHER FACTORS SUCH AS KNOWLEDGE THAT THE PATIENT IS HOMELESS, THE STANDARD APPLICATION PROCESS FOR FINANCIAL ASSISTANCE IN RARE CASES MAY NOT BE COMPLETED IN CASES WHERE A PATIENT CAN BE REASONABLY PRESUMED TO QUALIFY FOR FINANCIAL ASSISTANCE IN THE ABSENCE OF RECEIVING ALL REQUIRED INFORMATION, THE VICE PRESIDENT OF REVENUE CYCLE OR THE CHIEF FINANCIAL OFFICER, OR THEIR DELEGATE, MAY ALSO APPROVE PATIENT ACCOUNT BALANCE WRITE-OFFS TO FINANCIAL ASSISTANCE

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3E	AS STATED, SEATTLE CHILDREN'S CONDUCTED ITS THIRD COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2019 TO COVER THE FISCAL PERIOD ENDING 2019-2022 (TAX YEARS 2018-2021) IN THIS CHNA, WE LOOKED AT AND ANALYZED OVER 150 INDICIES OF PEDIATRIC HEALTH STATUS AND OUTCOMES IN THE WASHINGTON, ALASKA, MONTANA AND IDAHO REGION AS IDENTIFIED THROUGH THE CHNA, THE PRIORITIZED AND SIGNIFICANT HEALTH NEEDS FOR THE PEDIATRIC POPULATION WE SERVE OVER THIS TIME PERIOD ARE MENTAL AND BEHAVIORAL HEALTH, SUICIDE AND INJURY PREVENTION, ECONOMIC SECURITY AND HEALTHY LIFESTYLES (AN OVERARCHING TERM MEANING SPECIFICALLY HEALTHY EATING, ACTIVE LIVING AND FOOD SECURITY) IN ALIGNMENT WITH OUR ORGANIZATIONAL MISSION TO PROVIDE HOPE, CARE AND CURES TO HELP EVERY CHILD LIVE THE HEALTHIEST AND MOST FULFILLING LIFE POSSIBLE, OUR CHNA LEANS INTO OUR VALUES OF EXCELLENCE, INTEGRITY, COLLABORATION, EQUITY AND INNOVATION TO BE A LEADER IN PEDIATRIC HEALTH AND WELLNESS THROUGHOUT OUR COMMUNITY

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

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

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

Name and address	Type of Facility (describe)
1 1 - RESEARCH INSTITUTE OLIVE LAB 1100 OLIVE WAY SUITE 100 SEATTLE, WA 98101	PEDIATRIC RESEARCH
1 2 - RESEARCH INST JACK R MACDONALD BLDG 1900 NINTH AVE SEATTLE, WA 98101	PEDIATRIC RESEARCH
2 3 - RESEARCH INSTITUTE WEST 8TH 2001 EIGHTH AVE SUITE 400 SEATTLE, WA 98121	PEDIATRIC RESEARCH
3 4 - RESEARCH INSTITUTE 307 WESTLAKE 307 WESTLAKE AVE N SEATTLE, WA 98109	PEDIATRIC RESEARCH
4 5 - RESEARCH INSTITUTE MET PARK WEST 1100 OLIVE WAY SEATTLE, WA 98101	PEDIATRIC RESEARCH
5 6 - BELLEVUE CLINIC & SURGERY CENTER 1500 116TH AVE NE BELLEVUE, WA 98004	CLINIC, SUB SPECIALTY SERVICES, URGENT CARE AND SURGERY CENTER
6 7 - SEATTLE CHILDREN'S HOME CARE SERVICES 2525 220TH STREET SE SUITE 101 BOTHELL, WA 98201	PEDIATRIC HOME CARE SERVICES THAT SUPPORT HOSPITAL
7 8 - SEATTLE CHILDREN'S SOUTH CLINIC 34920 ENCHANTED PARKWAY S FEDERAL WAY, WA 98003	AMBULATORY CLINIC PROVIDING PRIMARY, CARDIOLOGY AND SUB SPECIALTY CARE
8 9 - SEATTLE CHILDREN'S NORTH CLINIC 1815 13TH ST EVERETT, WA 98201	CLINIC, SUB SPECIALTY SERVICES, AND URGENT CARE
9 10 - SEATTLE CHILDREN'S AT OVERLAKE 1135 116TH AVE NE SUITE 400 BELLEVUE, WA 98004	SUB SPECIALTY CARE
10 11 - ODESSA BROWN CHILDREN'S CLINIC 2101 E YESLER WAY SEATTLE, WA 98122	AMBULATORY CLINIC PROVIDING PRIMARY AND SUB SPECIALTY CARE
11 12 - SEATTLE CHILDREN'S AUTISM CENTER 4909 25TH AVE NE SEATTLE, WA 98105	AUTISM CLINIC
12 13 - SOUTH SOUND CARDIOLOGY CEDAR MED CTR 1901 S CEDAR ST SUITE 103 TACOMA, WA 98405	CARDIOLOGY CLINIC
13 14 - SOUTH SOUND CARDIOLOGY CLEAR CREEK 9800 LEVIN RD NW SUITE 204 SILVERDALE, WA 98383	CARDIOLOGY CLINIC
14 15 - SEATTLE CHILDREN'S OLYMPIA CLINIC 615 LILLY ROAD MEDICAL BLDG SUITE 140 OLYMPIA, WA 98506	AMBULATORY CLINIC PROVIDING PRIMARY, CARDIOLOGY AND SUB SPECIALTY CARE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
16 16 - ADOLESCENT MEDICINE AT SPRINGBROOK 4540 SAND POINT WAY NE BLDG 1 STE 200 SEATTLE, WA 98105	ADOLESCENT MEDICAL CLINIC
1 17 - PEDIATRIC CARDIOLOGY OF MONTANA 2510 BOBCAT WAY GREAT FALLS, MT 59405	CARDIOLOGY CLINIC
2 18 - PEDIATRIC CARDIOLOGY OF ALASKA 3841 PIPER ST SUITE T345 ANCHORAGE, AK 99508	CARDIOLOGY CLINIC
3 19 - SEATTLE CHILDREN'S WENATCHEE CLINIC 526 N CHELAN AVE SUITE B WENATCHEE, WA 98801	PEDIATRIC MEDICAL CLINIC
4 20 - SEATTLE CHILDREN'S TRI-CITIES CLINIC 900 STEVENS DR SUITE 204 RICHLAND, WA 99352	AMBULATORY CLINIC PROVIDING PRIMARY AND SUB SPECIALTY CARE
5 21 - CHILDREN'S ORTHOTICS & PROSTHETICS 4575 SAND POINT WAY NE SUITE 106 SEATTLE, WA 98105	AMBULATORY CLINIC PROVIDING PRIMARY AND SUB SPECIALTY CARE

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

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SEATTLE CHILDREN'S HOSPITAL

Employer identification number

91-0564748

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 146
3 Enter total number of other organizations listed in the line 1 table 0

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
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	<p>A SPONSORSHIP COMMITTEE WAS ESTABLISHED BY SEATTLE CHILDREN'S HOSPITAL TO MEET REGULARLY FOR THE PURPOSE OF EVALUATING DIFFERENT OPPORTUNITIES TO SUPPORT OTHER NONPROFIT ORGANIZATIONS THROUGH PROVIDING VOLUNTEERS, GRANTS, AND SPONSORSHIPS FOR FUNDRAISING AND EDUCATIONAL EVENTS CRITERIA USED IN THE DETERMINATION OF ASSISTANCE INCLUDE THE ORGANIZATION'S ALIGNMENT WITH THE HOSPITAL'S CORE MISSION AND VALUES, THE DIVERSITY AND LOCATION OF THE POPULATION SERVED, AS WELL AS DOCUMENTED COMMUNITY NEED ADDRESSED BY THE ORGANIZATION THE PURPOSE OF GRANTS DISTRIBUTED FROM THE REUBEN CROSSETT ENDOWMENT FUND IS TO IMPROVE THE HEALTH OF CHILDREN LIVING IN SOUTHEAST ALASKA AN ADVISORY COMMITTEE OF SEATTLE CHILDREN'S REPRESENTATIVES REVIEWS APPLICATIONS AND VISITS THE CITIES OF KETCHIKAN, SITKA, AND JUNEAU ANNUALLY TO GAIN FEEDBACK ON THE NEEDS OF THE COMMUNITIES AND VISIT ORGANIZATIONS THAT HAVE APPLIED FOR FUNDING GRANT RECIPIENTS ARE ASKED TO PROVIDE A REPORT ON HOW THEY WILL EVALUATE THE SUCCESS OF THEIR PROJECT AND RETURN ANY UNSPENT GRANT FUNDS TO THE ENDOWMENT SEATTLE CHILDREN'S HOSPITAL HOLDS SEVERAL ENDOWMENTS THAT WERE ESTABLISHED TO SUPPORT PEDIATRIC BRAIN TUMOR RESEARCH ACTIVITIES FUNDS ARE GRANTED FROM THESE ENDOWMENTS TO THE FRED HUTCHINSON CANCER RESEARCH CENTER THE PRIMARY RESEARCHER IS INTERVIEWED ANNUALLY TO REPORT ON THE ACTIVITIES SUPPORTED BY THESE ENDOWMENTS THE OFFICE OF SPONSORED RESEARCH DEPARTMENT AT SEATTLE CHILDREN'S RESEARCH INSTITUTE, A DIVISION OF THE HOSPITAL, PERFORMS QUARTERLY REVIEWS OF EACH SUBAWARD TO ENSURE THAT RECIPIENTS ARE MANAGING FUNDING IN ACCORDANCE WITH THE TERMS OF THE CONTRACT A-133 AUDITS, RATE AGREEMENTS, AND DISCLOSURE REQUIREMENTS ARE ALL REVIEWED TO ENSURE THEY ARE CURRENT OR EXEMPT THIS REVIEW IS TO ENSURE THAT THE SUBRECIPIENT HAS THE NECESSARY INFRASTRUCTURE IN PLACE TO MANAGE FUNDS TERMS OF THE SUBCONTRACTS ARE MODIFIED AS NEEDED TO ADDRESS ANY ISSUES THE PRIVATE INVESTIGATOR IS RESPONSIBLE TO ENSURE THE WORK IS PERFORMED TO SATISFACTION AND CONSISTENT WITH THE AIMS OF THE PROJECT THE CENTER BUSINESS OFFICE ENSURES THAT THE INVOICED AMOUNTS ARE ALLOWABLE UNDER THE PROVISIONS OF THE AWARD AND SUBCONTRACT A FINAL CHECK FOR COMPLIANCE TAKES PLACE AT THE EXPIRATION OF THE SUBAWARD WHEN THE OFFICE OF SPONSORED RESEARCH PERFORMS ITS FINAL CLOSEOUT ANY PROBLEMS WITH PERFORMANCE OR EXPENDITURES ARE IDENTIFIED AT THAT TIME AND RESOLVED AS APPROPRIATE BEFORE FINAL DISTRIBUTIONS ARE MADE AND THE SUBAWARD IS COMPLETE</p>

Additional Data

Software ID:
Software Version:
EIN: 91-0564748
Name: SEATTLE CHILDREN'S HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AHS HOSPITAL CORPORATION PO BOX 48328 NEWARK, NJ 071014828	52-1958352	501(C)(3)	17,817				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308	34-0714357	501(C)(3)	53,231				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA MARINE SAFETY EDUCATION ASSOCIATION 2924 HALIBUT POINT RD SITKA, AK 99835	92-0129584	501(C)(3)	19,850				GRANT IN SUPPORT OF COLD WATER SAFETY AND SURVIVAL EDUCATION FOR CHILDREN AND TEACHERS
ALL CHILDREN'S RESEARCH INSTITUTE INC 501 6TH AVE S DEPT 9581 ST PETERSBURG, FL 33701	59-2481742	501(C)(3)	30,455				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE, IL 60007	36-2275597	501(C)(3)	33,611				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-6813787	501(C)(3)	20,000				GRANT IN SUPPORT OF INFANT CPR AND CPR ANYTIME PROGRAM FOR SOUTHEAST ALASKA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	22,378				SPONSORSHIPS OF ALASKA HEART RUN AND TACOMA HEART BALL
ANN AND ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E CHICAGO AVE BOX 205 CHICAGO, IL 60611	36-2170833	501(C)(3)	58,989				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARTLETT REGIONAL HOSPITAL 3260 HOSPITAL DRIVE JUNEAU, AK 99801	92-0118538	GOVERNMENT	6,675				GRANTS IN SUPPORT OF BARTLETT BEGINNINGS PROGRAM AND SCREENAGERS DOCUMENTARY VIEWING
BAYLOR COLLEGE OF MEDICINE TEXAS CHILDRENS 6701 FANNIN ST STE 1040 HOUSTON, TX 77030	74-1613878	501(C)(3)	233,353				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON 1201 NINTH AVE SEATTLE, WA 981012795	91-0653422	501(C)(3)	715,319				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
BILLINGS CLINIC 2800 TENTH AVE S BILLINGS, MT 59101	81-0231784	501(C)(3)	12,786				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOODWORKS NORTHWEST 921 TERRY AVE SEATTLE, WA 981041256	91-1019655	501(C)(3)	140,131				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CAROLINAS HEALTHCARE SYSTEM PO BOX 601979 CHARLOTTE, NC 28260	56-0529945	GOVERNMENT	8,729				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASCADE BICYCLE CLUB EDUCATION FOUNDATION 7787 62ND AVE NE SEATTLE, WA 98115	91-2165219	501(C)(3)	6,000				SPONSORSHIPS OF BIKE TO SCHOOL MONTH, BIKE EVERYWHERE BREAKFAST, AND LET'S GO BIKE AND PEDESTRIAN SAFETY PROGRAM
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	151,565				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR CHILDREN AND YOUTH JUSTICE 615 2ND AVE STE 275 SEATTLE, WA 98104	20-4457248	501(C)(3)	10,000				BREAKFAST SPONSORSHIP
CENTER FOR INFECTIOUS DISEASE RESEARCH 307 WESTLAKE AVE N STE 500 SEATTLE, WA 98109	91-0961784	501(C)(3)	7,929				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR MULTICULTURAL HEALTH 1120 EAST TERRACE STREET STE 200 SEATTLE, WA 98122	91-0983698	501(C)(3)	10,000				HEALTHY KING COUNTY COALITION PROGRAM SPONSORSHIP
CHILDREN'S HEALTHCARE OF ATLANTA 1687 TULLIE CIRCLE ATLANTA, GA 30329	58-2367819	501(C)(3)	17,174				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL AND CLINICS OF MINNESOTA 2525 CHICAGO AVE S MINNEAPOLIS, MN 55404	41-1754276	501(C)(3)	81,004				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 022414413	04-2774441	501(C)(3)	73,929				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS97 LOS ANGELES, CA 90027	95-1690977	501(C)(3)	277,998				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE MLC4900 CINCINNATI, OH 452293039	31-0833936	501(C)(3)	177,418				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD AND SPONSORSHIP OF IMPACT PEDIATRIC HEALTH CONSORTIUM

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

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CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191044318	23-1352166	501(C)(3)	316,701				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON, DC 20010	52-1640403	501(C)(3)	105,434				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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CHILKAT VALLEY COMMUNITY RECREATION CENTER INC PO BOX 866 HAINES, AK 99827	92-0170349	501(C)(3)	10,144				GRANT IN SUPPORT OF HAINES MIDDLE SCHOOL ATHLETIC PROGRAM
COLUMBIA UNIVERSITY PO BOX 26453 NEW YORK, NY 10032	13-5598093	501(C)(3)	183,273				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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COMMUNITY CONNECTIONS INC PO BOX 420 CRAIG, AK 99921	92-0112719	501(C)(3)	7,813				GRANTS IN SUPPORT OF EARLY LEARNING PROGRAM - TRANSDISCIPLINARY PLAY BASED ASSESSMENT
CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON ST HARTFORD, CT 06106	06-0646755	501(C)(3)	61,488				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COOK CHILDREN'S MEDICAL CENTER 801 SEVENTH AVE FORT WORTH, TX 76104	75-2051646	501(C)(3)	33,350				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CROHN'S AND COLITIS FOUNDATION OF AMERICA NORTHWEST CHAPTER 9 LAKE BELLEVUE DR STE 203 BELLEVUE, WA 98005	13-6193105	501(C)(3)	9,000				SPONSORSHIPS OF BENEFIT LUNCHEON, TAKE STEPS WALK AND FALL EVENT, & PEDIATRIC EDUCATION CONFERENCE

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

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CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON RD BETHESDA, MD 20814	13-1930701	501(C)(3)	9,000				SPONSORSHIPS OF BREATH OF LIFE GALA AND AUCTION
DAYTON CHILDREN'S HOSPITAL ONE CHILDRENS PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	13,780				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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DREXEL UNIVERSITY COLLEGE OF MEDICINE PO BOX 95000-1010 PHILADELPHIA, PA 191951010	23-2979433	501(C)(3)	15,092				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 311935084	58-0566256	501(C)(3)	149,925				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR HEALTHY GENERATIONS 419 THIRD AVE W SEATTLE, WA 98119	91-6186093	501(C)(3)	10,000				SUPPORT FOR CHILDHOOD OBESITY PREVENTION COALITION
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	23-7156071	501(C)(3)	3,433,819				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD, SUPPORT OF NEURO-ONCOLOGY RESEARCH IN PEDIATRIC BRAIN TUMORS, AND SUPPORT FOR NEUROLOGY RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE PERFORMING ARTS PO BOX 1971 SITKA, AK 99835	28-0190726	501(C)(3)	13,735				GRANT FOR PURCHASE OF MICROPHONES AND ACCOMPANYING ACCESSORIES/EQUIPMENT FOR STUDENTS
GAPPS 19009 33RD AVE W STE 200 LYNNWOOD, WA 98036	81-4625437	501(C)(3)	85,025				SUPPORT TO THE GLOBAL ALLIANCE TO PREVENT PREMATURETY AND STILLBIRTH

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

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GEORGIA REGENTS UNIVERSITY PO BOX 945552 ATLANTA, GA 303945552	58-1418202	501(C)(3)	17,397				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
GEORGIA SOUTHERN UNIVERSITY RESEARCH AND SERVICE FOUNDATION INC PO BOX 8005 STATEBORO, GA 30460	58-2354256	501(C)(3)	44,886				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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GIRLS ON THE RUN OF PUGET SOUND 1404 E YESLER WAY STE 201 SEATTLE, WA 98122	84-1618574	501(C)(3)	6,950				SPONSORSHIP OF BUILDING HEALTHY HABITS IN PUGET SOUND YOUTH PROGRAM
HARTFORD HOSPITAL 80 SEYMOUR ST HARTFORD, CT 06102	06-0646668	501(C)(3)	6,011				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPELINK 10675 WILLOWS RD NE STE 275 REDMOND, WA 98052	91-0982116	501(C)(3)	6,650				LUNCHEON SPONSORSHIP
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PL BOX 3500 NEW YORK, NY 10029	13-6171197	501(C)(3)	61,204				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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INDIANA UNIVERSITY DEPT 78867 PO BOX 78000 DETROIT, MI 482780867	35-6001673	GOVERNMENT	221,063				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
INFECTIOUS DISEASE RESEARCH INSTITUTE 1616 EASTLAKE AVE E STE 400 SEATTLE, WA 98102	91-1608978	501(C)(3)	28,376				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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INSTITUTE FOR SYSTEMS BIOLOGY 401 TERRY AVE N SEATTLE, WA 981095263	91-2003593	501(C)(3)	550,360				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
JDRF INTERNATIONAL DBA JDRF SEATTLE GUILD 1215 4TH AVE STE 1100 SEATTLE, WA 98161	23-1907729	501(C)(3)	7,750				SPONSORSHIPS OF TYPE ONE NATION SUMMIT AND ANNUAL GALA

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

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JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR CHICAGO, IL 60693	52-0595110	GOVERNMENT	235,036				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
KAISER FOUNDATION HEALTH PLAN PO BOX 34587 SEATTLE, WA 981249990	91-0511770	501(C)(3)	13,712				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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KETCHIKAN YOUTH INITIATIVES INC 724 BAYVIEW ST KETCHIKAN, AK 99901	20-2549904	501(C)(3)	12,000				GRANT IN SUPPORT OF BUILDING AND SPRINKLER SYSTEM COMPLETION OF KYI COMMUNITY CENTER
KLAWOCK CITY SCHOOL DISTRICT PO BOX 9 KLAWOCK, AK 99925	92-6000105	GOVERNMENT	13,000				GRANT FOR PURCHASE OF NEW INSTRUMENTS FOR SCHOOL MUSIC PROGRAM

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

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LAWRENCE BERKELEY NATIONAL LABORATORY 1 CYCLOTRON ROAD BERKELEY, CA 94720	94-2951741	GOVERNMENT	92,123				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION 850 POPLAR AVE BLDG 2 MEMPHIS, TN 38105	62-1872938	501(C)(3)	16,579				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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LONG BEACH MEMORIAL MEDICAL CENTER 2801 ATLANTIC AVE LONG BEACH, CA 90806	95-3527031	501(C)(3)	5,545				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
MAINE MEDICAL CENTER 22 BRAMHALL ST PORTLAND, ME 041023175	01-0238552	501(C)(3)	26,430				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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MARCH OF DIMES 1904 THIRD AVE STE 230 SEATTLE, WA 98101	13-1846366	501(C)(3)	19,500				SPONSORSHIPS OF NURSE OF THE YEAR EVENT AND MARCHES FOR BABIES
MARY HITCHCOCK MEMORIAL HOSPITAL 1 MEDICAL CTR DR LEBANON, NH 03756	02-0222140	501(C)(3)	71,944				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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MASSACHUSETTS GENERAL HOSPITAL THE GENERAL HOSPITAL CORPORATION PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)(3)	29,213				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE RM 303 CHARLESTON, SC 294258040	57-6000722	GOVERNMENT	228,902				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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MEMORIAL HEALTHCARE SYSTEM PO BOX 538514 ATLANTA, GA 30353	59-6014973	GOVERNMENT	14,996				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
MINNEAPOLIS HEART INSTITUTE FOUNDATION 920 E 28TH ST STE 100 MINNEAPOLIS, MN 55407	41-1426406	501(C)(3)	8,900				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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MONMOUTH MEDICAL CENTER INC 300 SECOND AVE STE SH 013 LONG BRANCH, NJ 07740	22-3452412	501(C)(3)	20,167				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
MULTICARE HEALTH SYSTEM 315 M3-CRD 315 MARTIN LUTHER KING JR WAY S TACOMA, WA 98405	91-1352172	501(C)(3)	33,729				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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NACHRI PO BOX 79311 BALTIMORE, MD 212790311	51-0120256	501(C)(3)	60,844				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
NATIONAL JEWISH HEALTH 1400 JACKSON ST M216 DENVER, CO 80206	74-2044647	501(C)(3)	62,262				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE RD VALHALLA, NY 10595	13-1099420	501(C)(3)	53,597				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
NORTHEAST VALLEY HEALTH CORPORATION 1172 NORTH MACLAY AVENUE SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	59,589				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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NORTHSHORE UNIVERSITY HEALTH SYSTEM 1001 UNIVERSITY PL EVANSTON, IL 60201	36-2167060	501(C)(3)	75,330				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
NORTHWESTERN UNIVERSITY 633 CLARK G-547 EVANSTON, IL 60208	36-2167817	501(C)(3)	29,364				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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OREGON HEALTH AND SCIENCE UNIVERSITY 0690 SW BANCROFT ST MAIL CODE L106SPA PORTLAND, OR 97239	93-1176109	GOVERNMENT	504,891				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
PACIFIC SCIENCE CENTER FOUNDATION 200 SECOND AVE N SEATTLE, WA 981094895	91-0750867	501(C)(3)	12,395				SPONSORSHIPS OF BREAKFAST AND EXPLORATIONS FOR ALL SENSORY FRIENDLY VISITS PROGRAM

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

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PENNSYLVANIA STATE UNIVERSITY CONTROLLERS OFFICE G230 PO BOX 850 HERSHEY, PA 17033	24-6000376	GOVERNMENT	141,032				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
PORTLAND STATE UNIVERSITY PO BOX 751 PORTLAND, OR 972070751	36-4776757	GOVERNMENT	40,753				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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PRINCE OF WALES LITTLE LEAGUE INC PO BOX 8 CRAIG, AK 99921	92-0125223	501(C)(3)	8,400				GRANT IN SUPPORT OF LITTLE LEAGUE'S PURCHASE OF TEAM EQUIPMENT AND PA SYSTEM
PROVIDENCE HEALTH & SERVICES WASHINGTON PO BOX 190005 ANCHORAGE, AK 995190005	92-0016429	501(C)(3)	10,571				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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RAND CORPORATION PO BOX 2138 SANTA MONICA, CA 904072138	95-1958142	501(C)(3)	109,723				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO ECOB 1-026 9444 MEDICAL CENTER DR LA JOLLA, CA 920370706	95-6006144	501(C)(3)	24,560				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO BOX 0897 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	99,307				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
REGENTS OF THE UNIVERSITY OF MINNESOTA PO BOX 1450 NW 5957 MINNEAPOLIS, MN 554855957	41-6007513	GOVERNMENT	100,488				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES PO BOX 951432 LOS ANGELES, CA 900959000	95-6006143	501(C)(3)	556,501				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DR COLUMBUS, OH 43205	31-6056230	501(C)(3)	58,249				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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RONALD MCDONALD HOUSE CHARITIES OF WESTERN WASHINGTON & ALASKA 5130 40TH AVE NE SEATTLE, WA 98105	91-1061043	501(C)(3)	518,804				SUPPORT FOR HOUSING PROGRAMS AND GALA SPONSORSHIP
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY 65 DAVIDSON RD ROOM 306 PISCATAWAY, NJ 088545602	46-2354111	GOVERNMENT	48,856				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN DIEGO STATE UNIVERSITY FOUNDATION 5250 CAMPANILE DR SAN DIEGO, CA 921821948	95-6042721	501(C)(3)	45,336				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
SITKA FASTPITCH SOFTBALL CLUB 1417 DAVIDOFF ST SITKA, AK 99835	82-3756125	501(C)(3)	18,820				GRANT FOR PURCHASE OF NECESSITIES TO ESTABLISH A YEAR-ROUND INDOOR TURF FACILITY FOR GIRLS SOFTBALL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SITKA SOUND SCIENCE CENTER 834 LINCOLN ST STE 200 SITKA, AK 99835	26-1253086	501(C)(3)	6,000				GRANT IN SUPPORT OF FAMILY SCIENCE CAMP EXPANSION
SOLID GROUND WASHINGTON 1501 N 45TH ST SEATTLE, WA 98103	23-7421892	501(C)(3)	11,750				GRANT TO SUPPORT CHILDREN'S PROGRAMMING AND LUNCHEON SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECTRUM HEALTH HOSPITALS 100 MICHIGAN ST NE MC 038 GRAND RAPIDS, MI 49503	38-1360529	501(C)(3)	70,797				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
ST FRANCIS MEDICAL CENTER 530 NE GLEN AVE PEORIA, IL 61637	37-0662569	501(C)(3)	52,421				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS UNIVERSITY FUSZ HALL ROOM 368 3700 W PINE MALL MALL ST LOUIS, MO 631083306	43-0654872	501(C)(3)	56,940				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
ST LUKE'S REGIONAL MEDICAL CENTER 190 E BANNOCK ST BOISE, ID 83712	82-0161600	501(C)(3)	43,968				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	206,120				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
TAKSHANUK WATERSHED COUNCIL HC PO BOX 2008 HAINES, AK 99827	33-1069246	501(C)(3)	9,680				GRANT IN SUPPORT OF EXPANSION OF EDUCATIONAL PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S MERCY HOSPITAL PO BOX 803852 KANSAS CITY, MO 64180	44-0605373	501(C)(3)	52,341				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 972 BRUSH HOLLOW RD 5TH FLOOR WESTBURY, NY 11590	11-2673595	501(C)(3)	24,538				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN AND PLANK RD PO BOX 26509 MILWAUKEE, WI 532260509	39-0806261	501(C)(3)	70,749				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
THE NEMOURS FOUNDATION 10140 CENTURION PKWY N JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	138,638				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 122010009	14-1368361	501(C)(3)	93,965				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER 5323 HARRY HINES BLVD DALLAS, TX 752842265	75-6001354	GOVERNMENT	32,817				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF TEXAS SOUTHWEST MEDICAL CENTER PO BOX 842265 DALLAS, TX 752842265	75-6002868	GOVERNMENT	204,659				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606	34-4428256	501(C)(3)	8,611				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSPLANT HOUSE PO BOX 85218 SEATTLE, WA 981451218	20-5523963	501(C)(3)	60,000				GRANT IN SUPPORT OF LODGING FOR PEDIATRIC PATIENTS WITH A FOCUS ON IMMUNOTHERAPY AND SEVERE COMBINED IMMUNODEFICIENCY PATIENTS AND THEIR FAMILIES
UNITED WAY OF KING COUNTY 720 SECOND AVE SEATTLE, WA 98104	91-0565555	501(C)(3)	20,000				SPONSORSHIPS OF FUEL YOUR FUTURE PROGRAM AND MLK JR DAY OF SERVICE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY HOSPITALS CASE MEDICAL CENTER 11100 EUCLID AVE CLEVELAND, OH 482781686	34-1567805	501(C)(3)	107,712				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1600 7TH AVE S ACC 620 BIRMINGHAM, AL 352940109	63-6005396	GOVERNMENT	358,972				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD BOX 3 TUCSON, AZ 857190521	74-2652689	GOVERNMENT	33,625				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 W MARKHAM ST LITTLE ROCK, AR 72205	71-6046242	GOVERNMENT	23,235				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO PO BOX 910238 DENVER, CO 802910238	84-6000555	GOVERNMENT	195,770				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	GOVERNMENT	50,711				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA 118 S CLINTON ST IOWA CITY, IA 52242	42-6004813	GOVERNMENT	42,302				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE 3901 RAINBOW BLVD MS 1039 KANSAS CITY, KS 66160	48-1108830	501(C)(3)	59,074				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 138 LEADER AVE STE 249 LEXINGTON, KY 40508	61-6033693	501(C)(3)	45,556				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF MARYLAND RM 4101 CHESAPEAKE BLDG COLLEGE PARK, MD 207423141	52-6002033	GOVERNMENT	10,133				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVE N WORCESTER, MA 01655	04-3167352	GOVERNMENT	22,836				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 303845803	59-0624458	GOVERNMENT	16,999				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 152512131	38-6006309	GOVERNMENT	89,093				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 N STATE ST JACKSON, MS 39216	64-6008520	GOVERNMENT	5,508				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEBRASKA BOARD OF REGENTS 985100 NEBRASKA MEDICAL CENTER OMAHA, NE 681985100	47-0049123	501(C)(3)	11,400				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF NORTH CAROLINA PO BOX 402420 ATLANTA, GA 303842420	56-6001393	GOVERNMENT	251,547				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES PO BOX 26901 SCB 228 OKLAHOMA CITY, OK 731260901	73-6017987	GOVERNMENT	14,274				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF OREGON PO BOX 3237 EUGENE, OR 874030237	93-6001786	GOVERNMENT	67,462				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 191785541	23-1352685	501(C)(3)	139,036				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 152517220	25-0965591	501(C)(3)	131,165				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE BOX 777 ROCHESTER, NY 14642	16-0743209	501(C)(3)	44,561				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF TENNESSEE 62 S DUNLAP ST STE 300 MEMPHIS, TN 38163	62-6001636	GOVERNMENT	11,813				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE ROOM 406 SALT LAKE CITY, UT 84112	87-6000525	GOVERNMENT	322,328				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 85 S PROSPECT ST BURLINGTON, VT 05405	03-0179440	501(C)(3)	45,585				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA PO BOX 400201 CHARLOTTESVILLE, VA 229041034	54-6001796	501(C)(3)	25,516				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	91-6001537	GOVERNMENT	6,083,553				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD, SUPPORT TO THE DEPARTMENT OF PATHOBIOLOGY GRADUATE EDUCATION PROGRAM, SUPPORT TO THE DIVISION OF GENERAL PEDIATRICS RESEARCH PROJECT, EVENT SPONSORSHIPS, AND OTHER VARIOUS SUPPORT FOR RESEARCH AND EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN 600 HIGHLAND AVE MC 9988 MADISON, WI 537920001	39-6006492	GOVERNMENT	68,884				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
VANDERBILT UNIVERSITY MEDICAL CENTER PO BOX 121236 DALLAS, TX 753121236	62-0476822	501(C)(3)	190,235				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 232842506	54-6001758	GOVERNMENT	13,241				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	20,723				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE UNIVERSITY PO BOX 645220 PULLMAN, WA 991645220	91-1075542	GOVERNMENT	76,286				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
WASHINGTON UNIVERSITY 660 S EUCLID BOX 8009 ST LOUIS, MO 63110	43-0653611	501(C)(3)	136,709				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE STATE UNIVERSITY PO BOX 02788 DETROIT, MI 48202	38-6028429	GOVERNMENT	22,487				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE 9TH FLR NEW YORK, NY 10022	13-1623978	501(C)(3)	266,252				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA UNIVERSITY RESEARCH 886 CHESTNUT RIDGE RD PO BOX 6845 MORGANTOWN, WV 265066845	55-0665758	501(C)(3)	22,645				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
WITHINREACH 155 NE 100TH STREET STE 500 SEATTLE, WA 98125	91-1443685	501(C)(3)	15,000				CONTRIBUTION IN SUPPORT OF MENTAL HEALTH SERVICES AND RESOURCES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRIGHT STATE UNIVERSITY 3640 COLONEL GLENN HWY DAYTON, OH 45435	31-0732831	GOVERNMENT	16,801				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
YALE UNIVERSITY 333 CEDAR ST I-100 SHM NEW HAVEN, CT 065208087	06-0646973	501(C)(3)	46,262				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH COUNTY 1118 FIFTH AVENUE SEATTLE, WA 98101	91-0482890	501(C)(3)	6,000				SPONSORSHIPS OF LUNCHEON AND SHADES OF LEADERSHIP EVENT
YOUTH RALLY COMMITTEE INC 949 CHESTNUT OAK DRIVE ST CHARLES, MO 63303	20-3579812	501(C)(3)	10,000				CONTRIBUTION TOWARD 2019 YOUTH RALLY CAMP EXPERIENCE

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE SCHOLARSHIPS FOR MINORITY NURSING STUDENTS	1	5,000			
COLLEGE SCHOLARSHIPS FOR HOSPITAL VOLUNTEERS	1	5,000			
SUPPORT TO PATIENT FAMILIES TO MEET VARIOUS NEEDS	1	15			
SUPPORT TO PATIENT FAMILIES FOR TEMPORARY HOUSING AND RENTAL ASSISTANCE	249		340,278	ACTUAL COST	PAYMENTS TO HOUSING AND RENTAL COMPANIES AND FOR PROPERTY TAXES
SUPPORT TO PATIENT FAMILIES FOR TRANSPORTATION AND TRAVEL	180		22,443	ACTUAL COST	PAYMENTS TO TRANSPORTATION COMPANIES, FOR CAR LOANS, AND FOR AUTO INSURANCE

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SUPPORT TO PATIENT FAMILIES FOR FUNERAL EXPENSES	55		14,613	ACTUAL COST	PAYMENTS TO FUNERAL HOMES
SUPPORT TO PATIENT FAMILIES FOR UTILITY EXPENSES, STORAGE, AND HOME MAINTENANCE	25		10,805	ACTUAL COST	PAYMENTS TO UTILITY COMPANIES, STORAGE COMPANIES, HOUSECLEANERS, AND FOR HOME REPAIR COSTS
SUPPORT TO PATIENT FAMILIES FOR MEDICAL EQUIPMENT	9		1,149	ACTUAL COST	PAYMENTS TO MEDICAL EQUIPMENT PROVIDERS
SUPPORT TO PATIENT FAMILIES WHO LACK THE FINANCIAL RESOURCES TO PURCHASE FOOD	1572		94,150	MARKET VALUE	MEAL VOUCHERS TO CAFETERIA AND STARBUCKS GIFT CARDS
SUPPORT TO PATIENT FAMILIES TO PURCHASE GAS FOR TRANSPORTATION TO APPOINTMENTS	1019		65,835	MARKET VALUE	GAS CARDS

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SUPPORT TO PATIENT FAMILIES TO PURCHASE GROCERIES	608		41,649	MARKET VALUE	GROCERY GIFT CARDS
SUPPORT TO PATIENT FAMILIES TO MEET VARIOUS OTHER NEEDS	68		36,442	MARKET VALUE	GIFTS CARDS, FURNITURE, AND OTHER ITEMS
SUPPORT TO PATIENTS AND FAMILIES WHO ARE ADMITTED ON AN EMERGENT / URGENT BASIS	112		2,210	MARKET VALUE	CLOTHING
SUPPORT TO PATIENT FAMILIES WHO LACK THE FINANCIAL RESOURCES TO PURCHASE FOOD	68		1,035	MARKET VALUE	FOOD BAGS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number
91-0564748

Part I Questions Regarding Compensation

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	BUSINESS OR FIRST CLASS TRAVEL IS PROVIDED TO EMPLOYEES IN THE EVENT OF MEDICAL NECESSITY OR ON CERTAIN INTERNATIONAL FLIGHTS OF LONG DURATION. THIS IS NOT TREATED AS COMPENSATION. THE CHIEF EXECUTIVE OFFICER IS PROVIDED MEMBERSHIP TO THE RAINIER CLUB. ANNUAL DUES ARE REPORTED AS TAXABLE COMPENSATION.

Return Reference	Explanation
PART I, LINES 4A-B	<p>THE FOLLOWING EMPLOYEES PARTICIPATED IN, OR RECEIVED PAYMENT FROM, A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN</p> <p>JEFF SPERRING MD - \$258,558 DEFERRED COMPENSATION SUZANNE BEITEL - \$81,856 DEFERRED COMPENSATION JAMES HENDRICKS PHD - \$70,896 DEFERRED COMPENSATION, \$600,000 REPORTABLE PAYMENT CINDY GAZECKI - \$33,265 DEFERRED COMPENSATION, \$219,907 REPORTABLE PAYMENT SANFORD MELZER MD - \$97,228 DEFERRED COMPENSATION MARK DEL BECCARO MD - \$87,744 DEFERRED COMPENSATION RUSSELL WILLIAMS - \$71,852 DEFERRED COMPENSATION MADLYN MURREY - \$61,493 DEFERRED COMPENSATION MYRA GREGORIAN - \$57,297 DEFERRED COMPENSATION ZAFAR CHAUDRY MD - \$62,486 DEFERRED COMPENSATION CARA BAILEY - \$43,656 DEFERRED COMPENSATION KELLY WALLACE - \$175,122 REPORTABLE PAYMENT DOUGLAS PICHA - \$68,417 DEFERRED COMPENSATION THE FOLLOWING RECEIVED A SEVERANCE PAYMENT CINDY GAZECKI - \$417,375 MICHAEL MURPHY - \$113,440</p>

Return Reference	Explanation
PART II, COLUMN (F)	THE FOLLOWING RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, WHICH IS BEING REPORTED IN COLUMN (B)(III) THIS COMPENSATION WAS REPORTED IN COLUMN (C) IN PRIOR FORMS 990 JAMES HENDRICKS PHD - \$600,000 CINDY GAZECKI - \$219,907 KELLY WALLACE - \$175,122



Additional Data

Software ID:
Software Version:
EIN: 91-0564748
Name: SEATTLE 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				
JEFF SPERRING MD CEO/NON-VOTING EX OFFICIO TRUSTEE	(i)	703,162	308,170	9,794	10,313	18,017	1,049,456	0
	(ii)	234,387	102,720	1,811	261,995	6,006	606,919	0
SUZANNE BEITEL SENIOR VP & CHIEF FINANCIAL OFFICER	(i)	414,908	644	48,203	2,063	24,474	490,292	0
	(ii)	138,303	124	2,423	82,543	8,158	231,551	0
JAMES HENDRICKS PHD PRESIDENT - RESEARCH INSTITUTE	(i)	432,904	182,253	20,151	19,250	29,220	683,778	0
	(ii)	0	0	600,000	70,896	0	670,896	600,000
CINDY GAZECKI SENIOR VP - HOSPITAL OPERATIONS	(i)	209,938	135,002	420,716	19,232	18,332	803,220	0
	(ii)	0	0	219,907	33,265	0	253,172	219,907
SANFORD MELZER MD EXEC VP-NETWORKS & POPULATION HEALTH	(i)	476,621	244,635	20,083	19,250	26,257	786,846	0
	(ii)	106,953	0	0	107,923	5,538	220,414	0
MARK DEL BECCARO MD SR VP-CHIEF MED OFF/NON- VOTING TRUST	(i)	520,936	181,842	15,576	19,250	5,833	743,437	0
	(ii)	0	0	0	87,744	0	87,744	0
RUSSELL WILLIAMS SR VP & CHIEF OPERATING OFFICER	(i)	447,984	163,447	25,639	13,352	8,954	659,376	0
	(ii)	0	0	0	71,852	0	71,852	0
MADLYN MURREY SR VP - CHIEF CLINICAL OFFICER	(i)	392,360	130,495	18,180	19,250	19,572	579,857	0
	(ii)	0	0	0	61,493	0	61,493	0
MYRA GREGORIAN SR VP - CHIEF PEOPLE OFFICER	(i)	385,885	84,658	10,385	6,768	28,910	516,606	0
	(ii)	0	0	0	57,297	0	57,297	0
ERIC THAM MD VP & ASSOC CHIEF INFORMATION OFFICER	(i)	351,222	163,816	1,558	19,250	31,298	567,144	0
	(ii)	0	0	0	0	0	0	0
ZAFAR CHAUDRY MD SR VP - CHIEF INFORMATION OFFICER	(i)	426,191	31,289	25,251	2,750	11,536	497,017	0
	(ii)	0	0	0	62,486	0	62,486	0
SUZANNE PETERSEN VP - EXTERNAL AFFAIRS & GUEST SVCS	(i)	372,710	107,472	6,699	19,250	26,067	532,198	0
	(ii)	0	0	0	0	0	0	0
ERIK LAUSUND VP - RESEARCH OPERATIONS & LOGISTICS	(i)	311,236	151,753	2,711	19,250	22,671	507,621	0
	(ii)	0	0	0	0	0	0	0
CARA BAILEY SR VP- INNOVATION/IMPROVEMENT OFFICER	(i)	306,092	103,729	11,190	18,954	8,382	448,347	0
	(ii)	0	0	0	43,655	0	43,655	0
RUTH MCDONALD MD VP, ASSOC CHIEF MEDICAL OFFICER	(i)	343,340	114,808	3,754	13,205	13,607	488,714	0
	(ii)	0	0	0	0	0	0	0
TODD JOHNSON VP - FACILITIES	(i)	293,556	82,808	4,745	19,250	28,301	428,660	0
	(ii)	0	0	0	0	0	0	0
KELLY WALLACE SENIOR VP & CFO THRU JAN 2018	(i)	22,771	144,610	940	14,438	1,369	184,128	0
	(ii)	7,590	48,203	175,122	4,812	456	236,183	175,122
MICHAEL MURPHY VP - ACC CARE & EXEC DIRECTOR SCCN	(i)	163,702	109,199	117,209	13,504	16,382	419,996	0
	(ii)	0	0	0	0	0	0	0
PETRA SMITH VP - HUMAN RESOURCES	(i)	258,930	101,535	1,552	19,250	30,740	412,007	0
	(ii)	0	0	0	0	0	0	0
WARREN HEWITT VP - FINANCE	(i)	197,567	64,928	4,174	14,437	15,582	296,688	0
	(ii)	65,856	21,632	0	4,813	5,194	97,495	0

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				
CHRISTINE KESSLER VP SYS ACCESS, AMB OPS & EX DIR CUMG	(i)	268,440	78,000	1,227	19,250	16,762	383,679	0
	(ii)	0	0	0	0	0	0	0
JEFFREY AVANSINO MD VP & MEDICAL DIRECTOR, SURGICAL SVCS	(i)	301,952	33,000	2,412	5,533	28,225	371,122	0
	(ii)	147,904	0	0	13,311	6,364	167,579	0
DOUGLAS PICHA PRESIDENT - FOUNDATION	(i)	42,065	14,634	11,537	1,925	2,360	72,521	0
	(ii)	378,587	131,704	8,128	85,742	21,241	625,402	0
MARK EGBERT DDS CHIEF - ORAL & MAXILLOFACIAL SURGERY	(i)	475,452	106,145	16,457	19,250	30,878	648,182	0
	(ii)	0	0	0	0	0	0	0
MICHAEL ASTION MD PHD MEDICAL DIRECTOR - LABORATORIES	(i)	523,806	66,893	2,334	18,954	32,358	644,345	0
	(ii)	0	0	0	0	0	0	0
JAMES CHRISTIANSEN MD CARDIOLOGIST	(i)	413,699	38,357	4,356	19,116	31,174	506,702	0
	(ii)	0	0	0	0	0	0	0
WAYNE CHANDLER MD MEDICAL DIRECTOR - LABORATORY MED	(i)	387,402	59,451	2,725	13,422	28,919	491,919	0
	(ii)	0	0	0	0	0	0	0
JENNIFER BECKER FORMER KEY EMPLOYEE	(i)	231,269	73,934	1,511	19,250	14,068	340,032	0
	(ii)	0	0	0	0	0	0	0
PAMELA ROCK FORMER KEY EMPLOYEE	(i)	232,698	71,996	2,449	19,250	12,710	339,103	0
	(ii)	0	0	0	0	0	0	0
SCOTT BINGHAM FORMER KEY EMPLOYEE	(i)	226,183	42,806	512	18,688	16,611	304,800	0
	(ii)	0	0	0	0	0	0	0
GREGORY BLACKBURN FORMER KEY EMPLOYEE	(i)	119,368	83,249	639	10,271	12,866	226,393	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number
91-0564748

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WASHINGTON HEALTH CARE FACILITIES AUTHORITY SERIES 2017A	91-1108929	93978HSC0	04-06-2017	126,646,117	SEE PART VI		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES AUTHORITY SERIES 2015A AND 2015B	91-1108929	93978HLL7	02-03-2015	303,924,156	SEE PART VI		X		X		X
C	WASHINGTON HEALTH CARE FACILITIES AUTHORITY SERIES 2012A AND 2012B	91-1108929	93978HDX0	06-20-2012	80,423,004	SEE PART VI		X		X		X
D	WASHINGTON HEALTH CARE FACILITIES AUTHORITY SERIES 2012C AND 2012D	91-1108929	93978HEZ4	06-20-2012	142,165,000	SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,260,000		120,000		250,000		29,810,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	127,525,980		303,944,485		80,423,004		142,165,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds			62,441		285			
6	Proceeds in refunding escrows			197,416,118		30,419,377			
7	Issuance costs from proceeds	1,545,641		2,600,625					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	125,980,331		103,865,301		50,003,342			
11	Other spent proceeds								
12	Other unspent proceeds	7							
13	Year of substantial completion	2018		2015		2013		2012	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X	X		X			X
16	Has the final allocation of proceeds been made?		X	X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
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		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 ▶								
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 ▶								
6 Total of lines 4 and 5								
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?								
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		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X			X		X
b Exception to rebate?		X		X		X	X	
c No rebate due?		X		X	X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X	X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
ENTITY 1 - FIRST SCHEDULE	<p>PART I, COLUMN F, DESCRIPTION OF PURPOSE LINE A, THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2017A (SEATTLE CHILDREN'S HOSPITAL), ("THE 2017A BONDS"), WE RE ISSUED TO (I) PAY AND/OR REIMBURSE SEATTLE CHILDREN'S HOSPITAL ("CHILDREN'S") FOR THE COSTS OF ACQUIRING, CONSTRUCTING, REMODELING, RENOVATING, EQUIPPING AND IMPROVING CERTAIN HEALTH CARE FACILITIES THAT ARE OR WILL BE OWNED AND OPERATED BY CHILDREN'S, INCLUDING HEALTH CARE FACILITIES LOCATED AT ITS SEATTLE CAMPUS IN SEATTLE, WASHINGTON AND THE CONSTRUCTION AND EQUIPPING OF A NEW CLINIC IN EVERETT, WASHINGTON, AND (II) PAY THE COSTS OF ISSUING THE SERIES 2017A BONDS LINE B, THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2015A AND REFUNDING REVENUE BONDS, SERIES 2015B (SEATTLE CHILDREN'S HOSPITAL) , (THE "SERIES 2015A/B BONDS"), WERE ISSUED TO (I) PROVIDE PART OF THE FUNDS NECESSARY TO PAY AND/OR REIMBURSE SEATTLE CHILDREN'S HOSPITAL FOR THE COSTS OF ACQUIRING, CONSTRUCTING, REMODELING, RENOVATING, EQUIPPING AND IMPROVING CERTAIN HEALTH CARE FACILITIES OWNED AND OPERATED BY CHILDREN'S, (II) ADVANCE REFUND AND DEFEASE ALL OF THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2008C (CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER), DATED MAY 29, 2008 (THE "SERIES 2008C BONDS"), THE PROCEEDS OF WHICH WERE ISSUED TO (I) REPAY AND RETIRE CHILDREN'S TAXABLE LINE OF CREDIT INDEBTEDNESS OWED TO WELLS FARGO BANK, N A , WHICH INDEBTEDNESS WAS INCURRED TO REDEEM AND RETIRE THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2006C (CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER), DATED FEBRUARY 16, 2006 (THE "SERIES 2006C BONDS"), THE PROCEEDS OF WHICH WE RE USED TO (I) PROVIDE A PORTION OF THE FUNDS NECESSARY TO CONSTRUCT, REMODEL AND/OR ACQUIRE ADDITIONAL HEALTH CARE FACILITIES FOR CHILDREN'S AND (II) TO PAY CERTAIN COSTS OF ISSUANCE OF THE SERIES 2008C BONDS, AND (III) ADVANCE REFUND AND DEFEASE \$79 MILLION OF THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2009 (SEATTLE CHILDREN'S HOSPITAL), DATED AUGUST 19, 2009, (THE "SERIES 2009 BONDS"), THE PROCEEDS OF WHICH WERE ISSUED USED TO PROVIDE ALL OR A PORTION OF THE FUNDS NECESSARY TO (I) PAY THE COSTS (INCLUDING NEW CAPITAL COSTS, REIMBURSEMENT COSTS, AND REFINANCING COSTS) OF ACQUIRING THE LAND FOR CONSTRUCTING AND EQUIPPING A NEW OUTPATIENT CLINIC AND AMBULATORY SURGERY FACILITY IN BELL EVUE, WASHINGTON, RENOVATING AND REMODELING VARIOUS PORTIONS OF CHILDREN'S EXISTING FACILITIES AT ITS SEATTLE CAMPUS, AND ACQUIRING NEW AND REPLACEMENT EQUIPMENT TO BE USED INITIALLY IN CHILDREN'S EXISTING FACILITIES ON ITS MAIN CAMPUS AND (II) PAY ISSUANCE COSTS OF THE SERIES 2009 BONDS, AND (III) PAY COSTS OF ISSUING THE SERIES 2015A/B BONDS THE CUSIP NUMBER IS FOR THE SERIES 2015A BONDS, WHICH HAVE THE LATER OF THE MATURITIES OF THE TWO SERIES LINE C, THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2012A AND REFUNDING REVENUE BONDS, SERI</p>

Return Reference	Explanation
ENTITY 1 - FIRST SCHEDULE	<p>ES 2012B (SEATTLE CHILDREN'S HOSPITAL), (THE "SERIES 2012A/B BONDS"), WERE ISSUED TO (I) REIMBURSE CHILDREN'S FOR A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, RENOVATING AND EQUIPMENT CERTAIN HEALTH CARE FACILITIES OF CHILDREN'S, AND (II) TO ADVANCE REFUND AND DEFEASE \$27 MILLION OF THE SERIES 2009 BONDS THE CUSIP NUMBER IS FOR THE SERIES 2012A BONDS, WHICH HAVE THE LATER OF THE MATURITIES OF THE TWO SERIES LINE D, THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REFUNDING REVENUE BONDS, SERIES 2012C AND REFUNDING REVENUE BONDS , SERIES 2012D (SEATTLE CHILDREN'S HOSPITAL), (THE "SERIES 2012C/D BONDS"), WERE ISSUED TO REFUND, ON A CURRENT BASIS, AND REDEEM ALL OF THE OUTSTANDING WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2008A AND SERIES 2008B (CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER), DATED APRIL 16, 2008 (THE "SERIES 2008A/B BONDS"), THE PROCEEDS OF WHICH WERE ISSUED TO REFUND, ON A CURRENT BASIS, AND REDEEM ALL OF THE OUTSTANDING WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2006A AND SERIES 2006B (CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER), EACH DATED FEBRUARY 16, 2006 (THE "SERIES 2006A /B BONDS") THE PROCEEDS OF WHICH WERE USED TO PROVIDE (I) A PORTION OF THE FUNDING TO ADVANCE REFUND AND DEFEASE \$67 MILLION OF THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 1998 BONDS (CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER), DATED NOVEMBER 17, 1998 (THE "SERIES 1998 BONDS"), THE PROCEEDS OF WHICH WERE USED TO PROVIDE A PORTION OF THE FUNDING FOR A COMPREHENSIVE FACILITY RENOVATION PROGRAM THAT INCLUDED EXTENSIVE CAPITAL IMPROVEMENTS TO THE HOSPITAL'S MAIN FACILITY, AND (II) ADVANCE REFUND AND DEFEASE \$66 MILLION OF THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2001 (CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER), DATED NOVEMBER 15, 2001 (THE "SERIES 2001 BONDS"), THE PROCEEDS OF WHICH WERE USED TO PROVIDE (I) A PORTION OF THE FUNDING FOR A \$120 MILLION CAPITAL PROGRAM, (II) PAY FOR THE PREMIUM RELATING TO THE BOND INSURANCE POLICY AND (III) PAY CERTAIN COSTS OF ISSUANCE OF THE SERIES 2001 BONDS THE CUSIP NUMBER IS FOR THE SERIES 2012D BONDS AND THERE IS NO CUSIP NUMBER FOR THE SERIES 2012C BONDS PART II, PROCEEDS COLUMN A, LINE 3 INCLUDES INVESTMENT EARNINGS OF \$879,803 00 COLUMN B, LINES 3, 5 AND 6 LINE 3 INCLUDES INVESTMENT EARNINGS OF \$20,329 00 LINE 5 \$40,033 00 AND \$21 ,371 00 OF PROCEEDS WERE TRANSFERRED TO THE PRINCIPAL AND INTEREST ACCOUNTS OF THE SERIES 2015A AND 2015B SERIES BONDS, RESPECTIVELY, AND WAS USED TO PAY INTEREST ON THE NEW MONEY PORTION OF THE SERIES 2015A AND 2015B BONDS LINE 6 \$197,416,118 00 OF TOTAL PROCEEDS FROM THE SERIES 2015B BONDS WAS DEPOSITED IN A REFUNDING ESCROW ACCOUNT COLUMN C, LINES 5 AND 6 \$30,419,377 00 OF TOTAL PROCEEDS FROM THE SERIES 2012B BONDS WAS DEPOSITED IN A REFUNDING ESCROW ACCOUNT AND \$285 00 OF TOTAL PROCEEDS WAS DEPOSITED IN THE SERIES 2012B PRINCIPAL AND INTEREST ACCOUNT AND U</p>

Return Reference	Explanation
ENTITY 1 - FIRST SCHEDULE	<p>SED TO PAY INTEREST DUE ON THE SERIES 2012B BONDS COLUMN D \$142,165,000 00 WAS USED TO REFUND, ON A CURRENT BASIS AND REDEEM ALL OF THE OUTSTANDING SERIES 2008A AND SERIES 2008B BONDS WITHIN 90 DAYS OF THE CLOSING OF THE SERIES 2012C/D BONDS PART III, PRIVATE BUSINESS USE COLUMNS A, B AND C, LINES 4-6 THERE IS NO PRIVATE USE PROPERTY PERCENTAGES = 0 00 % COLUMN D IS NOT REPORTED BECAUSE IT MEETS THE SPECIAL RULES FOR REFUNDING OF PRE-2003 BOND ISSUANCES PART IV, ARBITRAGE COLUMN A, LINE 2B NO REBATE CALCULATION IS REQUIRED AS OF THE PERIOD COVERED BY THIS SCHEDULE IT IS EXPECTED THE SERIES 2017A BONDS WILL MEET AN EXCEPTION TO REBATE COLUMN B, LINE 2B NO REBATE CALCULATION IS REQUIRED AS OF THE PERIOD COVERED BY THIS SCHEDULE COLUMN C, LINE 2C THE LAST REBATE COMPUTATION WAS PERFORMED ON JULY 18, 2017 COLUMN D, LINE 2C THE LAST REBATE COMPUTATION WAS PERFORMED ON JUNE 22, 2017 COLUMN D, LINE 4A CHILDREN'S DID NOT ENTER, NOR EXPECTS TO ENTER INTO, ANY INTEREST RATE HEDGE ARRANGEMENTS IN CONNECTION WITH THE SERIES 2012C/D BONDS CHILDREN'S DID ENTER INTO QUALIFIED HEDGES WITH RESPECT TO THE SERIES 2008A/B BONDS, WHICH WERE REFUNDED BY THE SERIES 2012C/D BONDS THE TERMINATION OR DEEMED TERMINATION PAYMENT, AS APPLICABLE, WITH RESPECT TO THE HEDGES HAS BEEN TAKEN INTO ACCOUNT IN THE CALCULATION OF THE YIELD ON THE SERIES 2012C/D BONDS</p>

Return Reference	Explanation
ENTITY 2 - SECOND SCHEDULE	<p>PART I, COLUMN F, DESCRIPTION OF PURPOSE LINE A, THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2010A (SEATTLE CHILDREN'S HOSPITAL) (THE "SERIES 2010A BONDS"), WERE ISSUED TO REIMBURSE CHILDREN'S FOR THE COSTS OF ACQUIRING CERTAIN REAL PROPERTY (INCLUDING LAND) TO BE DEVELOPED AND USED AS HEALTH CARE FACILITIES OF CHILDREN'S LINE B, THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2010B (SEATTLE CHILDREN'S HOSPITAL) (THE "SERIES 2010B BONDS"), WERE ISSUED TO (I) REFUND, ON A CURRENT BASIS, AND DEFEASE ALL OF THE OUTSTANDING SERIES 1998 BONDS AND (II) PAY COST OF ISSUANCE FOR THE SERIES 2010B BONDS LINE C, THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2009 (SEATTLE CHILDREN'S HOSPITAL) (THE "SERIES 2009 BONDS") WERE ISSUED TO PROVIDE ALL OR A PORTION OF THE FUNDS NECESSARY TO (I) PAY THE COSTS (INCLUDING NEW CAPITAL COSTS, REIMBURSEMENT COSTS, AND REFINANCING COSTS) OF ACQUIRING THE LAND FOR CONSTRUCTING AND EQUIPPING A NEW OUTPATIENT CLINIC AND AMBULATORY SURGERY FACILITY IN BELLEVUE, WASHINGTON, RENOVATING AND REMODELING VARIOUS PORTIONS OF CHILDREN'S EXISTING FACILITIES AT ITS SEATTLE CAMPUS, AND ACQUIRING NEW AND REPLACEMENT EQUIPMENT TO BE USED INITIALLY IN CHILDREN'S EXISTING FACILITIES ON ITS MAIN CAMPUS AND (II) PAY ISSUANCE COSTS OF THE SERIES 2009 BONDS PART II, PROCEEDS COLUMN B \$46,080,000 00 WAS USED TO REFUND, ON A CURRENT BASIS, AND DEFEASE THE OUTSTANDING SERIES 1998 BONDS, WITHIN 90 DAYS OF THE CLOSING OF THE SERIES 2010B BONDS \$20,887 00 OF PROCEEDS WAS TRANSFERRED TO THE PRINCIPAL AND INTEREST ACCOUNT OF THE SERIES 2010B BONDS, AND USED TO PAY INTEREST DUE ON THE SERIES 2010B BONDS COLUMN C LINE 3 INCLUDES INVESTMENT EARNINGS OF \$100,396 00 PART III, PRIVATE BUSINESS USE COLUMN A AND COLUMN C, LINES 4-6 THERE IS NO PRIVATE USE PROPERTY PERCENTAGES = 0 00% COLUMN B IS NOT REPORTED BECAUSE IT MEETS THE SPECIAL RULES FOR REFUNDING OF PRE-2003 BOND ISSUANCES PART IV, ARBITRAGE COLUMN A, LINE 2C THE LAST REBATE COMPUTATION WAS PERFORMED ON OCTOBER 16, 2013 COLUMN B, LINE 2C THE LAST REBATE COMPUTATION WAS PERFORMED ON OCTOBER 16, 2013 COLUMN C, LINE 2C THE LAST REBATE COMPUTATION WAS PERFORMED ON OCTOBER 11, 2012</p>

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization SEATTLE CHILDREN'S HOSPITAL

Employer identification number 91-0564748

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased, (h) On behalf of issuer, (i) Pool financing. Rows A, B, C for Washington Health Care Facilities Authority Series.

Part II Proceeds

Table with columns 1-13 for bond proceeds details and 14-17 for issuance questions. Includes sub-columns A, B, C, D for amounts.

Part III Private Business Use

Table with columns 1-2 for private business use questions and sub-columns A, B, C, D for Yes/No responses.

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				
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							
c Are there any research agreements that may result in private business use of bond-financed property?		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 ▶								
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 ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		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				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

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								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization SEATTLE CHILDREN'S HOSPITAL	Employer identification number 91-0564748
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶	\$					

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MCKINSTRY COMPANY	DEAN ALLEN, TRUSTEE, IS CEO AND PART OWNER OF MCKINSTRY COMPANY	302,357	SERVICES		No
(2) JULIE MARTINA	FAMILY MEMBER OF ALVIN WINTERROTH, TRUSTEE	76,935	EMPLOYMENT		No
(3) DAWN COTTER	FAMILY MEMBER OF DR MARK DEL BECCARO, KEY EMPLOYEE	276,657	EMPLOYMENT		No
(4) SARAH BOWDEN	FAMILY MEMBER OF WARREN HEWITT, KEY EMPLOYEE	78,297	EMPLOYMENT		No
(5) JESSICA BLUE	FAMILY MEMBER OF SCOTT BINGHAM, FORMER KEY EMPLOYEE	84,865	EMPLOYMENT		No
(6) EMILY WALTER	FAMILY MEMBER OF JUDITH PIERCE, TRUSTEE	40,720	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2018
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number
91-0564748

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	76	14,372,539	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIP/FURNITURE)	X	1	5,025,055	MARKET VALUE
26 Other ▶ (ELECTRONICS)	X	2	73,561	MARKET VALUE
27 Other ▶ (AIRLINE MILES)	X	2	56,970	MARKET VALUE
28 Other ▶ (_____)				

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

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	LINE 9 - 76 DONATIONS OF VARIOUS AMOUNTS OF SECURITIES, LINE 25 - ONE DONATION OF LEASEHOLD IMPROVEMENTS, FURNISHINGS AND EQUIPMENT, LINE 26 - ONE DONATION OF 35 MICROSOFT SURFACE PRO TABLETS AND ONE DONATION OF 120 AMAZON FIRE TABLETS AND 300 ECHO DOTS, LINE 27 - DONATIONS OF AIRLINE MILES FROM TWO DONORS
PART I, LINE 32B	SEATTLE CHILDREN'S HOSPITAL FOUNDATION AND SEATTLE CHILDREN'S HOSPITAL GUILD ASSOCIATION (RELATED ORGANIZATIONS) SOLICIT BOTH CASH AND NON-CASH GIFTS ON BEHALF OF SEATTLE CHILDREN'S HOSPITAL

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number

91-0564748

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	SEATTLE CHILDREN'S HOSPITAL HAS A DEDICATED GROUP OF VOLUNTEERS WHO GENEROUSLY GIVE THEIR TIME AND ENERGY TO SUPPORTING THE MISSION OF THE HOSPITAL IN FISCAL YEAR 2019, 694 VOLUNTEERS, AFTER COMPLETING A THOROUGH INTERVIEW AND TRAINING PROCESS, LOGGED 72,780 HOURS OF SERVICE IN ONE OF THE 80 DIFFERENT DEPARTMENTS, WITH DUTIES RANGING FROM WORKING IN THE HOSPITAL GIFT SHOP, TO ENTERTAINING PATIENTS IN THE PLAYROOM, TO HELPING WITH ADMINISTRATIVE TASKS AT A RECEPTION AREA IN ADDITION, 22 UNCOMPENSATED TRUSTEES SERVED ON THE SEATTLE CHILDREN'S HOSPITAL BOARD DURING FISCAL YEAR 2019 IN ALL THAT THEY DO, OUR VOLUNTEERS ARE HIGHLY VALUED MEMBERS OF OUR HOSPITAL COMMUNITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 15	THIS IS THE FIRST TAX YEAR SEATTLE CHILDREN'S HOSPITAL, AS AN EMPLOYER, WOULD BE SUBJECT TO IRC SECTION 4960 TAX ON PAYMENT(S) OF MORE THAN \$1,000,000 HOWEVER, PER IRS NOTICE 2019-09, Q39, REMUNERATION PAID BEFORE THE START OF THE FIRST TAX YEAR BEGINNING AFTER THE EFFECTIVE DATE OF THE NEW LAW IS NOT SUBJECT TO THE EXCISE TAX REMUNERATION PAID TO JEFF SPERRING MD WAS PAID EQUALLY OVER THE CALENDAR YEAR 2018 AND THEREFORE, THE ORGANIZATION IS NOT SUBJECT TO THE IRC 4960 TAX FOR THE YEAR ENDED SEPTEMBER 30, 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	WARREN HEWITT HAS A BUSINESS RELATIONSHIP WITH DEAN ALLEN, SUZANNE BEITEL, JOEL BENOLIEL, SUSAN BETCHER, JILL BRUBAKER, MICHAEL DELMAN, ROY DIAZ, COLIN FOX, COLLEEN FUKUI-SKETCHLEY, DEBORAH HAUG, JUDY HOLDER, CYNTHIA HUFFMAN, MONA LEE LOCKE, PATRICIA LOERA, SUSAN MASK, JEFF NITTA, JUDITH PIERCE, MICHAEL REEVES, NANCY SENSENEY, MICHELE SMITH, JEFF SPERRING, CHARLES STEVENS, MOYA VAZQUEZ, AND ALVIN WINTERROTH JEFF SPERRING HAS A BUSINESS RELATIONSHIP WITH DEAN ALLEN, SUZANNE BEITEL, JOEL BENOLIEL, SUSAN BETCHER, JILL BRUBAKER, MICHAEL DELMAN, ROY DIAZ, COLIN FOX, COLLEEN FUKUI-SKETCHLEY, DEBORAH HAUG, JUDY HOLDER, CYNTHIA HUFFMAN, MONA LEE LOCKE, PATRICIA LOERA, SUSAN MASK, JEFF NITTA, JUDITH PIERCE, MICHAEL REEVES, NANCY SENSENEY, MICHELE SMITH, CHARLES STEVENS, MOYA VAZQUEZ, AND ALVIN WINTERROTH SUZANNE BEITEL HAS A BUSINESS RELATIONSHIP WITH DEAN ALLEN, JOEL BENOLIEL, SUSAN BETCHER, JILL BRUBAKER, MICHAEL DELMAN, ROY DIAZ, COLIN FOX, COLLEEN FUKUI-SKETCHLEY, DEBORAH HAUG, JUDY HOLDER, CYNTHIA HUFFMAN, MONA LEE LOCKE, PATRICIA LOERA, SUSAN MASK, JEFF NITTA, JUDITH PIERCE, MICHAEL REEVES, NANCY SENSENEY, MICHELE SMITH, CHARLES STEVENS, MOYA VAZQUEZ, AND ALVIN WINTERROTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE VOTING MEMBER OF SEATTLE CHILDREN'S HOSPITAL IS SEATTLE CHILDREN'S HEALTHCARE SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SEATTLE CHILDREN'S HEALTHCARE SYSTEM, AS THE SOLE MEMBER OF SEATTLE CHILDREN'S HOSPITAL, ELECTS THE MEMBERS OF THE BOARD OF TRUSTEES (WHICH IS THE GOVERNING BODY) OF SEATTLE CHILDREN'S HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SEATTLE CHILDREN'S HEALTHCARE SYSTEM, AS THE SOLE MEMBER OF SEATTLE CHILDREN'S HOSPITAL, HAS THE AUTHORITY TO MAKE, ALTER, AMEND OR REPEAL THE ARTICLES OF INCORPORATION AND BYLAWS OF SEATTLE CHILDREN'S HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT AND INDEPENDENT TAX PROFESSIONALS PRESENT AND REVIEW THE FORM 990 WITH THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES AFTER REVIEW BY THE AUDIT AND COMPLIANCE COMMITTEE AND PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE, THE ENTIRE BOARD OF TRUSTEES RECEIVES A COPY OF THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY OF SEATTLE CHILDREN'S HOSPITAL REQUIRES AN ANNUAL SURVEY OF ALL BOARD MEMBERS OF SEATTLE CHILDREN'S HOSPITAL, MEMBERS OF THE MEDICAL LEADERSHIP, ALL INDIVIDUALS ENGAGED TO PROVIDE MEDICAL DIRECTION, STAFF MEMBERS OCCUPYING ROLES WITH A DEGREE OF AUTHORITY, MEMBERS OF THE INSTITUTIONAL REVIEW BOARD AND MEMBERS OF THE HOSPITAL'S PHARMACY AND THERAPEUTICS COMMITTEE THE SENIOR VICE PRESIDENT/CHIEF LEGAL OFFICER OF SEATTLE CHILDREN'S HEALTHCARE SYSTEM, ACTING UNDER THE OVERSIGHT AND BOARD DELEGATED AUTHORITY OF THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES, OVERSEES THE REVIEW OF ALL DISCLOSURES AND ESTABLISHES AND OVERSEES ANY NECESSARY MANAGEMENT PLANS RELATED TO THEM IN GENERAL, WHEN A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE CONFLICT MUST RECUSE THEMSELVES FROM PARTICIPATION IN ANY BOARD DISCUSSION OR OTHER DECISION MAKING REGARDING THE TRANSACTION AND REFRAIN FROM VOTING ON OR DECIDING ANY ISSUES RELATING TO THE CONFLICTING INTEREST ANY PERSON COVERED BY THE POLICY WHO ENGAGES IN CONDUCT THAT VIOLATES THE POLICY OR PURSUES A TRANSACTION OR EVENT FOLLOWING DISAPPROVAL BY THE AUDIT AND COMPLIANCE COMMITTEE OR THE APPROPRIATE OFFICER MAY, IN THE DISCRETION OF THE AUDIT AND COMPLIANCE COMMITTEE OR THE APPROPRIATE OFFICER IN ACCORDANCE WITH THEIR RESPECTIVE AUTHORITY, BE REMOVED IMMEDIATELY FROM HIS OR HER DUTIES WITH SEATTLE CHILDREN'S HOSPITAL AND/OR TERMINATED IN HIS OR HER EMPLOYMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE COMPENSATION FALLS WITHIN THE PURVIEW OF THE MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE (MDCC) OF THE BOARD OF TRUSTEES OF SEATTLE CHILDREN'S HEALTHCARE SYSTEM (SCHS), A RELATED ORGANIZATION THAT IS THE SOLE VOTING MEMBER OF SEATTLE CHILDREN'S HOSPITAL PURSUANT TO THE BOARD-APPROVED MDCC CHARTER, THE MDCC ENGAGES AN INDEPENDENT THIRD-PARTY CONSULTANT EXPERT IN THE COMPENSATION OF EXECUTIVES AND OTHER TOP MANAGERS OF NONPROFIT HOSPITALS AND HEALTH CARE SYSTEMS WITH APPROPRIATE COMPARABILITY DATA PROVIDED BY ITS CONSULTANT (COMPRISING MARKET DATA REGARDING COMPENSATION PAID FOR COMPARABLE SERVICES IN COMPARABLE ORGANIZATIONS), THE MDCC ENGAGES IN AN ANNUAL REVIEW AND ASSESSMENT OF THE SEATTLE CHILDREN'S HOSPITAL EXECUTIVE COMPENSATION PROGRAM (BASE, INCENTIVE COMPENSATION, AND EMPLOYER-PAID BENEFITS) TO DETERMINE COMPETITIVENESS BASED ON THIS EXPERT ANALYSIS AND ON RELEVANT PERFORMANCE INFORMATION FOR THE EXECUTIVES IN QUESTION AND THE ORGANIZATION AS A WHOLE, THE MDCC PRESENTS A RECOMMENDATION TO THE SCHS BOARD REGARDING THE TOTAL COMPENSATION PACKAGE FOR EACH OF THE AFFECTED EXECUTIVES, INCLUDING THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND KEY EMPLOYEES THE FULL BOARD REVIEWS THE RECOMMENDATIONS AS WELL AS ALL RELEVANT COMPARABILITY DATA AND THE GOALS OF THE ORGANIZATION IN MAKING ITS FINAL DECISION IN DOING SO IT RELIES ON THE EXPERT ANALYSIS TO DETERMINE THAT COMPENSATION IS REASONABLE AND WITHIN THE "BOUNDS OF COMPETITIVE PRACTICE" ALL DELIBERATIONS AND DECISIONS OF THE MDCC AND FULL BOARD ARE DOCUMENTED IN THE BOOKS AND RECORDS IN ACCORDANCE WITH GENERAL ADMINISTRATIVE PROVISIONS AND PROCEDURES WITHIN THE BYLAWS THE PROCESS FOLLOWED BY THE MDCC AND THE FULL BOARD SATISFIES BEST GOVERNANCE PRACTICES AND ALSO MEETS THE REGULATORY REQUIREMENTS NECESSARY TO CREATE A REBUTTABLE PRESUMPTION OF REASONABLENESS WITH RESPECT TO THE BOARD'S DECISION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	SEATTLE CHILDREN'S HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 16	WHILE THERE IS NO WRITTEN POLICY OR PROCEDURE FOR THE ARRANGEMENT, ANY JOINT VENTURE IS REVIEWED BY LEGAL COUNSEL WHO CONSIDERS THE IMPACTS OF THE TAX-EXEMPT STATUS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, COLUMN (D)	ALTHOUGH SEATTLE CHILDREN'S HOSPITAL HAS SUBSTANTIAL CONTRIBUTION REVENUE, IT DOES NOT INCUR FUNDRAISING EXPENSES ALL FUNDRAISING ACTIVITIES AND CONTRIBUTIONS TO SEATTLE CHILDREN'S HOSPITAL ARE CONDUCTED BY RELATED ORGANIZATIONS SEE ADDITIONAL DESCRIPTION FOR SCHEDULE M, LINE 32

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUATION OF INTEREST RATE SWAP AGREEMENTS -5,940,015 CHANGE IN BENEFICIAL INTEREST IN SCHS -1,066,792

990 Schedule O, Supplemental Information

Return Reference	Explanation
SEATTLE CHILDREN'S COMMUNITY BENEFIT REPORT	<p>LETTER FROM OUR CEO MOST PEOPLE DON'T HAVE TO LOOK FAR TO FIND A HOSPITAL AFTER ALL, THERE ARE MORE THAN 6,000 HOSPITALS ACROSS THE UNITED STATES BUT OPTIONS SHRINK DRAMATICALLY WHEN A FAMILY NEEDS A HOSPITAL LIKE SEATTLE CHILDREN'S ALTHOUGH THERE ARE MORE THAN 70 MILLION KIDS UNDER AGE 18 IN THE U S , THERE ARE ONLY ABOUT 200 HOSPITALS WITH SPECIALIZED PROGRAMS FOR CHILDREN AND ADOLESCENTS OF THOSE, ROUGHLY 100 PROVIDE COMPREHENSIVE CARE FOR YOUNG PEOPLE WITH THE GREATEST HEALTH CHALLENGES ALONG WITH SEATTLE CHILDREN'S, THESE HOSPITALS ARE AN ESSENTIAL PART OF OUR COUNTRY'S HEALTHCARE SYSTEM AND ARE A CRITICAL SAFETY NET FOR FAMILIES IN NEED AND, OFTEN, WE'RE THE SOURCE OF HOPE WHEN THEY'VE BEEN TOLD THERE ARE NO OTHER ANSWERS LIKE US, OUR CHILDREN'S HOSPITAL PEERS PROVIDE A WIDE RANGE OF HIGHLY SPECIALIZED PROGRAMS TO MEET THE IMMEDIATE AND LONG-TERM NEEDS OF CHILDREN WITH COMPLEX CONDITIONS WE ALSO SERVE AS REGIONAL AND NATIONAL REFERRAL CENTERS FOR KIDS WITH THE MOST ACUTE MEDICAL ILLNESSES AND MENTAL AND BEHAVIORAL HEALTH CONDITIONS ACROSS THE COUNTRY, CHILDREN'S HOSPITALS ARE UNITED BY A SIMPLE FACT WE DON'T DO IT ALONE HERE AT SEATTLE CHILDREN'S WE WORK CLOSELY WITH ACADEMIC MEDICAL CENTERS TO ADVANCE PEDIATRIC CLINICAL CARE, TRAINING AND RESEARCH AT THE SAME TIME, WE COLLABORATE WITH FAMILIES, COMMUNITY PARTNERS, PUBLIC HEALTH AGENCIES SERVING THE LARGEST AND MOST DIVERSE GEOGRAPHIC AREA OF ANY HOSPITAL WASHINGTON, ALASKA, MONTANA, AND IDAHO BEING ONE OF THE ONLY HOSPITALS IN THE NATION TO NAME EQUITY AS A CORE VALUE MEANS THAT WE REPEATEDLY COMMIT TO COLLABORATE WITH MANY OTHERS TO DELIVER ON OUR PROMISE OF HOPE, CARE AND CURES FOR EVERY CHILD THAT PROMISE IS THE CORNERSTONE OF SEATTLE CHILDREN'S PLAN TO ADDRESS THE GREATEST HEALTH NEEDS OF OUR COMMUNITIES - NOT JUST WITHIN OUR WALLS BUT WHEREVER WE CAN HELP KEEP FAMILIES SAFE AND HEALTHY AND ELIMINATE HEALTH INEQUITIES INSIDE THIS REPORT ARE MANY EXAMPLES OF OUR MOST RECENT EFFORTS TO UPHOLD OUR PROMISE WE ARE GRATEFUL TO EVERYONE WHO HAS JOINED US ON THIS JOURNEY SINCERELY, JEFF SPERRING, MD CEO, SEATTLE CHILDREN'S</p> <p>WHAT IS COMMUNITY BENEFIT? A COMMUNITY BENEFIT IS A PROGRAM OR SERVICE THAT MEETS AT LEAST ONE OF THESE OBJECTIVES - IMPROVES ACCESS TO HEALTHCARE - ENHANCES THE HEALTH OF THE COMMUNITY - ADVANCES MEDICAL OR HEALTH KNOWLEDGE - RELIEVES OR REDUCES THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS COMMUNITY BENEFITS ARE CLASSIFIED AS UNCOMPENSATED CARE, RESEARCH, HEALTH PROFESSIONS EDUCATION AND COMMUNITY HEALTH IMPROVEMENT COMMUNITY BENEFIT IS ALSO THE BASIS OF THE TAX-EXEMPTION OF NONPROFIT HOSPITALS LEARN MORE ABOUT HOW WE CONTRIBUTE TO THE COMMUNITY AT WWW SEATTLECHILDRENS.ORG/COMMUNITYBENEFIT TOTAL 2019 INVESTMENT IN THE COMMUNITY \$287,761,000 * UNCOMPENSATED CARE & MEDICAID SHORTFALL** \$184,199,000 HEALTH PROFESSIONS EDUCATION \$3,994,000 RESEARCH \$56,031,000 COMMUNITY PROGRAMS AND SERVICES \$13,537,000 *DOES NOT INCLUDE GRANTS AND CONTRIBUTIONS</p>

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Return Reference	Explanation
SEATTLE CHILDREN'S COMMUNITY BENEFIT REPORT	<p>SEATTLE CHILDREN'S RECEIVED THAT SUPPORT COMMUNITY BENEFIT PROGRAMS **REFLECTS COSTS AFTER SUBTRACTING PAYMENTS FROM MEDICAID, DONATIONS, AND GRANTS SEATTLE CHILDREN'S RECEIVED THAT SUPPORT THESE PROGRAMS COMMUNITY PROGRAMS AND SERVICES WE STRIVE EVERY DAY TO DO WHATEVER IT TAKES TO HELP CHILDREN AND FAMILIES IN OUR REGION - NOT JUST INSIDE OUR HOSPITAL BUT BEYOND OUR WALLS BY WORKING WITH PARTNERS IN THE COMMUNITY TO PROVIDE MEDICAL SERVICES, PROMOTE PUBLIC POLICIES AND ADVOCATE FOR THE UNDERSERVED, WE MAKE LIFE SAFER AND HEALTHIER FOR CHILDREN AND FAMILIES WHERE THEY LIVE RAISING AWARENESS OF VAPING RISKS AS A FOUNDING PARTNER OF PREVENTION WORKS IN SEATTLE (WINS), WE ARE ON THE FRONTLINE OF THE FIGHT AGAINST YOUTH SUBSTANCE ABUSE - INCLUDING THE GROWING BUT DANGEROUS PRACTICE OF VAPING VAPING - INHALING THE VAPOR FROM ELECTRONIC CIGARETTES - IS CATCHING ON WITH TEENS AT AN ALARMING RATE THIS IS AT LEAST PARTIALLY DUE TO THE POPULARITY OF E-CIGARETTE JUICE FLAVORS LIKE COTTON CANDY AND CHERRY COLA THAT ARE EXTRA SWEET AND MARKETED AS FREE FROM NICOTINE "TESTING SHOWS THAT SOME FLAVORS MARKETED AS 'JUST FLAVORING' DO CONTAIN NICOTINE, MAKING E- CIGARETTES AND VAPE USE AMONG YOUTH EXTREMELY DANGEROUS BECAUSE IT LAYS THE GROUNDWORK FOR A LIFETIME OF ADDICTION " SAYS LIZ WILHELM, DRUG FREE COMMUNITIES COORDINATOR WITH PREVENTION WINS "E-CIGARETTES ALSO CONTAIN DANGEROUS CHEMICALS THAT, WHEN INHALED, CAN REDUCE LUNG CAPACITY " PREVENTION WINS HAS PARTNERED WITH THE WASHINGTON POISON CENTER TO PROVIDE EDUCATIONAL TRAINING ABOUT THE RISKS OF E-CIGARETTES AND VAPING TO LOCAL EDUCATORS, PARENTS AND OTHER COMMUNITY COALITIONS ONE OF THE MOST IMPORTANT THINGS TO UNDERSTAND IS THAT E -CIGARETTES AND VAPING IS NOT SAFER THAN COMBUSTIBLE CIGARETTES - ESPECIALLY FOR YOUNG PEOPLE WHOSE BODIES ARE STILL DEVELOPING "PARENTS SHOULD SEND CLEAR MESSAGES TO THEIR CHILDREN ASKING THEM NOT TO USE E-CIGARETTES AND LET THEM KNOW THE CONSEQUENCES IF THEY DO," WILHELM SAYS THROUGH THIS COLLABORATION, PREVENTION WINS HAS TRAINED HUNDREDS OF INDIVIDUALS ON THESE RISKS IN 2019 SPECIALTY CARE CLOSER TO HOME SEATTLE CHILDREN'S IS THE MAIN PEDIATRIC HOSPITAL FOR A VAST GEOGRAPHIC REGION - THE LARGEST OF ANY CHILDREN'S HOSPITAL IN THE COUNTRY OUR NETWORK OF CLINICS GIVES KIDS ACROSS WASHINGTON, ALASKA, MONTANA AND IDAHO LOCAL ACCESS TO SPECIALTY CARE THAT COULD SAVE THEIR LIFE WHEN A YOUNG PATIENT HAD A FEVER THAT LASTED FOR FOUR DAYS, HIS PEDIATRICIAN IN ANCHORAGE, ALASKA, THOUGHT IT WAS AN EVERYDAY VIRUS AS SYMPTOMS WORSENERD AND HE STARTED STRUGGLING TO BREATHE, HE ENDED UP IN THE EMERGENCY ROOM, WHERE DR JAMES CHRISTIANSEN, A SEATTLE CHILDREN'S CARDIOLOGIST WHO LIVES AND WORKS IN ANCHORAGE, DIAGNOSED HIM WITH RHEUMATIC FEVER "THE CHILD WAS ON THE VERGE OF CARDIAC ARREST AND NO ONE KNEW WHY UNTIL WE SAW DR CHRISTIANSEN," MERSING SAYS "HE PUT HIS PATIENT ON THE RIGHT MEDICATIONS AND IT PROBABLY SAVED HIS LIFE " WHILE FAMILIES STILL TRAVEL TO SEATTLE FOR COMPLEX</p>

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Return Reference	Explanation
SEATTLE CHILDREN'S COMMUNITY BENEFIT REPORT	<p>SURGERIES AND PROCEDURES, OUR SPECIALISTS SEE THOUSANDS OF KIDS LIKE THIS ONE IN OUR REGIONAL CLINICS. OUR FOUNDING PROMISE TO PROVIDE UNCOMPENSATED CARE TO CHILDREN WHO NEED IT APPLIES EVEN WHEN A CHILD IS SEEN AT ONE OF OUR REGIONAL CLINICS. "WE'RE CONSTANTLY STRIVING TO MAKE IT EASIER FOR FAMILIES TO GET EVALUATED, DIAGNOSED AND TREATED BY SEATTLE CHILDREN'S EXPERTS NO MATTER WHERE THEY LIVE," SAYS DR. HOWARD JEFFRIES, WHO DIRECTS OUR REGIONAL NETWORK. "FAMILIES HAVE ENOUGH TO WORRY ABOUT WITHOUT WONDERING WHETHER THE SPECIALIST THEY NEED IS AVAILABLE IN THEIR COMMUNITY." RESEARCH RESEARCH IS THE SPRINGBOARD TO HOPE. BY IDENTIFYING PROBLEMS, DISCOVERING SOLUTIONS AND TRANSLATING THEM INTO NEW CURES AND TREATMENTS, WE TRANSFORM THE LIVES OF CHILDREN AND FAMILIES EVERYWHERE. NEUROLOGY TEAM DELIVERS NOVEL CARE. THE SEATTLE CHILDREN'S NEUROSCIENCES CENTER UNLOCKS THE MYSTERIES OF THE BRAIN TO HELP CHILDREN FIGHT NEUROLOGICAL CONDITIONS THAT THREATEN THEIR LIVES AND THEIR DREAMS. OUR TEAM OF NEUROLOGISTS, NEUROSURGEONS AND NUMEROUS OTHER SPECIALISTS TAKE EVERY STEP POSSIBLE - INCLUDING BLAZING NEW TRAILS - TO HELP CHILDREN AND TEENS FULFILL THEIR POTENTIAL. ONE SUCH TEENAGE PATIENT HAS A PASSION FOR PERFORMING MUSICAL THEATER. SO IT FELT LIKE A CRUEL JOKE WHEN DOCTORS DETERMINED SHE HAD MUSIC-TRIGGERED EPILEPSY CAUSED BY A BRAIN TUMOR PRESSING AGAINST HER AUDITORY CORTEX. SHE NEEDED BRAIN SURGERY TO REMOVE THE TUMOR. BECAUSE OF THE TUMOR'S LOCATION, OUR EPILEPSY SURGERY TEAM TOOK A NOVEL APPROACH. THEY WOKE HER UP DURING HER SURGERY AND HAD HER SING AND PERFORM MUSIC-RELATED TASKS WHILE MAPPING AREAS OF HER BRAIN SO THEY COULD AVOID DAMAGE TO REGIONS RELATED TO HEARING AND SINGING. ALTHOUGH WE ARE A LEADER IN THIS TYPE OF SURGERY - KNOWN AS AWAKE CRANIOTOMY - THIS WAS THE FIRST TIME WE FOCUSED ON PRESERVING THE ABILITY TO SING. JUST 48 HOURS AFTER SURGERY, THE TEEN WAS PLAYING GUITAR AND SINGING FROM HER HOSPITAL BED. "AT SEATTLE CHILDREN'S, WE DEAL WITH THE INCREDIBLE EVERY DAY," SAYS NEUROSURGEON DR. JASON HAUPTMAN. "WE CAME TOGETHER AND DEVELOPED A VERY NOVEL WAY TO APPROACH A PROBLEM THAT WE HOPE WILL HAVE A POSITIVE IMPACT FOR THE REST OF HER LIFE."</p>

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Return Reference	Explanation
SEARCHING FOR SOLUTIONS TO INEQUITIES	<p>CHILDREN FROM LOW-INCOME GROUPS OFTEN HAVE WORSE MEDICAL OUTCOMES THAN KIDS WHO ARE FROM HIGHER-INCOME FAMILIES. BACKED BY A NATIONAL INSTITUTES OF HEALTH GRANT, DR. CASEY LION IS SEEKING TO IDENTIFY WHAT CONTRIBUTES TO THOSE DISPARITIES AND TEST A NEW WAY TO OVERCOME THEM. LION'S TEAM WILL SURVEY PARENTS OF COLOR AND LOW-INCOME PARENTS WHOSE CHILDREN ARE HOSPITALIZED. THE SURVEY WILL GAUGE THINGS LIKE A FAMILY'S TRUST IN THE HEALTHCARE SYSTEM AND THE QUALITY OF COMMUNICATION FROM DOCTORS AND NURSES. LION'S TEAM THEN WILL LOOK FOR ASSOCIATIONS BETWEEN THE SURVEY'S FINDINGS AND EACH CHILD'S MEDICAL OUTCOMES. FOR INSTANCE, LION SUSPECTS THAT CHILDREN MAY HAVE WORSE OUTCOMES IF THE PROVIDERS AREN'T EFFECTIVELY COMMUNICATING WITH PARENTS, WHICH COULD LIMIT A PARENT'S ABILITY TO CARE FOR THEIR CHILD AFTER GOING HOME FROM THE HOSPITAL. NEXT, LION WILL INVESTIGATE WHETHER PATIENT NAVIGATORS COULD IMPROVE OUTCOMES. PATIENT NAVIGATORS ARE CHARGED WITH THINGS LIKE EXPLAINING THE DIFFERENT ASPECTS OF CARE TO PATIENTS AND THEIR FAMILIES, HELPING THEM COMMUNICATE WITH DOCTORS AND NURSES AND ENCOURAGING FAMILIES TO TAKE AN ACTIVE ROLE IN CARE. "NAVIGATORS COULD BE A COST-EFFECTIVE WAY TO HELP THESE PATIENTS TODAY AND BUILD A FOUNDATION THAT IMPROVES THEIR HEALTHCARE THROUGHOUT LIFE," LION SAYS. HEALTH PROFESSIONALS EDUCATION IS THE OXYGEN THAT HEALTHCARE REQUIRES TO EFFECTIVELY RESPOND TO PATIENT AND FAMILY NEEDS. OUR INVESTMENT IN ONGOING TRAINING FOR OUR DOCTORS AND NURSES - AND FOR PROVIDERS IN THE COMMUNITY - ENSURES CHILDREN IN OUR REGION HAVE ACCESS TO HIGHLY SPECIALIZED CARE AND AS A TRAINING GROUND FOR FUTURE DOCTORS, NURSES AND HEALTH CARE PROFESSIONALS WE ENSURE FUTURE GENERATIONS WILL CONTINUE TO HAVE THE SAME ACCESS. MOBILIZING TO MEET COMMUNITY'S NEEDS OUR PATIENT TRANSPORT SERVICE HAS COME A LONG WAY. AFTER TRANSPORTING ONLY NEONATAL PATIENTS - BABIES YOUNGER THAN 30 DAYS OLD - FOR MANY YEARS, THE TEAM BEGAN TRANSPORTING CHILDREN OF ALL AGES LAST YEAR. ANOTHER 2019 MILESTONE: PROVIDING CLINICAL CARE ON AIRLIFT NORTHWEST FLIGHTS INVOLVING NEONATAL PATIENTS. NOW KNOWN AS THE CRITICAL CARE TRANSPORT SERVICE, THE TEAM HAS DOUBLED IN SIZE TO NEARLY 40 HIGHLY-TRAINED NURSES, RESPIRATORY CARE THERAPISTS AND EMERGENCY MEDICAL TECHNICIANS (EMTs) DEDICATED TO THE SAFE TRANSFER OF PATIENTS REQUIRING CRITICAL OR SPECIALTY CARE SERVICES AT SEATTLE CHILDREN'S OR ANOTHER FACILITY IN WESTERN WASHINGTON. EXPANDING THE PROGRAM REQUIRED SIGNIFICANT AND ONGOING TRAINING BY ALL MEMBERS OF THE TEAM. THIS INCLUDED TWO DAYS OF COMPETENCY TRAININGS IN 2019 THAT INVOLVED LEARNING ADVANCED SKILLS AND CONDUCTING HANDS-ON SIMULATIONS BEYOND WHAT IS STANDARDLY REQUIRED. THIS YEAR THE TEAM WILL PARTICIPATE IN THREE DAYS OF COMPETENCY TRAININGS TO CONTINUE FINE-TUNING THEIR SKILLS. "WHAT HAS BEEN SO INCREDIBLE IS HOW EACH MEMBER OF THE TEAM HAS BEEN CROSS-TRAINED SO EVERYONE HAS LEARNED TRANSPORT SKILLS RATHER THAN JUST NURSING SKILLS OR RESPIRATORY THERAPY SKILLS."</p>

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Return Reference	Explanation
SEARCHING FOR SOLUTIONS TO INEQUITIES	<p>SAYS NICKI NIKODYM, A NURSE WITH THE TEAM "OUR TEAM WORKS SO COHESIVELY BECAUSE IT IS JUST THAT - A TEAM" INTERNSHIPS CULTIVATE DIVERSITY IN RESEARCH THE SEATTLE CHILDREN'S RESEARCH INSTITUTE IS COMMITTED TO HELPING TRAIN THE NEXT GENERATION OF MEDICAL RESEARCHERS - AND TO HELPING UNDERREPRESENTED STUDENTS PARTICIPATE IN THAT TRAINING LAST YEAR THE OFFICE FOR TEACHING, EDUCATION AND RESEARCH (OTER) LAUNCHED A SUMMER INTERNSHIP PROGRAM FOR UNDERREPRESENTED UNDERGRADUATE STUDENTS THE PROGRAM RECEIVED MORE THAN 700 APPLICANTS, OF WHICH, 36 STUDENTS WERE GIVEN AN OPPORTUNITY TO ENGAGE IN BASIC, CLINICAL AND/OR TRANSLATIONAL RESEARCH UNDER THE MENTORSHIP OF EXPERIENCED RESEARCHERS AND PRINCIPAL INVESTIGATORS INTERNS LEARNED NEW RESEARCH METHODOLOGIES, BECAME EXPERIENCED WITH LAB EQUIPMENT, WORKED WITH DATA, CONDUCTED THEIR OWN RESEARCH PROJECTS AND SUBMITTED AN ABSTRACT OF THEIR RESEARCH AT THE END OF THEIR INTERNSHIP PROJECTS RANGED FROM THE EFFECTS OF SLEEP DEPRIVATION ON EPILEPSY IN A MOUSE MODEL, THE SOCIAL IMPACT OF PEDIATRIC SKIN DISORDERS - TO WHY PARENTS ARE STILL REFUSING AND DELAYING VACCINES INTERNS ALSO ATTENDED A SERIES OF TRAINING SESSIONS ON READING SCHOLARLY ARTICLES, WRITING INDIVIDUAL DEVELOPMENT PLANS, CREATING LINKEDIN PROFILES AND OTHER USEFUL PROFESSIONAL SKILLS "THE AREA OF MEDICINE I WAS INTRODUCED TO BLEW MY MIND AWAY," SAID ONE INTERN "I LEARNED A LOT ABOUT WHAT IT TAKES TO BE IN THAT SETTING AND I AM GLAD BECAUSE (THE INTERNSHIP) GAVE ME MORE MOTIVATION TO CONTINUE THIS CAREER PATH" UNCOMPENSATED CARE THE COST OF SPECIALIZED CARE FOR A CHILD WITH A SERIOUS ILLNESS OR INJURY IS STAGGERING, BUT IT IS NEVER A BARRIER FOR FAMILIES WHO COME TO US FOR HELP OUR DOORS ARE ALWAYS OPEN REGARDLESS OF A FAMILY'S FINANCIAL SITUATION IN 2019 WE PROVIDED OVER \$184 MILLION IN UNCOMPENSATED CARE TO CHILDREN IN WASHINGTON, ALASKA, MONTANA AND IDAHO A WINNING ATTITUDE, A DEDICATED TEAM IF YOU LOOK AT ONE PARTICULAR CHILDREN'S PATIENT, YOU SEE A GIRL WHO LOVES COMPUTER GAMES, VOLLEYBALL AND THE PERFORMER CARDI B WHAT YOU DON'T SEE IS THE SICKLE CELL DISEASE THAT HAS SHAPED HER LIFE - OR THE SEATTLE CHILDREN'S MEDICAL TEAM THAT'S BEEN WITH HER EVERY STEP OF THE WAY OUR EXPERTS AT THE ODESSA BROWN CHILDREN'S CLINIC (OBCC) PROVIDE HER WITH THE CARE SHE NEEDS TO MANAGE HER CHRONIC CONDITION SICKLE CELL DISEASE PREVENTS A PERSON'S BLOOD CELLS FROM DELIVERING OXYGEN TO THEIR BODY, WHICH CAN LEAD TO TERRIBLE PAIN, SERIOUS INFECTIONS, DAILY MEDICATION AND A LIFETIME OF TREATMENT "SICKLE CELL AFFECTS THE ENTIRE CHILD AND THE TEAM AT OBCC UNDERSTANDS THAT," SAYS THE CHILD'S DAD "EVEN IF WE NEED TO CALL FOR HELP AT 3 AM, OUR MEDICAL TEAM IS THERE FOR US THEY'RE LIKE A SECOND FAMILY" THE GIRL'S MOM HAS INSURANCE AND HER DAD WORKS TWO JOBS, BUT THE COST OF MEDICATION, BLOOD TRANSFUSIONS AND EMERGENCY ROOM VISITS IS MORE THAN THE FAMILY CAN BEAR ALONE BUT THEY DON'T HAVE TO, THANKS TO SUPPORT FROM OUR UNCOMPENSATED CARE FUND "OUR LIVE</p>

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Return Reference	Explanation
SEARCHING FOR SOLUTIONS TO INEQUITIES	S WOULD BE DRAMATICALLY DIFFERENT WITHOUT THAT HELP," SAYS HER DAD "WE FEEL TRULY BLESSED FOR ALL THE PEOPLE WHO STEP FORWARD AND SUPPORT THE HOSPITAL - AND FAMILIES LIKE OURS " O UR COMMUNITY BENEFIT PRIORITIES WE WORK WITH PARTNERS IN THE COMMUNITY TO ADDRESS FOUR URG ENT HEALTH NEEDS IDENTIFIED BY OUR 2019-2022 COMMUNITY HEALTH ASSESSMENT HERE ARE SOME OF OUR RECENT ACCOMPLISHMENTS IN EACH OF THE FOUR PRIORITY AREAS

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>MENTAL AND BEHAVIORAL HEALTH</p>	<p>MENTAL AND EMOTIONAL HEALTH ARE ESSENTIAL IN ORDER FOR CHILDREN TO GROW UP AND REACH THEIR FULL POTENTIAL. OUR MENTAL AND BEHAVIORAL HEALTH EXPERTS ARE TRAINED TO UNDERSTAND AND MEET THE SPECIFIC NEEDS OF CHILDREN AND ADOLESCENTS DEALING WITH ANXIETY, DEPRESSION AND THE ISSUES THAT AFFECT THEIR DEVELOPMENT, SAFETY AND WELL-BEING. WORKING WITH THE COMMUNITY, WE STRIVE TO INCREASE ACCESS TO CARE SO EVERYONE GETS THE HELP THEY NEED. CULTIVATING INCLUSIVE AUTISM CONVERSATIONS THE SEATTLE CHILDREN'S AUTISM CENTER HAS PROVIDED VITAL EDUCATION TO PARENTS AND CAREGIVERS FOR MANY YEARS. NOW OUR COURSES ARE MORE EASILY AND WIDELY ACCESSIBLE THANKS TO A COLLABORATION BETWEEN THE AUTISM CENTER AND SEATTLE CHILDREN'S SOCIAL MEDIA TEAM. THE COURSES ARE STREAMED ON FACEBOOK LIVE, ELIMINATING THE NEED FOR ANYONE TO TRAVEL TO SEATTLE CHILDREN'S OR SOME OTHER LOCATION TO ACCESS THE INFORMATION PRESENTED. BESIDES BEING AVAILABLE ON FACEBOOK LIVE, THE COURSES ARE UPLOADED TO OUR YOUTUBE CHANNEL. PRESENTING THE INFORMATION ON FACEBOOK LIVE AND MAKING IT PERMANENTLY AVAILABLE AFTERWARD ON SOCIAL MEDIA MEANS THAT ANY PROVIDER - AT SEATTLE CHILDREN'S OR IN THE COMMUNITY -- CAN POINT FAMILIES TO THOSE RESOURCES ANY TIME THEY NEED EDUCATION, INFORMATION OR SUPPORT. MUCH OF THE INFORMATION IS PRESENTED THROUGH PANEL DISCUSSIONS. INVITED EXPERTS ADDRESS TOPICS ACROSS THE AUTISM SPECTRUM BASED ON WHAT THE AUTISM CENTER HEARS FROM FAMILIES ABOUT THEIR GREATEST NEEDS AND CONCERNS. "WE STRIVE TO BE AS INCLUSIVE AS POSSIBLE AND OFFER MULTIPLE PERSPECTIVES FROM THE AUTISM COMMUNITY," SAID JIM MANCINI, WHO DIRECTS PARENT EDUCATION AND RESEARCH AT THE AUTISM CENTER. ONE OF LAST YEAR'S PANELS EXAMINED CRISIS RESOURCES FOR INDIVIDUALS WITH AUTISM, WHICH REVEALED A LACK OF CRISIS RESOURCES AND STARTED A CONVERSATION AT THE STATE LEVEL ABOUT THE NEED FOR INCREASED CRISIS SUPPORTS -- WHICH ULTIMATELY BECAME A CATALYST FOR POSITIVE LEGISLATION. GUIDING FAMILIES THROUGH MENTAL HEALTH MAZE THE MENTAL HEALTH SYSTEM CAN SEEM LIKE A MAZE TO PARENTS IN SEARCH OF THERAPY FOR A CHILD. NOT ONLY DOES THE STATE OF WASHINGTON LACK ADEQUATE RESOURCES, BUT ACCESSING THOSE RESOURCES IS CHALLENGING BECAUSE OF COMPLICATED INSURANCE COVERAGES, MULTIPLE HIDDEN BARRIERS AND MINIMAL SUPPORTS. A BIG STEP FORWARD WAS TAKEN LAST YEAR WHEN SEATTLE CHILDREN'S BEGAN OPERATING THE MENTAL HEALTH REFERRAL SERVICE FOR CHILDREN AND TEENS. FUNDED BY THE STATE, THE TELEPHONE-BASED SERVICE CONNECTS PARENTS AND CAREGIVERS WITH A REFERRAL SPECIALIST. THE SPECIALIST ASKS A SERIES OF QUESTIONS TO DETERMINE THE TYPE OF HELP NEEDED AND THEN FINDS A THERAPIST THAT MATCHES A CHILD'S CLINICAL NEEDS, ACCEPTS THEIR INSURANCE AND IS CONVENIENTLY LOCATED. THE REFERRAL COMPLETED 596 INTAKES IN ITS FIRST SIX MONTHS - WITH OVERWHELMINGLY POSITIVE RESULTS. WHEN PARENTS WERE SURVEYED ABOUT HOW LIKELY THEY WERE TO RECOMMEND THE SERVICE, THE AVERAGE RATING FROM 105 RESPONSES WAS A 4.9 OUT OF 5. "THIS IS SUCH A VALUABLE RESOURCE FOR FAMILIES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
MENTAL AND BEHAVIORAL HEALTH	LIKE OURS WHO ARE TRYING TO NAVIGATE THE COMPLICATED MENTAL HEALTH SYSTEM AND GET OUR CHILDREN THE SUPPORT THEY NEED," SAID ONE PARENT "THANK YOU SO MUCH FOR YOUR HELP!"

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>SUICIDE & INJURY PREVENTION</p>	<p>SEATTLE CHILDREN'S SUPPORTS THE HEALTH AND SAFETY OF CHILDREN, TEENS AND FAMILIES BY IDENTIFYING PREVENTABLE INJURIES AND PROMOTING EDUCATION AND RESOURCES TO REDUCE THOSE INJURIES. WORKING WITH PARTNERS IN THE COMMUNITY, WE TRY TO SEEK TO UNDERSTAND INJURY AND ADDRESS POTENTIAL HARMS WHEREVER WE FIND THEM. WORKING WITH FAMILIES TO KEEP KIDS SAFE, THE BEHAVIORAL HEALTH CRISIS CARE CLINIC (CCC) IS AN ALTERNATIVE TO THE EMERGENCY DEPARTMENT THAT IS DESIGNED FOR CHILDREN WHO ARE IN CRISIS - INCLUDING EXPERIENCING SUICIDAL THOUGHTS OR BEHAVIORS - BUT WHO ARE NOT AT IMMEDIATE RISK OF HARM. LAUNCHED IN 2019, THE CCC PROVIDES CLINICAL SUPPORT TO BOTH CHILDREN AND THEIR CAREGIVERS IN ORDER TO ADDRESS THE IMPACTS OF A MENTAL HEALTH CRISIS ON THE WHOLE FAMILY. WE ALSO PROVIDE FAMILIES WITH CASE MANAGEMENT SUPPORT TO INCREASE THEIR ACCESS TO ONGOING CARE IN THE COMMUNITY. THIS NEW PROGRAM INCREASES OPTIONS FOR FAMILIES IN CRISIS WHO MAY OTHERWISE HAVE TO CHOOSE BETWEEN VISITING THE EMERGENCY DEPARTMENT AND NAVIGATING LENGTHY WAITLISTS TO ACCESS CARE. THE PROTECT OUR KIDS FROM FIREARM TRAGEDY COALITION CONTINUES TO WORK TO REDUCE FIREARM TRAGEDIES BY GIVING AWAY SAFE FIREARM STORAGE DEVICES. IN 2019 WE DISTRIBUTED 2,633 FIREARM LOCKING DEVICES AT COMMUNITY EVENTS IN YAKIMA, VANCOUVER AND SEATTLE IN PARTNERSHIP WITH LOCAL HOSPITALS, SAFE KIDS, PUBLIC HEALTH AND SUICIDE PREVENTION COMMUNITY ORGANIZATIONS. IN ADDITION, OVER 250 PATIENT FAMILIES HAVE RECEIVED FIREARM LOCKING DEVICES - ALONG WITH COUNSEL FROM STAFF AND PROVIDERS IN OUR EMERGENCY DEPARTMENT, PSYCHIATRY AND BEHAVIORAL MEDICINE INPATIENT UNIT, PSYCHIATRY CLINICS AND ODESSA BROWN CHILDREN'S CLINIC (OBCC). AT OBCC, PROVIDERS BLEND CONVERSATIONS ABOUT CHILDHOOD INJURY PREVENTION INTO WELL-CHILD CHECKS, MAKING SURE THAT FAMILIES KNOW HOW TO SECURELY STORE FIREARMS IN THEIR HOMES AND HAVE THE RESOURCES TO DO SO. ASSISTANCE DURING STAY, ON WAY HOME WHEN A CHILD SPENDS A LONG TIME IN THE HOSPITAL, FAMILIES SPEND A LONG TIME THERE TOO. IN MANY CASES, THEY FIND THEMSELVES IN UNFAMILIAR SURROUNDINGS FAR FROM HOME, FAMILY AND FRIENDS. SEATTLE CHILDREN'S FAMILY RESOURCE CENTER (FRC) OFFERS SUPPORT SERVICES FOR FAMILIES IN HOPES TO MAKE THEIR STAY A LITTLE EASIER. THE FRC PROVIDES A PLACE TO DO LAUNDRY AT NO COST, PRIVATE SHOWERS, A KITCHEN WITH FREE COFFEE AND TEA, COMPUTER ACCESS, CELL PHONE CHARGERS, HEALTH INFORMATION AND MORE. FRC STAFF HELP FAMILIES WHO ARE AT THE HOSPITAL IN HOW TO NAVIGATE SERVICES, IDENTIFY TRANSPORTATION OPTIONS AND FIND INFORMATION ON THINGS TO DO. WHEN FAMILIES ARE READY TO GO HOME, WE MAKE SURE THAT FAMILIES TRAVEL SAFELY BY PROVIDING CAR SEATS TO INPATIENT AND EMERGENCY DEPARTMENT PATIENTS. CAR CRASHES CONTINUE TO BE A LEADING CAUSE OF DEATH AND INJURIES TO CHILDREN. FAMILIES PAY WHAT THEY ARE ABLE TO AND NO MORE THAN THE WHOLESALE COST OF THE CAR SEAT. TRAINED FRC STAFF ASSIST PARENTS AND CAREGIVERS WITH CAR SEAT EDUCATION AND INSTALLATION. WE PROVIDED 338 CAR SEATS TO FAMILIES LAST YEAR.</p>

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Return Reference	Explanation
<p>SUICIDE & INJURY PREVENTION</p>	<p>R "IT ALWAYS MAKES ME FEEL GOOD WHEN WE ARE ABLE TO HELP FAMILIES WHO NEED A CAR SEAT," SHARES JUDY MACCARRONE, SENIOR PROGRAM COORDINATOR FOR THE FRC ECONOMIC SECURITY AS INCOME INEQUALITY GROWS, WE KNOW THAT MORE AND MORE OF OUR FAMILIES LACK THE RESOURCES TO MAINTAIN A SAFE AND HEALTHY STANDARD OF LIVING WITHOUT ECONOMIC SECURITY, CHILDREN ARE MORE LIKELY TO ENTER SCHOOL BEHIND THEIR PEERS, SCORE LOWER ON ACHIEVEMENT TESTS AND HAVE WORSE HEALTH OUTCOMES SEATTLE CHILDREN'S WORKS DIRECTLY WITH FAMILIES AND WITH PARTNERS IN THE COMMUNITY TO ADDRESS ACCESS TO HEALTHY FOOD, HOUSING, EXPOSURE TO POLLUTION AND OTHER ISSUES THAT CAN ARISE FROM A LACK OF ECONOMIC SECURITY AFFORDABLE HOUSING A NEW SEATTLE CHILDREN'S CLINIC WILL INCREASE ACCESS TO HEALTHCARE FOR LOW-INCOME FAMILIES WHO HAVE MOVED TO SOUTH SEATTLE AND SOUTH KING COUNTY WHILE AT THE SAME TIME HELPING BOOST THE SUPPLY OF AFFORDABLE HOUSING IN THE AREA CONSTRUCTION CREWS BROKE GROUND LAST YEAR ON A NEW ODESSA BROWN CHILDREN'S CLINIC (OBCC) - PART OF THE 3.2-ACRE OTHELLO SQUARE DEVELOPMENT NEAR THE OTHELLO RAIL STATION THE CLINIC AS WELL AS A CHILD DEVELOPMENT CENTER RUN BY A COMMUNITY PARTNER WILL OCCUPY THE FIRST TWO FLOORS OF A SEVEN-STORY BUILDING ABOVE THE CLINIC WILL BE 176 APARTMENTS FOR FAMILIES WITH INCOMES BETWEEN 65% AND 120% OF THE AREA MEDIAN INCOME CHILDREN INVESTED AN ADDITIONAL \$8 MILLION TO INCREASE THE NUMBER OF UNITS SET ASIDE FOR INDIVIDUALS AND FAMILIES AT THE LOWEST END OF THE INCOME SPECTRUM THE NEW CLINIC WILL PROVIDE AN INTEGRATED RANGE OF MEDICAL, MENTAL HEALTH, DENTAL AND OTHER SERVICES WHILE OTHELLO SQUARE WILL INCLUDE A CHARTER HIGH SCHOOL, AN ECONOMIC OPPORTUNITY CENTER, A COMPUTER LAB AND OTHER FEATURES THE ORIGINAL OBCC, LOCATED A FEW MILES NORTH IN THE CENTRAL DISTRICT, WILL BE RENOVATED AND CONTINUE TO SERVE FAMILIES IN SURROUNDING NEIGHBORHOODS ASSISTANCE WITH THE BASICS FOOD, SHELTER AND TRANSPORTATION ARE EASY TO TAKE FOR GRANTED IF YOU HAVE THEM, BUT MANY FAMILIES WHO COME TO SEATTLE CHILDREN'S LACK ONE OR MORE OF THOSE BASIC NECESSITIES - ADDING TO THE STRESS OF THEIR CHILD'S HOSPITALIZATION AND MAKING IT HARD FOR THEM TO BE THE BEST CAREGIVERS POSSIBLE LAST YEAR WE EXPANDED OUR EFFORTS TO ASSIST FAMILIES BY CREATING A COMMUNITY RESPONSE TEAM (CRT) TO SCREEN FOR HOMELESSNESS, FOOD INSECURITY AND OTHER ISSUES THE 16 VOLUNTEER TEAM MEMBERS - ALL PRE-MED STUDENTS - WORK DIRECTLY WITH FAMILIES TO SIGN THEM UP FOR ASSISTANCE SUCH AS SNAP FOOD BENEFITS (FORMERLY KNOWN AS FOOD STAMPS), BUS PASSES, CHILD CARE SUBSIDIES AND OTHER BENEFITS SEVEN CRT STUDENTS SPEAK A SECOND LANGUAGE "THE BEAUTY OF THIS PROGRAM IS THAT THERE ARE A TON OF PRE-MED STUDENTS LOOKING FOR THIS KIND OF EXPERIENCE," SAID JULIE POVICK, WHO LEADS PATIENT TRANSPORTATION SERVICES AND THE CRT "THEY ARE ALL SUPER-EXCITED TO BE DOING THIS "</p>

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Return Reference	Explanation
HEALTHY LIFESTYLES	<p>NUTRITIOUS FOOD AND AN ACTIVE LIFESTYLE ARE CORNERSTONES OF A HEALTHY LIFE CHILDREN NEED PLENTY OF BOTH TO GROW AND THRIVE SEATTLE CHILDREN'S WORKS WITH FAMILIES AND PARTNERS IN THE COMMUNITY TO FIGHT CHILDHOOD HUNGER, PROMOTE NUTRITIOUS DIETS AND FOSTER HEALTHY ENVIRONMENTS WHERE CHILDREN CAN SAFELY GET THE PHYSICAL ACTIVITY THEY NEED WORKING AT THE INTERSECTION OF HUNGER AND HEALTH IN 2019, 12% OF PEOPLE LIVING IN KING COUNTY EXPERIENCED FOOD INSECURITY, MEANING NEARLY 250,000 PEOPLE IN OUR IMMEDIATE COMMUNITY OFTEN RUN OUT OF FOOD AND DON'T HAVE MONEY TO BUY MORE PEOPLE WHO CAN'T AFFORD TO EAT HEALTHY AND NUTRITIOUS FOODS OFTEN STRUGGLE TO MANAGE CHRONIC CONDITIONS LIKE DIABETES AND HEART DISEASE A POOR DIET WORSENS UNDERLYING CONDITIONS, TRAPPING THEM IN A CYCLE OF MORE VISITS TO THE DOCTOR, GREATER FINANCIAL BURDEN AND DECLINING HEALTH SEATTLE CHILDREN'S IS WORKING TO BREAK THAT CYCLE AS PART OF A NETWORK OF HEALTHCARE SYSTEMS CALLED THE FOOD INSECURITY COMMUNITY OF PRACTICE BY IMPROVING HOW WE SCREEN FAMILIES FOR FOOD INSECURITY AND THEN CONNECTING THEM IN NEED WITH THE RIGHT RESOURCES, THE NETWORK'S 10 MEMBERS ARE REDUCING THE BURDEN OF DISEASE, THE INCREASE IN HEALTH DISPARITIES AND THE COST OF HEALTHCARE WE TREAT HUNGER AS A VITAL SIGN EVERY FAMILY WHO COMES TO OUR ODESSA BROWN CLINIC FOR A WELL-CHILD VISIT COMPLETES A SHORT QUESTIONNAIRE ABOUT FOOD INSECURITY PATIENTS THAT SCREEN POSITIVE ARE CONNECTED TO FOOD ASSISTANCE PROGRAMS SUCH AS SNAP, WIC OR THEIR NEIGHBORHOOD FOOD BANK IN ADDITION, WE TEAM UP WITH NORTHWEST HARVEST TO BRING A MOBILE FOOD PANTRY TO ODESSA BROWN TWICE A MONTH AND WE PROVIDE FAMILIES WITH PRODUCE PRESCRIPTIONS - VOUCHERS FOR FRUITS AND VEGETABLES THAT ARE GOOD AT GROCERY STORES AND FARMERS MARKETS REDUCING RACE AND PLACE-BASED DISPARITIES AS KING COUNTY'S HOUSING COSTS HAVE SOARED, MANY PEOPLE OF COLOR AND LOWER INCOME FAMILIES HAVE MOVED TO MORE AFFORDABLE LOCATIONS IN SOUTH SEATTLE AND SOUTH KING COUNTY WHILE MOVING CAN LIFT FINANCIAL BURDENS, THIS DISPLACEMENT DISRUPTS LONG ESTABLISHED COMMUNITIES, SEPARATES PEOPLE FROM SERVICES AND OFTEN SEGREGATES PEOPLE OF COLOR AND LOWER-INCOME INDIVIDUALS AND FAMILIES IN AREAS WITH FEWER RESOURCES AND MORE HEALTH RISK FACTORS THE RESULT INCREASED HEALTH DISPARITIES BASED ON RACE AND PLACE TO COUNTER THOSE DISPARITIES, SEATTLE CHILDREN'S IS WORKING WITH PUBLIC HEALTH - SEATTLE & KING COUNTY AND THE HEALTHY KING COUNTY COALITION TO INCREASE ACCESS TO HEALTHY FOODS, HELP RESIDENTS CREATE ACTIVE LIVING ENVIRONMENTS AND ESTABLISH EFFECTIVE LINKS WITH LOCAL HEALTH CLINICS FUNDED BY A FEDERAL RACIAL ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH) GRANT, THE EFFORT FOCUSES ON AFRICAN-AMERICAN, AFRICAN-BORN AND ASIAN-AMERICAN POPULATIONS IN SOUTH SEATTLE AND THE CITIES OF SEATAC AND TUKWILA COMPRISED OF PRIMARILY NEIGHBORHOODS OF COLOR THAT HAVE A LONG HISTORY OF WELCOMING IMMIGRANTS, THEY SHOULDER THE HIGHEST CHRONIC DISEASE RATES IN THE COUNTY PROJECTS RANGE FROM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
HEALTHY LIFESTYLES	OM CREATING GROUP-PURCHASING AGREEMENTS TO BRING HEALTHIER FOODS TO COMMUNITIES AT A LOWER COST TO PROVIDING BREASTFEEDING EDUCATION AND SUPPORT GROUPS TO NEW AFRICAN AMERICAN MOTHERS FACING SYSTEMIC AND CULTURAL BARRIERS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number

91-0564748

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) CHILDREN'S CLINICALLY INTEGRATED NETWORK LLC PO BOX 5371 MS RC-507 SEATTLE, WA 981455005 91-0564748	ADMINISTRATION OF PEDIATRIC PHYSICIANS NETWORK	WA	366,015	428,059	SEATTLE CHILDREN'S HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SEATTLE CHILDREN'S HEALTHCARE SYSTEM PO BOX 5371 MS RC-507 SEATTLE, WA 981455005 91-1250116	HEALTHCARE	WA	501(C)(3)	LINE 7	N/A		No
(2) SEATTLE CHILDREN'S HOSPITAL FOUNDATION PO BOX 5371 MS RC-507 SEATTLE, WA 981455005 91-1156519	FUNDRAISING	WA	501(C)(3)	LINE 7	SEATTLE CHILDREN'S HEALTHCARE SYSTEM	Yes	
(3) SEATTLE CHILDREN'S HOSPITAL GUILD ASSN PO BOX 5371 MS RC-507 SEATTLE, WA 981455005 91-1394056	FUNDRAISING, CHILD ADVOCACY, AND PEDIATRIC HEALTH AWARENESS	WA	501(C)(3)	LINE 7	SEATTLE CHILDREN'S HEALTHCARE SYSTEM	Yes	
(4) CHILDREN'S RETAIL PO BOX 5371 MS RC-507 SEATTLE, WA 981455005 91-1998909	THRIFT STORES	WA	501(C)(3)	LINE 12A, I	SEATTLE CHILDREN'S HEALTHCARE SYSTEM	Yes	
(5) CHILDREN'S UNIVERSITY MEDICAL GROUP PO BOX 50010 SEATTLE, WA 98105 91-1336707	MEDICAL PRACTICE	WA	501(C)(3)	LINE 12A, I	N/A		No
(6) CHILDREN'S HEALTH NETWORK PO BOX 5371 MS RC-507 SEATTLE, WA 981455005 91-1226716	PEDIATRIC HEALTHCARE SERVICES	WA	501(C)(3)	LINE 12A, I	SEATTLE CHILDREN'S HEALTHCARE SYSTEM	Yes	

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 91-0564748
Name: SEATTLE CHILDREN'S HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER UNITRUSTS (2)	INVESTMENTS	WA	SEATTLE CHILDREN'S HOSPITAL					Yes	
(1) CHARITABLE REMAINDER UNITRUSTS (9)	INVESTMENTS	WA	N/A						No
(2) CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	AK	SEATTLE CHILDREN'S HOSPITAL					Yes	
(3) CHARITABLE REMAINDER UNITRUSTS (3)	INVESTMENTS	CA	SEATTLE CHILDREN'S HOSPITAL					Yes	
(4) CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	FL	N/A						No
(5) CHARITABLE REMAINDER ANNUITY TRUST (1)	INVESTMENTS	WA	N/A						No
(6) CHARITABLE LEAD ANNUITY TRUST (1)	INVESTMENTS	WA	N/A						No
(7) PERPETUAL TRUSTS (6)	INVESTMENTS	WA	SEATTLE CHILDREN'S HOSPITAL					Yes	
(8) PERPETUAL TRUSTS (2)	INVESTMENTS	WA	N/A						No
(9) POOLED INCOME FUND (1)	INVESTMENTS	WA	N/A						No