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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

		pplicable Please	C Name of organization	ng 01-01-2009 and ending	12-31-2009		D Employer	identi	fication number		
┌ Add	Iress ch		CHILDREN'S HOSPITAL Doing Business As	& MEDICAL CENTER			47-0379 E Telephone		ner .		
	ne cha	type. See					· ·				
_	ıal retu	Instruc-		P O box if mail is not delivered to	street address)	Room/suite	(402) 95! G Gross receip				
_	mınate	d tions.	8200 DODGE STREET				2 01033 10001	γι 5 ψ 2			
	ended		City or town, state or one of OMAHA, NE 68114	country, and ZIP + 4							
 App	lication	n pending									
			ame and address of prii / A PERKINS	ncipal officer		H(a) Is the affilia	s a group ret	urn fo			
		8200	DODGE STREET			аппа	tes		ΓYes Γ Nο		
		OMA	HA,NE 68114				l affiliates incl				
	x-exem	npt status 🔽 5010	(c) (3) ◀ (insert no)	4947(a)(1) or			o," attach a lı ıp exemption		ee instructions)		
v	ebsit e	e: ► www.CHILDF	RENSOMAHA ORG			11(0)	,p exemption				
			ration Trust Association	n Other 🕨	•	L Year of fo	rmation 1948	M St	ate of legal domicile NE		
Pa		Summary	 						_		
Governance	1	A FAMILY-CENT	TERED REGIONAL PRO R CHILDREN, INFANT	ion or most significant activi DVIDER DEDICATED TO CO S THROUGH ADOLESCENT	ST-EFFEC						
over											
			•	iscontinued its operations of							
Activities &	3			ning body (Part VI, line 1a) of the governing body (Part					17		
퇃	_	•	employees (Part V, line		vi, iiile ib)		•	_	2,13		
্ব			volunteers (estimate if				30-				
				from Part VIII, column (C),	line 12 .			7a _			
	b	Net unrelated bu	sıness taxable ıncome	from Form 990-T, line 34				7b			
Revenue						Prio	r Year		Current Year		
	8	Contributions a	nd grants (Part VIII, lı	ne 1 h)			2,516,146		8,595,750		
	9	_	e revenue (Part VIII, I	-	221,631,368		219,858,126				
盏	10			n (A), lines 3, 4, and 7d)		760,189	+	323,194			
	11 12			lines 5, 6d, 8c, 9c, 10c, and (must equal Part VIII, colur	•		9,252,277		10,400,016		
						;	234,159,980		239,177,086		
	13		ılar amounts paıd (Part		2,472,658		1,843,545				
	14		or for members (Part I			0		0			
8	15	Salaries, other (compensation, employ	ee benefits (Part IX, column ((A), lines 5-	123,507,938			118,519,608		
Expenses	16a	Professional fur	ndraising fees (Part IX,	column (A), line 11e)			0		0		
ੜੇ	ь	Total fundraising ex	xpenses (Part IX, column (D), line 25) 🕨 0							
	17	Other expenses	(Part IX, column (A),	lines 11a-11d, 11f-24f) .			92,357,674		99,449,352		
	18	·	·	st equal Part IX, column (A),	-		218,338,270	 	219,812,505		
	19	Revenue less e	xpenses Subtract line	18 from line 12			15,821,710		19,364,581		
20 0 20 0 20 0 20 0							g of Current 'ear		End of Year		
Not Assets or Fund Balances	20	Total assets (P	art X, line 16)				234,571,015		256,015,840		
er A	21	Total liabilities	(Part X, line 26)			:	147,431,237		143,037,700		
	22			line 21 from line 20			87,139,778		112,978,140		
Par	t II	Signature B				h - d - l d			h t - 6 ll d		
				e examined this return, including ac claration of preparer (other than off							
Sign Here		***** Signature of off	icer			2010- Date	08-12				
		MICHAEL J BRO	WN SR VICE PRESIDENT & arme and title	CFF0							
		Preparer's		Date		eck ıf	Preparer's ide		g number		
Paid		signature			self em						
Prepa	arer's		1	FTC: 1							
Use (Only	Firm's name (or yours of self-employed), address, and ZIP + 4 Two Central Park Plaza Suite 1501						EIN ►			
			Omaha, NE 681021				Phone no 🕨	(402)	348-1450		
May t	he IR	S discuss this ret	·	hown above? (see instructioi	ns)				Yes No		

Part III Statement of Program Service Accomplishments

	1	Briefly	describe	the o	raanızatıon	's	mission
--	---	---------	----------	-------	-------------	----	---------

So that all children may have a better chance to live children's hospital delivers extraordinary care to children, educates health care professionals, and promotes pediatric research

2	Did the organization under the prior Form 990 or 990		nt program ser	vices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe these ne	w services on Sch	iedule O			
3	Did the organization cease services?	• .	ake sıgnıfıcant 	changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe these ch	nanges on Schedul	e O			
4		1 (c)(4) organizatio	ns and section	1 4 9 4 7 (a)(1) trusts	e largest program services b are required to report the am service reported	
4a	(Code) (Expenses \$	206,405,307	ıncludıng grants of \$	1,391,045) (Revenue \$	228,718,998)
	SPECIALTY CLINICS, AND A 33- ADDITION TO OFFERING OUTP. ADOLESCENTS WHO HAVE IMM NURSING, IN-HOME PRIVATE I	-BED OUTPATIENT "DA ATIENT EATING DISOR EDIATE OR LONG-TER DUTY NURSING, CENTI N'S HOSPITAL & MEDIC	Y HOŚPITAL" KNO DER SERVICES AN M HEALTH CARE N ER BASED PRIVATE (AL CENTER IS TH	WN AS CHILDREN'S AMB ID PROVIDING A FULL AR IEEDS, INCLUDING HOMI E DUTY NURSING AT CHI	L SUITES, A HYBRID HEART CATHE ULATORY RECOVERY AND EXPRESS RAY OF PEDIATRIC HOME HEALTH E MEDICAL EQUIPMENT RENTALS A LDREN'S HOME HEALTHCARE'S WO IATRIC EMERGENCY DEPARTMENT	S STAY (CARES) UNIT, IN CARE SERVICE TO CHILDREN AND ND SALES, HOME HEALTH RLD, AND HOME INFUSION
4b	(Code) (Expenses \$		ncluding grants of \$) (Revenue \$)
4с	(Code) (Expenses \$		ncluding grants of \$) (Revenue \$)
<i>1</i> ~ .	Other programs	/Dagamba in Cali	dula O \			
4d	Other program services (Expenses \$	•	dule O) ding grants of 9	\$) (Revenue \$)
4e	Total program service ex		206,405,307	-	7 (т	,
-	. Jean program service ex	P-10-01- Y	200,100,007			

Part IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

Part V	Statements	Regarding	Other IR	S Filings and	Tax Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
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 this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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
Ь	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
a	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	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		Νo
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		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	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			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

OMAHA, NE 68114 (402) 955-4116

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.

Section A. Governing Body and Management

	etion A. Governing body and Hanagement						
					Yes	No	
1a	Enter the number of voting members of the governing body	1a	20				
ь	Enter the number of voting members that are independent	1b	17	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	ıness	relationship with any	2		Νο	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management cor			3		Νο	
4	Did the organization make any significant changes to its organizational documents s filed?	-	•	4		Νο	
5	Did the organization become aware during the year of a material diversion of the orga	nızat	ıon's assets?	5		Νο	
6	Does the organization have members or stockholders?			6		Νo	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		r more members of the	7a		Νο	
b	Are any decisions of the governing body subject to approval by members, stockholde		rother persons?	7b		Νο	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken during the				
а	The governing body?			8a	Yes		
b	Each committee with authority to act on behalf of the governing body?			8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedu			9		Νο	
	ction B. Policies (This Section B requests information about policies not venue Code.)	requ	red by the Internal				
Ne	venue coue.)				Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?			10a		Νο	
b	If "Yes," does the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with those of the or		• •	10b			
11	Has the organization provided a copy of this Form 990 to all members of its governir	_		11	Yes		
11A	Describe in Schedule O the process, if any, used by the organization to review the Fo	orm 9	90				
12a	2a Does the organization have a written conflict of interest policy? If "No," go to line 13						
b	Are officers, directors or trustees, and key employees required to disclose annually to conflicts?	ıntere •	sts that could give rise	12b	Yes		
c	Does the organization regularly and consistently monitor and enforce compliance wit describe in Schedule O how this is done	h the	policy? If "Yes,"	12c	Yes		
13	Does the organization have a written whistleblower policy?			13	Yes		
14	Does the organization have a written document retention and destruction policy? .			14	Yes		
15	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of the						
а	The organization's CEO, Executive Director, or top management official			15a	Yes		
b	Other officers or key employees of the organization \ldots . \ldots . \ldots			15b	Yes		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?		3	16a		Νο	
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	anızat en ste	ion to evaluate its ps to safeguard the	16b			
Se	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you make these available. Ch. Own website. Another's website. Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governir interest policy, and financial statements available to the public. See Additional Data	-	•				
20	State the name, physical address, and telephone number of the person who possesse MICHAEL J BROWN 8200 DODGE STREET			ne orga	ınızatıor	. ►	

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) A verage hours	Posi t	((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
SUZANNE SCOTT MEMBER	1 0	х						0	0	0
SCOTT CARLSON MEMBER	1 0	х						0	0	0
JOHN GOLLAN MD MEMBER	1 0	х						0	0	0
RICHARD R BELL MEMBER	1 0	х						0	0	0
SHARON MARVIN GRIFFIN MEMBER	1 0	х						0	0	0
STEVEN W SELINE CHAIRMAN	1 0	х		х				0	0	0
BARBARA SCHAEFER VICE CHAIRMAN	1 0	х		х				0	0	0
DEB PERRY MD SECRETARY	1 0	х		Х				0	0	0
GARY A PERKINS PRESIDENT/CEO/MEMBER	40 0	Х		Х				951,609	0	55,260
G RICHARD RUSSELL MEMBER	1 0	х						0	0	0
ERIC BUTLER MEMBER	1 0	х						0	0	0
JAMES LANDEN TREASURER	1 0	х		х				0	0	0
SUSAN WEIDNER MEMBER	1 0	х						0	0	0
JOHN MOORE MD MEMBER	1 0	х						0	249,441	17,694
DANA BRADFORD MEMBER	1 0	х						0	0	0
SID DINSDALE MEMBER	1 0	х						0	0	0
PAUL W ESPOSITO MEMBER	1 0	х						0	0	0

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

(A) Name and Title	(B) Average hours		((tion (hat a	che				(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee		Highest compensated employee Key employee Officer		Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
DAN HAMANN MEMBER	1 0	х						0	0	0
JIM SIMPSON MEMBER	1 0	х						0	0	0
ROWAN ZETTERMAN MD MEMBER	1 0	х						0	0	0
KATHY ENGLISH EVP/COO	40 0			Х				360,182	0	42,111
MICHAEL BROWN SVP/CFO	40 0			Х				374,779	0	27,854
DAVID M CHRISTENSEN MD SVP/CMO	40 0			х				415,287	0	22,523
STEPHEN RAYNOR MD PHYSICIAN	40 0					Х		735,355	0	36,803
ROBERT CUSICK MD PHYSICIAN	40 0					Х		701,936	0	39,094
KENNETH S AZAROW MD PHYSICIAN	40 0					х		594,819	0	12,756
SHAHAB F ABDESSALAM MD PHYSICIAN	40 0					х		533,016	0	22,433
JOBY VARGHESE MD PHYSICIAN	40 0					х		444,966	0	22,594
								F 111 040	240 441	200 422
1b Total						•		5,111,949	249,441	299,122

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►143

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

(A) Name and business address	(B) Description of services	(C) Compensation
KIEWIT BUILDING GROUP INC 3921 MASON STREET OMAHA, NE 68106	CONSTRUCTION SRVCS	23,817,896
ECLIPSYS SOLUTIONS CORP PO BOX 8538-0133 PHILADELPHIA, PA 19117	IT/TECH SUPPORT	2,679,869
SLEIGHT ADVERTISING INC PO BOX 541145 OMAHA, NE 68154	ADVERTISING AGENCY	1,487,564
EPIC SYSTEMS PO BOX 88314 MILWAUKEE, WI 532880314	IT SUPPORT	1,369,385
STAFF CARE INC PO BOX 281923 ATLANTA, GA 303841923	STAFFING SERVICES	1,305,340
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

	Page 9 art VIII Statement of Revenue							
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
इ	1a	Federated cam	paigns 1a					
Ear of I	ь	Membership du	es 1b					
e Se	c	Fundraising eve	ents 1c					
<u>≅</u> ,≅	d		ations 1d	7,306,617				
aj Big	e	Government grants		1,289,133				
e Ei	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above					
Contributions, gifts, grants and other similar amounts	g		butions included in					
S E	h			▶	8,595,750			
				Business Code				
Program Service Revenue	2a	NET PATIENT SERV	ICE REVENUE	621,110	219,858,126	219,858,126		
£8 ₹	ь		_					
- CP	c							
ž. Z	d							
Ē	e							
î. O	f	All other progra	am service revenue					
<u>찬</u>	g	Total. Add lines	s 2a-2f		219,858,126			
	3		ome (including dividen	. ⊢	222 625			222.625
	4		ar amounts) stment of tax-exempt bond	⊢	323,625 0			323,625
	5			· · · · · · · · · · · · · · · ·	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	130,460					
	ь	Less rental expenses						
	С	Rental income or (loss)	130,460					
	d		me or (loss)	►	130,460			130,460
		C	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory		424				
	Ь	Less cost or other basis and		431				
	c	sales expenses Gain or (loss)		-431				
	d	Net gaın or (los	s)	►	-431			-431
ine ine	8a	Gross income f events (not inc \$						
Other Revenue		of contributions See Part IV , lin	reported on line 1c) le 18					
her	ь		penses b					
ర్	С		loss) from fundraising	events 🛌	0			
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	ь		penses b					
	C 40-		loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	ь		oods sold b					
	С		loss) from sales of inve		0			
	11a	M I S C E II a N E O U S		Business Code 541,610	3,629,981	3,629,981		
	ь		& CONTRACTING	541,900	2,428,328	2,428,328		
		SERV			,			
	С	METHODIST S		541,900	1,259,954	1,259,954		1 100 001
	d e	All other revenu	ue s 11a-11d		2,951,293	1,542,609		1,408,684
	12		See Instructions	▶	10,269,556			
	L			-	239,177,086	228,718,998	0	1,862,338

	990 (2009)				Page 10
Part	Statement of Functional Expenses				
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	452,500	452,500		•
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,391,045	1,391,045		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,391,043	1,391,043		
4	Benefits paid to or for members	0		1	
5	Compensation of current officers, directors, trustees, and key employees	2,300,476		2,300,476	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	96,649,110	96,649,110		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,182,996	3,182,996		
9	Other employee benefits	10,222,567	10,222,567		
10	Payroll taxes	6,164,459	6,164,459		
11	Fees for services (non-employees)				
а	Management	610	610		
b	Legal	342,587	342,587		
С	Accounting	176,588	176,588		
d	Lobbying	5,371	5,371		
e	Professional fundraising See Part IV, line 17	0	,		
f	Investment management fees	0			
g	Other	23,053,450	16,577,599	6,475,851	
12	Advertising and promotion	2,814,052		2,814,052	
13	Office expenses	29,473,633	29,473,633		
14	Information technology	5,045,160	5,045,160		
15	Royalties	0			
16	Occupancy	5,909,019	5,909,019		
17	Travel	340,376	340,376	1	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	211,211		
19	Conferences, conventions, and meetings	0			
20	Interest	5,219,796	5,219,796		
21	Payments to affiliates	2,698,090	2,698,090		
22	Depreciation, depletion, and amortization	14,618,352	14,618,352		
23	Insurance	1,392,039		1,392,039	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PROVISION FOR BAD DEBTS	4,787,654	4,787,654		
b	COLLECTION EXPENSE	856,725	856,725		
С	OPERATING LEASES	782,116	782,116		
d	BUILDING MAINTENANCE	530,442	530,442		
e	MEMBERSHIP DUES & SUBSCRIP	424,780		424,780	
f	All other expenses	978,512	978,512		
25	Total functional expenses. Add lines 1 through 24f	219,812,505	206,405,307	13,407,198	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			22,137,230	<u> </u>

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,608,665	1	860,904
	2	Savings and temporary cash investments			25,222,775	2	41,674,519
	3	Pledges and grants receivable, net			1,503,000	3	1,507,000
	4	Accounts receivable, net			38,752,034	4	31,665,743
	5	Receivables from current and former officers, directors, trustee highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
Assets		Schedule L				6	
	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use			2,786,952	8	2,820,484
⋖	9	Prepaid expenses and deferred charges	deferred charges				849,630
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	255,758,123			
	b	Less accumulated depreciation	10b	101,040,499	138,691,588	10c	154,717,624
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line 11			9,254,582	12	8,830,841
	13	Investments—program-related See Part IV, line 11			3,183,982	13	3,099,771
	14	Intangible assets			766,269	14	570,626
	15	Other assets See Part IV, line 11			10,437,052	15	9,418,698
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			234,571,015	16	256,015,840
	17	Accounts payable and accrued expenses .	29,200,743	17	30,308,755		
	18	Grants payable		18			
	19	Deferred revenue			22,836	19	61,781
	20	Tax-exempt bond liabilities			100,511,791	20	100,470,257
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			7,396,425	23	7,245,040
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D	•		10,299,442	25	4,951,867
	26	Total liabilities. Add lines 17 through 25			147,431,237	26	143,037,700
S do		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	olet e l	ines 27			
an	27	Unrestricted net assets			85,636,778	27	111,471,140
Balance	28	Temporarily restricted net assets			1,503,000	28	1,507,000
	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	nd con	nplet e			
or Fund		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Š	33	Total net assets or fund balances			87,139,778	33	112,978,140
	34	Total liabilities and net assets/fund balances	234,571,015	34	256,015,840		

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
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?	3a		No
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	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization CHILDREN'S HOSPITAL & MEDICAL CENTER

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

				instructions))	Yes	No	Yes	No	Yes	No			
(i Nam suppo organiz		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization col (i) list your gover documer	on in ed in ming	(v) Did you not organizati col (i) of support	on ın your	(vi) Is the organization col (i) orga in the U	on in inized	(vii) A mount of support?		
h				ed entity of a person g information about t						11g(iii)			
				r of a person describ		=	OII!			11g(i) 11g(ii)			
				ectly or indirectly co joverning body of the	•	_	•	rsons descr	ıbed ın (ıı)	11g(i)	Yes No		
g				006, has the organiz	ation accept	ed any gıft o	r contribution	from any of	the				
e f	I	other th section If the o	ian foundatio 509(a)(2) rganization r	x, I certify that the o on managers and oth eceived a written de	er than one o	r more publi	cly supported	l organizatio	ns described	in section 50)9(a)(1) or		
11	_	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). Chec the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III c Type III - Functionally integrated d Type III - Other						a)(3). Check I - Other					
10	Г	acquire	d by the orga	ss investment incom anization after June 3 anized and operated	30,1975 Se	e sect ion 50	9(a)(2). (Cor	nplete Part I	II)	•			
	•	receipts	from activi	ties related to its ex	empt functior	ns—subject t	o certain exc	eptions, and	(2) no more	than 331/3%	of		
8 9	_			described in section t normally receives					tions, membe	rship fees, a	nd gross		
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)											
6	Γ			ocal government or	•	l unit descri	oed in sectio r	170(b)(1)(A)(v).				
5	Γ	_	•	rated for the benefit	-	or university	owned or ope	erated by a g	overnmental	unıt describe	_ ed in		
4	Γ		cal research I's name, cit	organization operate y, and state	ed in conjunct	tion with a h	ospital descri	bed in sectio	on 170(b)(1)((A)(iii). Ente	r the		
3	<u>~</u>	A hospi	tal or a coop	erative hospital serv	/ice organiza	tion describ	ed in section	170(b)(1)(A)(iii).				
2	Γ			ın section 170(b)(1)									
1	Г			on of churches, or as:					,				
	rt I			olic Charity State foundation because						ructions			
D	T	Dana	on for Duk	alia Charitu Stat		niastions r	nuct comple		47-0379754				

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493225006100

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

- ◆ 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

Se	ection 501(c)(4), (5), or (6) organizations. Complete Part III				
	ILDREN'S HOSPITAL & MEDICAL CENTER	erider	it i fica	tion numbe	r
	47-037				
ar	t I-A Complete if the organization is exempt under section 501(c) or is a section	527	org	anizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV				
2	Political expenditures	-	\$		
3	V olunteer hours		_		
Pai	rt 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	F	\$		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	F	\$		
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				
Pai	rt I-C Complete if the organization is exempt under section 501(c) except section	n 50:	L(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 funtion 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	State the names, addresses and employer identification number (EIN) of all section 527 political organiz	ations	s to w	hich payme	ents

were made. 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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a	•		
<u>B</u>	Check I if the filing organization checked bo Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	5,371	
c	Total lobbying expenditures (add lines 1a and 1	b)	5,371	
d	Other exempt purpose expenditures		219,807,134	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	219,812,505	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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 lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		
i	Subtract line 1 f from line 1 c. If zero or less, ente	or - 0 -		

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 instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total		
<u>2a</u>	Lobbying non-taxable 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	22,792	8,661	7,300	5,371	44,124		
_d	Grassroots non-taxable 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							

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	(a))
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th						
h	Rallies, demonstrations, seminar	rany sımılar means?					
i	Other activities? If "Yes," descri						
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493225006100

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

terna	I Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspection					
Naı	me of the organi ILDREN'S HOSPITAL 8	zation		Employer identifi	cation number					
CHI	LLDREN'S HOSPITAL 8	& MEDICAL CENTER		47-0379754						
Pa			dvised Funds or Other Similar Fo		ts. Complete ıf the					
	organiz	cation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(h) Funda ana	l athan a a a sunta					
	Total number at	t and of year	(a) Donor advised funds	(b) Funds and	other accounts					
L)		ributions to (during year)								
2		ts from (during year)								
1	Aggregate value									
5	Did the organiz	ation inform all donors and donor advi	sors in writing that the assets held in don organization's exclusive legal control?	ıor advısed	┌ Yes ┌ No					
5	used only for cl	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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								
Pa	rt III Consei	rvation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part	IV, line 7.					
2	Preservati Protection Preservati Complete lines	onservation easements held by the o on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a qual ne last day of the tax year	on or pleasure) Preservation of an	n historically importa certified historic stri n of a conservation	•					
				Held at ti	ne End of the Year					
а	Total number o	f conservation easements	2a							
b	_	restricted by conservation easements	•	2b						
С		servation easements on a certified his	` '	2c						
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d						
3	Number of cons	servation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organization	n during					
	the taxable yea	ar ►								
1	Number of state	es where property subject to conserva	ation easement is located ►	<u></u>						
5		nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, hand	dling of violations, a	nd ☐ Yes ☐ No					
5	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents during the yea	r >					
7	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year 🟲 s	S					
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes					
•	In Part XIV, 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									
ar			ins of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Simila	r Assets.					
La	If the organizat art, historical t	ion elected, as permitted under SFAS reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it	ch in furtherance of i						
b	historical treas	· ·	116, to report in its revenue statement a public exhibition, education, or research ii s		•					
	(i) Revenues ir	ncluded in Form 990, Part VIII, line 1		► \$						
	(ii) Assets incl	uded 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 relating to these items									

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	Organizations Maintaining Co	<u>llections of Art</u>	, His	toric	<u>cal Tre</u>	asu	ires, or (<u> </u>	er Simila	r Ass	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e follo	owing th	at ar	e a signific	ant ı	use of its co	ollectio	n	
а	Public exhibition		d	Γ	Loan or	exc	hange prog	rams	5			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ļ	Provide a description of the organization's co	ollections and expla	ın how	they	further	the	organizatio	n's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Pa।	rt IV Escrow and Custodial Arrang						n answere	ed "Y	es" to Fo	rm 99	0,	
	Part IV, line 9, or reported an ar		-									
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for co	ontributio	ons	or other as:	sets	not	Г	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ıng ta	ble		ı					
							ŀ			A mo	unt	
с	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete											
_	D	(a)Current Year 44,226,562	(b	Prior	,753,075	(c)1	wo Years Bad	:k (d	I) Three Years	Back (e) Four Ye	ears Back
a	Beginning of year balance	7,371,562			,675,396			+				
b	Contributions	10,645,327			,889,726			+				
с	Investment earnings or losses	8,254,241		-13	312,183			-				
d	Grants or scholarships	6,171,119			312,103			-				
е	Other expenditures for facilities and programs	0,171,113										
f	Administrative expenses											
g	End of year balance	47,818,091		44	,226,562							
:	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or guasi-endowment	75690% %										
ь	Permanent endowment ► 4510 % %											
c	Term endowment ► 19800 % %											
a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat a	re held a	and a	dministere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)	+	No
	If "Yes" to 3a(II), are the related organizatio							•		3Ь	Yes	
	Describe in Part XIV the intended uses of th					<u> </u>	V L	10				
'a	t VI Investments—Land, Building	s, and Equipme	nt. 50							[
	Description of investment				Cost or oth (investme		(b)Cost or o basis (other		(c) Accumu depreciat		(d) Boo	k value
2	Land					\dashv	11,34	N 357		-+	1.	1,340,352
	Buildings		•			\dashv	113,68			22 219		1,340,352 1,161,844
	Leasehold improvements		•			\dashv	11,25	-	•	02,148		5,057,270
	Equipment		•			\dashv	83,89			23,232		7,973,338
	Other		•			\dashv	35,57	-		92,901		5,184,820
-	·			I		- 1	/د,دد	,,, ∠1	1 3:	- Z, 3UI	3:	,,±04,02U

154,717,624

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.	2.	
(a) Description of security or category	(b) Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
Financial derivatives			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line			
(a) Descrip			(b) Book value
UNDER PROJECT FUND			0
SETTLEMENT			5,803,200
INTERCOMPANY RECEIVABLES			1,721,572
BOND FINANCING COSTS, NET			395,915
DEFERRED COMP INVSTMTS			1,328,891
ASSET CLEARING			82,994
ACCRUED INTEREST & DIVIDENDS			86,126
			/
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
DEFERRED COMPENSATION LIAB	1,328,891		
MINORITY INTEREST IN CP LIABILITY	472,511		
SWAP LIABILITY	3,150,465		
OTHER LIABILITIES	0		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	4,951,867		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
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		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
_	- 1 - 1		

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SCHEDULE D, PART X		Children's Hospital & Medical Center adopted Financial Accounting Standards Board (FASB) Interpretation No 48, Accounting for Uncertainty in Income Taxes - an Interpretation of FASB Statement No 109 (FIN 48) during 2007 FIN 48 provides specific guidance on how to address uncertainty in accounting for income tax assets and liabilities, prescribing recognition thresholds and measurement attributes. The adoption of FIN 48 by Children's Hospital & Medical Center did not have a material impact on the company's financial position, results of operations, or cash flows
SCHEDULE D		TO SUPPORT PROGRAMS, FUTURE CAPITAL IMPROVEMENTS, AND OPERATIONS OF THE CHILDREN'S HOSPITAL & MEDICAL CENTER

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20. ► Attach to Form 990. ► See separate instructions.

Hospitals

Name of the organization
CHILDREN'S HOSPITAL & MEDICAL CENTER

Employer identification number

	01		\			0379754			
Ľ	art I Charity Care and	Certain C	other Comi	munity Benefits at	Cost			Yes	No
1a	Does the organization have a	charity care	policy? If "N	o," skip to question 6a			1a	Yes	
Ь	If "Yes," is it a written policy	?					1b	Yes	
2	If the organization has multip care policy to the various hos		ındıcate whic	h of the following best o	describes application (of the charity		1 00	
	A pplied uniformly to all ho	ospitals	als	Applied uniformly	to most hospitals				
3	Answer the following based o organization's patients	n the charity	care eligibilit	ty criteria that applies t	o the largest number o	fthe			
а	Does the organization use Fe income individuals? If "Yes,"		•				3a	Yes	
		_	оо% Г	O ther			- 3a	Tes	
b	Does the organization use FP "Yes," indicate which of the fo					dıvıduals? If	3Ь	Yes	
	Г _{200%} Г _{250%}	— 30	00% ~	350% Г 40	0%				
С	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	ed care Inclu	de in the description wh	nether the organizatior				
4	Does the organization's polic	y provide free	e or discount	ed care to the "medical	ly indigent"?		4	Yes	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy? 5a									
b	If "Yes," did the organization	's charity car	re expenses e	exceed the budgeted am	nount?		5b	Yes	
С	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 eligibile for free or discounted care?								No
6a	Does the organization prepar	e an annual c	ommunity be	nefit report?			6a	Yes	
6b	If "Yes," does the organization	n make it av	aılable to the	public?			6b	Yes	
	Complete the following table worksheets with the Schedule		rksheets prov	rided in the Schedule H	instructions Do not s	ubmit these			
7	Charity Care and Certain O	ther Commu	ınıty Benefits	at Cost					
	Charity Care 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 b expense	enefit	(f) Pero total ex	
а	Charity care at cost (from Worksheets 1 and 2)			781,000	0	78	1,000	0	400 %
b	Unreimbursed Medicaid (from Worksheet 3, column a)			79,367,000	56,265,000	23,10			700 %
c	Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0				
d	Total Charity Care and Means-Tested Government Programs			80,148,000	56,265,000	23,88	3,000	11	100 %
e	Other Benefits Community health improvement services and community benefit operations (from (Worksheet 4)			1,319,000	72,000	1 24	7,000	0	700 %
f	Health professions education			, ,	·				
g	(from Worksheet 5) Subsidized health services			6,814,000 54,369,000	1,208,000 35,222,000	5,60 19,14	7 000		900 %
h	(from Worksheet 6) Research (from Worksheet 7)			1,762,000	33,222,000		2,000		800 %
	Cash and in-kind contributions to community groups (from Worksheet 8)			720,000	0		0,000		300 %
-	Total Other Benefits			64,984,000 145,132,000	36,502,000 92,767,000	28,48 52,36		13	300 %
K	Total Add lines 7d and 7i	i	1	ı 145 132 NAAL	92.767.000	ı 52.36	\sim non I		Λ

Pa	rt II Community Buildin activities.	ng Activitie	s Complete t	his table if the o	rganızat	ion coi	nducted any co	mmunit	y b	uıldın	g
	detivities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) D	rect offs revenue		community expense		(f) Perc total ex	
1	Physical improvements and housing								_		
2	Economic development			14,0	00			14,00	00		
3	Community support										
4	Environmental improvements										
5	Leadership development and training for community members										
7	Coalition building Community health improvement advocacy			3,0	00			3,00	00		
8	Workforce development										
9	Other										
10	Total			17,0	00			17,00	00		
Par	t IIII Bad Debt, Medicar	e, & Collec	tion Practic	es							
Sect	ion A. Bad Debt Expense							_		Yes	No
1	Does the organization report b Statement No 15?			ce with Heathcare	Financial • •	Manag	ement Associati		1		No
2	Enter the amount of the organi			t cost)		 2	2,68	39,000			
3	Enter the estimated amount of attributable to patients eligible					3		0			
4	Provide in Part VI the text of t In addition, describe the costi rationale for including other ba	ng methodolog	gy used in deter	rmining the amount				pense			
	ion B. Medicare					1 _ 1					
5	Enter total revenue received fi					-		29,601			
6	Enter Medicare allowable cost					. 7		16,672			
7 8	Subtract line 6 from line 5 Th Describe in Part VI the extent Also describe in Part VI the c Check the box that describes Cost accounting system	to which any osting method the method us	shortfall reporte ology or source	ed in line 7 should used to determine	oe treate	d as co	mmunity benefit	37,071			
. .		1 00	ist to charge rai	tio I	Other						
	ion C. Collection Practices Does the organization have a v	written debt co	Mastion policy?	•					_	l	
9a 9b	If "Yes," does the organization				llection	nractice	· · · · · ·		9a	Yes	
90	patients who are known to qua								Эb	Yes	L
Pa	rt IV Management Com	panies and	Joint Ventu	res							
	(a) Name of entity	(t	o) Description of pr activity of entity		(c) Organ profit % o ownersh	or stock	(d) Officers, d trustees, or employees' p or stock owne	r key rofit %	prof) Physion fit % or wnershi	stock
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14		1					1				

Part V Facility Information									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
CHILDREN'S HOSPITAL & MEDICAL CENTER 8200 DODGE STREET OMAHA, NE 681144113	×	X	X	×	X		X		<u>L</u>
CHILDREN'S HOME HEALTHCARE 4156 SOUTH 52ND STREET OMAHA,NE 68117									PEDIATRIC HOME HEALTHCARE SERVICE
CHILDREN'S HOME HEALTHCARE WORLD 7815 FARNAM STREET OMAHA, NE 68114									PRIVATE DUTY PEDIATRIC NURSING CENTER
EAGLE RUN URGENT CARE 13808 WEST MAPLE ROAD OMAHA, NE 68164								Х	CEASED OPERATION MARCH 2009 RELOCATED TO W VILLAGE POINTE
HARVEY OAKS URGENT CARE 14421 DUPONT CT OMAHA, NE 68144								X	UCC OPEN 6PM-10PM
ENDOCRINOLOGY CLINIC 7831 CHICAGO CT OMAHA,NE 68114									PEDIATRIC CLINIC
LINCOLN CLINIC 300 NORTH 44TH STREET LINCOLN,NE 68503									PEDIATRIC CLINIC
CHILDREN'S HEALTH NETWORK 8401 W DODGE RD OMAHA,NE 68114									PEDIATRIC PROVIDER ORGANIZATION
CAROLYN SCOTT RAINBOW HOUSE 7815 HARNEY ST OMAHA,NE 68114									MINIMUM TO NO COST ACCOMODATIONS FOR FAMILIES OF PATIENTS
W VILLAGE PTE URGENT CARE&AMBUL CLINICS 110 N 175TH ST OMAHA,NE 68118 SPECIALTY PEDIATRIC CLINIC 8200 DODGE ST OMAHA,NE 68114								X	UCC OPEN 6PM-10PM WKDYS, NOON-10PM WKNDS & HOLIDAYS AMBULATORY CARE FACILITY (SITE UNDER CONSTRUCTION)

Part VI Supplemental Information

constituents it serves

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- The hospital uses Federal Poverty guidelines to determine eligibility for discounted care. Financially responsible parties who submit a complete, verifiable Application for Financial Assistance form will be considered for free or reduced "charity care" financial assistance on the basis of Federal Poverty Guidelines (350% FPL limit). Annual Gross Income Thresholds will vary based upon the size of the family and the year. Charity care may be granted with respect to any dollars owed by a financially responsible party, including, but not limited to, deductible, coinsurance and copayment amounts, charges for non-covered services and Medicaid costshare amounts. Charity care may be authorized for financially responsible parties with income levels exceeding 350% FPL in the case of unusual, special and/or extenuating circumstances.

N/A - COMMUNITY BENEFIT REPORT PREPARED BY THE ORGANIZATION

organization did not include costs attributable to physician clinics as subsidized health services

Bad Debt included in functional expense Total Part IX line 25 is not included in the Total Operating Expense \$ 215,024,850 used to calculate the Table 7 percentages

A subsidized health service benefit was calculated for the ED, NICU, behavioral health in addition to other outpatient services departments recognizing that these areas operate at a negative margin when the indirect costs of operation are considered. The reported subsidized loss represents the difference in Net Revenue received from all payers in addition to any miscellaneous operating revenue reported by the department LESS Total Operating Expense (direct & indirect costs included) applicable to each department but EXCLUDING unreimbursed Medicaid costs already reported on line 7b and other operating expense applicable to the department reported elsewhere on schedule H as a community benefit Example emergency salary expense reported as an outreach education benefit on line 7e or as employee representation to community agencies on line 7i would be excluded. Indirect costs for each department were calculated by applying the medicare cost report overhead rate applicable to each department to Total Operating Expense after adjustment for unreimbursed Medicaid and expenses reported elsewhere

The audited footnotes for Children's Hospital and Medical Center do not contain footnotes related to bad debt expense. Bad debt expense is identified on the consolidated statement of operations which is consistent with the reporting practice of other health care organizations. Bad debt expense at 100% charge value was multiplied by the 2009 Medicare Cost to Charge Ratio to arrive at an approximate cost value. Bad debt expense at 100% charge value \$ 4,787,654 Medicare. Cost to Charge Ratio x 5616 Bad debt expense at cost \$ 2,689,000 This process includes identifying "Charity Care" financial assistance codes congruent with the financial assistance policy that were charged to Bad Debt Expense at 100% charge value. This amount is \$0 for 2009 and reflects the efforts of Children's Hospital and Medical Center to ensure that no child with a medical need is turned away due to inability to pay for health care. Bad Debt expense is credited for any payment received on accounts previously witten off

2009 Medicare charges reported by CMS in the Provider Statistical and Reimbursement System for provider FYE 12/31 were multiplied by the 2009 cost to charge ratio to arrive at an approximate cost of care related to the reimbursement payments reported on line 5

Through the collection process each account is also considered for financial assistance, for those guarantors who are financially unable to pay, either through a government program or through Children's Hospital's Financial Assistance Program. All correspondence, including statements and collection letters, state "Financial Assistance may be available." Accounts which cannot be successfully resolved are considered for referral to an outside collection agency. The Patient Accounts collector will review the account to insure all processes are complete, then flag the account to be sent to an outside collection agency.

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves
Children's Hospital & Medical Center uses numerous resources to conduct an assessment of the health care needs of children in the

communities we serve These resources include national pediatric care standards and trends as identified by Child Health Corporation of America (CHCA) and the National Association of Children's Hospitals and Related Institutions (NACHRI) There are many local and state reports available for our use, including Vital Statistics, the Douglas County Health Department, United Way of the Midlands, Our Healthy Community Partnership (in which we are a member partner), and Kids Count in Nebraska The hospital conducts consumer surveys, as well as medical staff and referring physician surveys, to help identify gaps in service(s). In addition to analyzing internal utilization of services, data is available to track utilization of services by all providers in the communities served by Children's Other internal resources that assist with the assessment of child health needs are the Family Advisory Council, physicians and clinical service units. An analyses of the information and/or data collected from these various resources is conducted to identify potential gaps in child health needs in the communities served. Needs that align with the hospital's mission and capacity are selected for review by Administration, which prioritizes needs and authorizes implementation based on the scope or seriousness of the problem, availability of community resources, availability of funding, and/or alignment with the hospital's expertise and strategic goals.

billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Financially responsible parties who experience difficulty in meeting their financial obligations will be encouraged to and assisted in applying for financial help through government programs and other potential funding sources with the guidance of a social worker, financial counselor

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be

and patient accounts representative, as necessary When outside sources of assistance have been exhausted, or when financially responsible parties identify themselves as being unable to pay, they will be directed to a patient accounts representative, who will assist the financially responsible party in applying for financial assistance/charity care. The Children's Hospital and Medical Center Application for Financial Assistance form must be completed by the applicant to include basic demographic and patient account information as well as the gross income of the financially responsible party's household and size of the family unit. The financially responsible party's most recent W-2 or income tax return and pay stub or documentation of other sources of income must be submitted to Patient Accounts or Physician Billing, as appropriate, along with the completed Financial Assistance. Documents must be submitted within 15 days after the date the Application is received by the applicant. Financially responsible parties who submit a complete, verifiable Application for Financial Assistance form will be considered for charity care financial assistance at the annual gross income dollar levels based on Federal Poverty Guidelines. The financially responsible party will receive written notification from Patient Accounts and Physician Billing, as appropriate, as to whether or not charity care financial assistance has been granted and, if so, the amount of of financial assistance and balance due.

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic

The Hospital's primary service area consists of Douglas and Sarpy Counties in Nebraska and Pottawattamie County in Iowa The primary service area has a current aggregate population of approximately 747,000. The Hospital's secondary service area consists of eight

surrounding counties in Nebraska and nine surrounding counties in Iowa For year ended December 31, 2009, 58% of the Hospital's discharges were from patients residing in the three-county primary service area. Patients residing in the seventeen-county secondary service area accounted for 19% of total hospital discharges during this same time period. Within this secondary service area, 13% of total discharges were from patients residing in the Nebraska counties, and 6% from patients residing in the Iowa counties. The remaining 22% of total discharges were from patients residing outside the primary and secondary service areas, specifically in other Nebraska counties (15%), other Iowa counties (4%), and other states (3%) 2009 DEMOGRAPHIC SUMMARY Omaha Metro Market Area Douglas, Sarpy and 12 Total Pottawattamie Counties Communities Served Urban, Suburban and Rural # of hospitals serving community 202,191 Average Income 746,936 Pediatric Population \$69,028 Percent of Population 10.9% Percent of residents on Medicaid 14.1% Age Population % of Total Less than 18.202,191 residents below federal poverty level 27 1% 18 to 24 71,985 9 6% 25 to 44 209,068 28 0% 45 to 64 183,586 24 6% 65+ 80,106 10 7% Total 746,936 100 0% Race Population % of Total White 587,664 78 7% Black 62,908 8 4% Hispanic 62,250 8 3% Asian/Pacific Islander 16,852 2 3% Other 13,310 1 8% American Indian/Alaska Native 3,952 0 5% Total 746,936 100 0% Federally-Designated Medically Underserved Areas Approximate % of patients from medically underserved areas 10 2% County # of Census Tracts* Total Census Tracts % of Total Douglas 36 146 24 7% Sarpy 2 34 5 9% Pottawattamie 3 31 9 7% Total 41 211 19 4% *Census tract is a geographical division of 500 to 3,000 households Sources Medstat Market Expert, United States Census Bureau and Children's Hospital & Medical Center patient encounter dat<u>abase</u> 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

ECONOMIC DEVELOPMENT Children's Hospital and Medical Center makes monetary donations to various organizations such as The NE Chamber Commerce and the Greater Omaha Economic Development Partnership to support and enhance economic development throughout

the state and Omaha metro area COMMUNITY SUPPORT & COALITION BUILDING Children's Hospital and Medical Center goes beyond joint commission requirements to ensure community disaster readiness with our committee work involvement with the Omaha Medical Management Response team Children's has signed a Memorandum of Understanding and Resolution of the Omaha Metropolitan Area Hospitals and Support Facilities to participate in the Omaha Metropolitan Medical Response System (OMMRS) The OMMRS plan is for events involving weapons of mass destruction (WMD) that effect the Omaha metropolitan area and surrounding communities Children's will collaborate with OMMRS during a WMD event. In the event of a disaster affecting the community or surrounding areas, city officials will implement the Douglas County Emergency Operations Center (DCEOC) in downtown Omaha. A Children's representative is assigned to report to DCEOC to maintain communication and to assist in management of the event. Cooperative planning among hospitals in the metropolitan area is achieved through participation in the "medical table" of the OMMRS which includes representation from all area hospitals. Communication and sharing of information essential elements of the command structure, names, roles and telephone numbers for individuals in the command structure, potentially shared resources and assets, and names of patients and deceased individuals brought to the hospital is coordinated through Douglas County Emergency Operations Center (DCEOC). The Children's Incident Commander will make the decision when such information important to describing how the organization's hospitals 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. Provide any other information important to describing how the organization furthers its exempt purpose. Proudly serving children since 1948, Children's

6) Information important in describing how the organization furthers its exempt purpose. Proudly serving children since 1948, Children's Hospital & Medical Center is the only full-service, pediatric health care center in Nebraska. Located in Omaha, it provides expertise in more

than 30 pediatric specialty services to children and families across a five-state region and beyond. The 145 bed, non-profit hospital houses the only dedicated pediatric emergency department in the region and offers 24-hour, in-house services by pediatric critical care specialists Children's has achieved the Magnet designation for nursing excellence and is an InfoWorld 100 award winner for innovation in information technology A pediatric affiliation established between Children's and the University of Nebraska Medical Center College of Medicine (UNMC) supports enhancements in pediatric education, research and clinical care. Children's is also the primary teaching site for the family practice and joint pediatrics residency programs at Creighton University and UNMC Children's Hospital & Medical Center is committed to ensuring that no child with a medical need is ever turned away due to a family's inability to pay for services. In 2009, our hospital Provided \$3.5 million is services in the form of uncompensated care or charity care (\$0.8 million) and bad debt write-offs (\$2.7 million) to families unable to pay the bills associated with their children's medical care. With 41 percent of patient care revenues devoted to the care of low-income children assisted by Medicaid, the Medicaid reimbursement shortfall for FY 2009 was \$23 million less than the cost of the care we provided This amount has been steadily increasing and is expected to continue to rise with an uncertain national economic future. Contributed \$2.0 million towards community health education aimed at promoting health and preventing illness and injury made available through the Kohl's Keeps Kids Safe program, Parenting U education classes, outreach classes, health fairs, Just Kids magazine and the consumer Web site Public health assistance is available through social work, pastoral and spiritual care, child life services, financial counseling and a variety of support groups Children's gives back to the community through its advocacy services which are available to anyone suspecting child abuse or neglect, low-cost lodging for families of out-of-town patients, agency representation, community event sponsorships and charitable donations Contributed \$5.6 million in pediatric health care education costs to educate tomorrow's healers and an additional \$1.8 million to support pediatric education, research and clinical care that will in turn improve the health care of all children. In 2009, the hospital supported the joint Creighton-Nebraska Universities Health Foundation pediatrics residency programs at UNMC and Creighton University, as well as many of the region's nursing and health professional schools. Provided \$18.3 million in subsidized clinical health services, or programs offered despite financial loss because they meet an identified community need. The neonatal intensive care unit, emergency department and emergency transport services, in addition to behavioral health and many of the ambulatory clinic programs all operate at negative margins Non-billed services provided include financial counseling, pastoral and spiritual care, social work and child life services provided at no cost or nominal cost to the patient. In 2009, Children's Hospital & Medical Center contributed in total nearly \$52 million in community benefits representing 24 percent of the hospital's operating expenses 7) N/A 8) The Children's Hospital & Medical Center community benefit report is filed with the state of Nebraska through the Nebraska Hospital Association and is available to the public on our website. Website www.childrensomaha.org.Schedule H, Part V. In addition to the facilities listed in Part V of the Schedule H, the following are also included 1) Temporary Housing for patient families and 2) Education training center

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 communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

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

DLN: 93493225006100 OMB No 1545-0047

Department of the Treasury Internal Revenue Service	Con	ipiete ii the organizatio		Open to Public Inspection			
Name of the organization						Employer identifi	cation number
CHILDREN'S HOSPITAL & ME	DICAL CENTER					47-0379754	
Part I General Inform	nation on Grants a	and Assistance					
 Does the organization ma the selection criteria used Describe in Part IV the or 	d to award the grants o	rassistance?		·		•	▽ Yes
Form 990, Part I	V, line 21 for any re	ecipient that received	d more than \$5,000.	Check this box if n	o one recipient recei	ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nebraska Pediatric Practice Inc8200 Dodge St Omaha,NE 68114	263064869	501(c)(3)	225,000				Pediatrics
University of NE College of Medicine985520 NE Med Ctr Omaha,NE 68198	470049123	501(c)(3)	227,500				Ped Research

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
CHARITY CARE ASSISTANCE TO THOSE PATIENTS IN NEED	1258	1,391,045			
See Additional Data Table					

Part IV Supplem	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.								
Ident if ier	Return Reference	Explanation							
SCHEDULE I, PART I, LINE 2	SCHEDULE I - SUPPLEMENTAL INFORMATION	CHILDREN'S HOSPITAL & MEDICAL CENTER HAS A WRITTEN FINANCIAL ASSISTANCE/CHARITY CARE POLICY THE AMOUNT OF FINANCIAL ASSISTANCE IS BASED ON THE ANNUAL GROSS INCOME THRESHOLDS USING THE CURRENT FEDERAL POVERTY LEVEL GUIDELINES							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information**

DLN: 93493225006100

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization CHILDREN'S HOSPITAL & MEDICAL CENTER **Employer identification number**

47-0379754

Рα	Questions Regarding Compensation	<u>n </u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	厂	Housing allowance or residence for personal use			
	Travel for companions	\vdash	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executive	Directo	or, regarding the items checked in line 1a/	2	Yes	
3	cate which, if any, of the following the organization uses to establish the compensation of the anization's CEO/Executive Director Check all that apply Compensation committee Underendent compensation consultant The pendent compensation consultant The pendent compensation consultant					
	∇ Compensation committee		Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> -</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Part III	n Regs s	section 53 4958-4(a)(3)? If "Yes," describe			
				8		No
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	fW-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
GARY A PERKINS	(ı) (ıı)	452,313 0	195,585 0	303,711	48,000	8,343 0	1,007,952 0	
KATHY ENGLISH	(ı) (ıı)	243,003	82,903 0	34,276	35,100	7,832 0	403,114 0	
MICHAEL BROWN	(ı) (ıı)	237,705	104,430	32,644	17,150	11,518 0	403,447 0	
DAVID M CHRISTENSEN MD	(ı) (ıı)	308,546 0	105,103	1,638	12,250	11,280 0	438,817 0	
JOHN MOORE MD	(ı) (ıı)	0 247,863	0	0 1,578	0 7,350	0 10,557	0 267,348	
STEPHEN RAYNOR MD	(ı) (ıı)	719,608 0	14,781 0				772,498 0	
ROBERT CUSICK MD	(ı) (ıı)	683,907 0	14,781 0	3,248	28,750	10,685 0	741,371 0	
KENNETH S AZAROW MD	(ı) (ıı)	585,320 0	8,869 0	630	12,250	846 0	607,915 0	
SHAHAB F ABDESSALAM MD	(ı) (ıı)	492,482 0	14,781 0	. 25,753 0	12,250	10,523 0	555,789 0	
JOBY VARGHESE MD	(I) (II)	444,546 0	0	420	12,250		467,901 0	
		<u> </u>	 	-				
			<u> </u>					
		!	<u> </u>					
		'	1	'				

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493225006100

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

Internal Revenue Service

CHILDREN'S HOSPITAL & MEDICAL CENTER

(Form 990)

► Attach to Form 990. ► See separate instructions. Department of the Treasury Name of the organization

47-0379754 **Bond Issues** (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No HOSPITAL AUTHORITY NO 2 OF REFUND CHILDRENS HOSP Х DOUGLAS CTY NEBRASKA 52-1440796 259230KC3 08-12-2008 100.881.609 Х SERIES A&B Proceeds Α В C D Ε Total proceeds of issue 8,532,064 Gross proceeds in reserve funds 2 5,000,455 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds 0 Issuance costs from proceeds 776,609 Working capital expenditures from proceeds Capital expenditures from proceeds 2,755,000 Year of substantial completion 2008 Yes No Yes Yes Yes No Yes No Were the bonds issued as part of a current refunding issue? 9 Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Χ 11 Does the organization maintain adequate books and records to support 12 Χ

Part III Private Rusiness Use

the final allocation of proceeds?

	111Vate Basiness ose										
		Α		В		С		D			Е
		Yes	No	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								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Cat No 50)193E				Schedule K	(Form 990)	2009

Schedule K (Form 990) 2009	
Part III Private Business Use	(Continued)

	•			A		В		С		D		E
			Yes	No	Yes	No	Yes	N	o Yes	No	Yes	No
3a	Are there any management or service contracts with respect t financed property which may result in private business use?	to the		X								
3b	Are there any research agreements with respect to the finance which may result in private business use?			X								
3с	Does the organization routinely engage bond counsel or other counsel to review any management or service contracts or resagreements relating to the financed property?			x								
4	Enter the percentage of financed property used in a private bu by entities other than a section 501(c)(3) organization or a st government											
5	Enter the percentage of financed property used in a private bu as a result of unrelated trade or business activity carried on b organization, another section 501(c)(3) organization, or a stat government	y your										
6	Total of lines 4 and 5											
7	Has the organization adopted management practices and procensure the post-issuance compliance of its tax-exempt bond		X									
Par	t IV Arbitrage											
		Yes	A No	Yes	B No	o Ye	c	No	D Yes	No	E Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	res	NO	res	N	o re	5	140	res	140	res	140
	the boliu issue.		X									
2	Is the bond issue a variable rate issue?	x										
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?											
	records.	Х										
b	Name of provider	MORGANS	TANLEY									
С	Term of hedge		2	.5								
4a	Were gross proceeds invested in a GIC?		Х									
b	Name of provider											
c	Term of GIC											
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
5	Were any gross proceeds invested beyond an available temporary period?		Х									
6	Did the bond issue qualify for an exception to rebate?	x										

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DLN: 93493225006100

OMB No 1545-0047

Open to Public

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► 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 lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

lame of the organization HILDREN'S HOSPITAL & MEDICAL CENTER 47-0379754							
Part I Excess Benefit Transa Complete if the organization					nızatıons only).	e 40b	
1 (a) Name of disquali		,		rıptıon of trar		(c) Corre	cted? No
2 Enter the amount of tax imposed of section 4958	on the organization ma	nagers or d	squalified perso	ns during the	e year under •• \$ ——		
3 Enter the amount of tax, If any, on	line 2, above, reimbu	rsed by the	organization .		🕨 \$		
Part II Loans to and/or Fro			Part IV line 26	or Form 990	I-EZ Part V line 38a		
(a) Name of interested person and	p) Loan to r from the (c)Or anization? principa	iginal (d) Balance due	(e) In default?	(f) Approved by board or	(g)Written agreement?	
	o From			Yes No	committee? Yes No	Yes N	lo
Total		▶ \$					
Part IIII Grants or Assistance Complete if the organiz				. line 27.			
(a) Name of Interested person	(b) Relation		n interested pers	s o n	Amount of grant or typ	e of assistan	ıce
Part IV Business Transaction Complete if the organiz				. line 28a. 2	28b. or 28c.		
(a) Name of interested person	(b) Relations between intere person and t	hıp sted he	(c) A mount of transaction	-	scription of transactio	revenue	tion's es?
RICHARD BELL	organizatio CEO-HDR, INC	II	1,076,96	52 ARCHITI SERVICE	ECTURAL DESIGN		No Io

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Name of the organization CHILDREN'S HOSPITAL & MEDICAL CENTER **Employer identification number**

47-0379754

ldentifier	Return Reference		Explanation	
Form 990, Part VI, Line 15	POLICIES	Compensation This information is pre targeted for the 50th percentile of the regarding the appropriateness of the the Board of Directors The Compens (Chief Executive Officer, Chief Finance Presidents The Board of Directors re	Tow ers Perrin) conducts a market analysis of the Esented to the Compensation Committee Executive be market. Tow ers Perrin issues an annual reasonable executive pay levels. The Compensation Committee ation Committee reviews base pay change for the total Officer, Chief Operating Officer, and Chief Medical Compensation of the Cerview in the Cerview in the Cerview in the CEO's performance which affects his	ase salaries are eness opinion letter is a sub-committee of op four executives ial Officer) and Vice ion Committee of the
Form 990, Part VI, Line 12C	POLICIES	contract, transaction or arrangement (interested person) This includes, but board-designated powers. Each interest questionnaire and has a contract question and understands the contract question and understands the compliance of the policy applies to the board of the compliance of the properties of the policy applies to the board of the compliance of the policy applies to the board of the policy applies to the provided in the policy applies to the policy appl	to any person in a position to exercise influence in presented to the Board of Directors or a Board come to some the state of the state	a committee with completed conflicts of interest promptly diperson has policy, understands has to report to the set Questionnaire, courate to the best of cts of interest when a potential person, the remaining ly disinterested diperson in question committee members obtained When ly disinterested diperson of the committee members obtained When ly disinterested diperson in question committee members obtained When ly disinterested diperson in question committee members obtained when ly disinterested differ Children's own ussed and is required the committee on the light of the committee of the commi
FORM 990, PART VI, LINE 11A	GOVERNANCE, MANAGEMENT, AND DISCLOSURE	The Form 990 w ill be available for all I w ill be presented to the Executive Co	Board members through the Board Portal on the intermittee prior to filing with the IRS	rnet and an overview
Form 990, Part VI, Line 19	GOVERNANCE, MANAGEMENT, AND DISCLOSURE		Interest policy are not available to the public The Cl inancial statements can be obtained in administratio	
Form 990, Part XI, Line 2a-c	FINANCIAL STATEMENTS AND REPORTING		financial statements are audited on a consolidated oundation and Children's Physicians. The audit and	
FORM 990, PART VI, LINE 1A	Governing Body and Management	committee has the power to transact directors subject to any prior limitation comprised of seven members of the b	its executive committee as described in its' by-law sall regular business during the period between meet imposed by the board of directors. The executive coard of directors, four of which are the duly electeors as appointed by the chairman of the board of directors.	ings of the board of committee is d officers and three
SCHEDULE K, PART II, LINE 5		credit enhancement fees - \$24,826		
<u>.</u> For Paperwork Re	duction Act Notice, see t	ne Instructions for Form 990	Cat No 51056K	Sc hedule O (Form 990) 2009

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DLN: 93493225006100

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R

Department of the Treasury

Internal Revenue Service

OMAHA, NE 68144 47-0689372

(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

Name of the organization CHILDREN'S HOSPITAL & MEDICAL CENTER **Employer identification number**

47-0379754

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

(a)
Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

Total income

(d)

End-of-year assets

(e)

(f) Direct controlling entity

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

(f) (c) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status (if section 501(c)(3)) or foreign country) entity CHILDREN'S HOSPITAL & MEDICAL CENTER FDN 8200 DODGE STREET **FUNDRAISING** 501(C)(3) LINE 7 NE OMAHA, NE 68114 47-6105603 CHILDREN'S PHYSICIANS 8200 DODGE STREET LINE 9 PED CLINIC NE 501(C)(3)

(b)

Yes

Yes

No

Part III	Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered "Yes" on Form 990, Part IV, In	ıne 3
	because it had one or more related organizations treated as a partnership during the tax year.)	

(h) (i) (j) (c) (e) **(b)** Primary activity (f) Share of total income (a) Name, address, and EIN of (d) Direct controlling Disproprtionate Code V—UBI Lègal (g) General or Predominant income allocations? amount in box 20 of managing domicile Share of end-of-year (related, unrelated, Schedule K-1 partner? related organization (state or entity assets excluded from tax (Form 1065) foreign under sections 512country) 514)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total ıncome	(g) Share of end-of-year assets	(h) Percentage ownership
KENT INC 8200 DODGE STREET OMAHA, NE68114 47-0527928	REAL ESTATE	NE	NA	С	0	219,495	100 000 %
CHILDREN'S HEALTH NETWORK 8200 DODGE STREET OMAHA, NE68114 36-3967578	HEALTH NETWORK	NE	NA	С	0	0	100 000 %

Part V	Transactions With Related Organizations	(Complete	ıf the organization	answered "Ye	es" on Form 9	90, Part IV, line	34, 35, or 36.)
raitv	Transactions with Related Organizations	(Complete	ii tile organization	aliswered re	:5 011101111 5	o, raitiv, iiie	3 4 , 33, 01 30.)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gıft, grant, or capital contribution from other organization(s)	1 c	Yes	:
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	:
e	Loans or loan guarantees by other organization(s)	1e		No
	Sale of assets to other organization(s)	1f 1g		No No
g		19 1h	-	_
	Exchange of assets	1n 1i	Yes	No
i	Lease of facilities, equipment, or other assets to other organization(s)	-	res	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	;
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	;
m	1 Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р	Yes	1
				1
q	O ther transfer of cash or property to other organization(s)	1 q		No
r	O ther transfer of cash or property from other organization(s)	1r		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) (b) Transaction Am type(a-r)		(c) involv	/ed
1) (CHILDREN'S HOSPITAL & MEDICAL CENTER FDN C		7,3	806,617

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved
(1) CHILDREN'S HOSPITAL & MEDICAL CENTER FDN	С	7,306,617
(2) CHILDREN'S HOSPITAL & MEDICAL CENTER FDN	IKLMN	2,435,164
(3) CHILDREN'S PHYSICIANS	D	1,682,239
(4)		

(5) (6)

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

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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID:

Software Version: EIN: 47-0379754

Name: CHILDREN'S HOSPITAL & MEDICAL CENTER

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROVISION FOR BAD DEBTS	4,787,654	4,787,654		
COLLECTION EXPENSE	856,725	856,725		
OPERATING LEASES	782,116	782,116		
BUILDING MAINTENANCE	530,442	530,442		
MEMBERSHIP DUES & SUBSCRIP	424,780		424,780	