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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

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

Number and street (or P O box if mail is not delivered to street address) 8200 DODGE STREET
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
OMAHA, NE 68114

D Employer identification number
47-0379754

E Telephone number
(402) 955-6795

G Gross receipts $ 350,781,461

F Name and address of principal officer
Dr Richard Azizkhan
8200 Dodge Street
Omaha, NE 68114

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW CHILDRENSOMAHA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1948

M State of legal domicile NE

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	2,581
6	Total number of volunteers (estimate if necessary)	**6**	277
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	7,002,656	5,959,101
9	Program service revenue (Part VIII, line 2g)	303,558,654	333,556,698
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-401,079	34,904
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,634,802	11,191,220
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	320,795,033	350,741,923
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,879,794	11,579,289
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	127,539,977	149,183,029
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	126,627,869	134,677,409
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	265,047,640	295,439,727
19	Revenue less expenses Subtract line 18 from line 12	55,747,393	55,302,196
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	346,342,684	376,179,737
21	Total liabilities (Part X, line 26)	160,231,749	159,157,617
22	Net assets or fund balances Subtract line 21 from line 20	186,110,935	217,022,120

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2016-08-12
Signature of officer Date

AMY HATCHER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID R ZITNICK	DAVID R ZITNICK			P10257652

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 1212 North 96th Street Suite 300, Omaha, NE 68114 — Phone no (402) 348-1450

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SO THAT ALL CHILDREN MAY HAVE A BETTER CHANCE TO LIVE, CHILDREN'S HOSPITAL & MEDICAL CENTER DELIVERS EXTRAORDINARY CARE TO CHILDREN, EDUCATES HEALTH CARE PROFESSIONALS, AND PROMOTES PEDIATRIC RESEARCH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 279,333,759 including grants of $ 11,579,289) (Revenue $ 344,594,173)

THE HOSPITAL OPERATES A 145 BED PEDIATRIC HOSPITAL, WHICH INCLUDES SEVEN SURGICAL SUITES, A HYBRID HEART CATHETERIZATION LAB, 40 OUTPATIENT SPECIALTY CLINICS, A 33 BED CHILDREN'S AMBULATORY RECOVERY AND EXPRESS STAY (CARES) UNIT, A HEART TRANSPLANT PROGRAM, A FETAL CARE CENTER WHICH FOCUSES ON THE COORDINATION OF CARE FOR BABIES DIAGNOSED WITH COMPLEX CONGENITAL DEFECTS BEFORE BIRTH, A CHILDREN'S SPECIALTY PEDIATRIC CENTER, WHICH PROVIDES OUTPATIENT DIAGNOSTICS, TREATMENT, AND THERAPY IN ADDITION TO OFFERING OUTPATIENT EATING DISORDER SERVICES AND PROVIDING A FULL ARRAY OF PEDIATRIC HOME HEALTH CARE SERVICES TO CHILDREN AND ADOLESCENTS WHO HAVE IMMEDIATE OR LONG TERM HEALTH CARE NEEDS, INCLUDING HOME MEDICAL EQUIPMENT RENTALS AND SALES, HOME HEALTH NURSING, IN HOME PRIVATE DUTY NURSING AND HOME INFUSION THERAPY SERVICES CHILDREN'S HOSPITAL & MEDICAL CENTER IS THE ONLY DEDICATED PEDIATRIC EMERGENCY DEPARTMENT WITH LEVEL II PEDIATRIC TRAUMA VERIFICATION IN THE REGION CHILDREN'S HOSPITAL & MEDICAL CENTER ALSO PROVIDES SPECIALTY PEDIATRIC CARE SERVICES IN COMMUNITIES ACROSS NEBRASKA, IOWA, AND SOUTH DAKOTA CHILDREN'S HOSPITAL & MEDICAL CENTER IS THE FIRST AND ONLY PEDIATRIC HOSPITAL IN NEBRASKA, AND THE ONLY PEDIATRIC HOSPITAL SERVING WESTERN IOWA AND NORTHWEST MISSOURI, TO RECEIVE PEDIATRIC TRAUMA VERIFICATION THE FETAL CARE CENTER FOCUSES ON THE COORDINATION OF CARE FOR BABIES DIAGNOSED WITH COMPLEX CONGENITAL DEFECTS BEFORE BIRTH CHILDREN'S HOSPITAL & MEDICAL CENTER ALSO PROVIDES SPECIALTY PEDIATRIC CARE SERVICES IN LINCOLN, KEARNEY, GRAND ISLAND, HASTINGS, NORTH PLATTE, COLUMBUS, NORFOLK, NEBRASKA, SIOUX FALLS AND RAPID CITY, SOUTH DAKOTA, AND SIOUX CITY, ATLANTIC, AND COUNCIL BLUFFS, IOWA

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

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

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

4e **Total program service expenses** ▶ 279,333,759

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, 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**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	73		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,581		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶AMY HATCHER 8200 DODGE STREET OMAHA, NE 68114 (402) 955-6795

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								6,304,011	0	513,721

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 159

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Kiewit Construction Company, 3921 Mason Street Omaha, NE 68105	Building Consultants	5,111,546
Epic Systems Corp, PO Box 88314 Milwaukee, WI 53288	IT Support Services	3,301,380
Cross Country Staffing, PO Box 404674 Atlanta, GA 30384	Staffing Services	1,757,779
Darland Construction Co, 4115 S 133rd Street Omaha, NE 68137	Building Consultants	1,193,617
Early Out Services Inc, 5807 N 102nd Street Omaha, NE 68134	Collection Services	703,280

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 8

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	4,553,356			
	e Government grants (contributions)	1e	1,295,079			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	110,666			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		5,959,101			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621110	333,556,698	333,556,698		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		333,556,698			
	3 Investment income (including dividends, interest, and other similar amounts)		74,442			74,442
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			

		(i) Real	(ii) Personal				
	6a Gross rents	153,745					
	b Less rental expenses						
	c Rental income or (loss)	153,745	0				
	d Net rental income or (loss)			153,745			153,745

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses		39,538				
	c Gain or (loss)		-39,538				
	d Net gain or (loss)			-39,538			-39,538
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities			0			
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory			0			
	Miscellaneous Revenue		Business Code				
	11a MANAGEMENT FEE INCOME		541610	5,813,211	5,813,211		
	b METHODIST SERVICE		541900	968,496	968,496		
	c OTHER REVENUE		900099	4,255,768	4,255,768		
	d All other revenue						
	e **Total.** Add lines 11a–11d			11,037,475			
	12 **Total revenue.** See Instructions			350,741,923	344,594,173		188,649

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,576,816	5,576,816		
2 Grants and other assistance to domestic individuals See Part IV, line 22	6,002,473	6,002,473		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,739,446		4,739,446	
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	117,943,026	117,943,026		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,471,295	6,471,295		
9 Other employee benefits	11,826,231	11,826,231		
10 Payroll taxes	8,203,031	8,203,031		
11 Fees for services (non-employees)				
a Management	0			
b Legal	197,329	197,329		
c Accounting	239,033	239,033		
d Lobbying	75,525	75,525		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,391,756	21,721,803	5,669,953	
12 Advertising and promotion	3,760,424		3,760,424	
13 Office expenses	44,142,900	44,142,900		
14 Information technology	5,028,992	5,028,992		
15 Royalties	0			
16 Occupancy	7,040,269	7,040,269		
17 Travel	849,902	849,902		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	4,799,884	4,799,884		
21 Payments to affiliates	8,099,678	8,099,678		
22 Depreciation, depletion, and amortization	23,972,995	23,972,995		
23 Insurance	1,363,955		1,363,955	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a COLLECTION EXPENSE	1,665,867	1,665,867		
b BUILDING MAINTENANCE	2,204,231	2,204,231		
c OPERATING LEASES	152,429	152,429		
d DUES & SUBSCRIPTIONS	572,190		572,190	
e All other expenses	3,120,050	3,120,050		
25 **Total functional expenses.** Add lines 1 through 24e	295,439,727	279,333,759	16,105,968	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,116,253	1	1,634,338
	2	Savings and temporary cash investments		42,721,265	2	73,879,708
	3	Pledges and grants receivable, net		3,297,000	3	3,105,000
	4	Accounts receivable, net		54,651,581	4	58,054,509
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		2,990,843	8	3,343,055
	9	Prepaid expenses and deferred charges		3,041,575	9	4,626,340
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 358,167,519			
	b	Less accumulated depreciation	10b 163,593,857	199,430,625	10c	194,573,662
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		12,067,766	12	12,057,997
	13	Investments—program-related See Part IV, line 11		11,246,873	13	12,093,673
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		14,778,903	15	12,811,455
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		346,342,684	16	376,179,737
Liabilities	17	Accounts payable and accrued expenses		44,057,687	17	47,049,474
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		96,715,255	20	93,050,209
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		6,233,303	23	5,967,547
	24	Unsecured notes and loans payable to unrelated third parties		800,077	24	483,016
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		12,425,427	25	12,607,371
	26	**Total liabilities.** Add lines 17 through 25		160,231,749	26	159,157,617
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		182,813,935	27	213,917,120
	28	Temporarily restricted net assets		3,297,000	28	3,105,000
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		186,110,935	33	217,022,120
	34	Total liabilities and net assets/fund balances		346,342,684	34	376,179,737

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	350,741,923
2	Total expenses (must equal Part IX, column (A), line 25)	2	295,439,727
3	Revenue less expenses Subtract line 2 from line 1	3	55,302,196
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	186,110,935
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-24,391,011
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	217,022,120

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		

Additional Data

Software ID:
Software Version:
EIN: 47-0379754
Name: Children's Hospital & Medical Center

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jim Simpson Chair	1 0 0 0	X		X				0	0	0
Rodrigo Lopez Vice Chair	1 0 0 0	X		X				0	0	0
Rich Anderl Secretary	1 0 0 0	X		X				0	0	0
Matthew Miller Treasurer	1 0 0 0	X		X				0	0	0
Brad Brabec MD Member	1 0 0 0	X						0	0	0
Diane Duren Member	1 0 0 0	X						0	0	0
Ellen Wright Member	1 0 1 0	X						0	0	0
Ivan Gilreath Member	1 0 0 0	X						0	0	0
Jayesh Thakker MD Member	1 0 0 0	X						0	0	0
Jim Greisch Member	1 0 0 0	X						0	0	0
John Jenkins Member	1 0 0 0	X						0	0	0
Joleen David Member	1 0 0 0	X						0	0	0
Lorraine Chang Member	1 0 0 0	X						0	0	0
Margaret Hershiser Member	1 0 0 0	X						0	0	0
Mark Hasebroock Member	1 0 0 0	X						0	0	0
Robert Dunlay MD Member	1 0 0 0	X						0	0	0
Scot Thompson Member	1 0 0 0	X						0	0	0
Sherrye Hutcherson Member	1 0 0 0	X						0	0	0
Richard Azizkhan MD President, CEO, Member	40 0 0 0	X		X				303,103	0	8,022
Gary A Perkins CEO(thru 10/15)/CEO Emeritus	40 0 0 0	X		X				1,147,608	0	66,589
Kent Kronberg MD Physician	40 0 0 0	X						248,220	0	33,467
Michael Brown EVP & Treasurer	40 0 0 0			X				712,911	0	70,202
Kathy English EVP & COO	40 0 0 0			X				660,742	0	80,412
Carl Gumbiner MD SVP - Med Affairs & CMO	40 0 0 0			X				520,307	0	47,463
Steven C Burnham SVP Physician Networks	24 0 16 0			X				370,224	0	47,020

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Amy Hatcher ..... CFO	40 0 ..... 0 0			X				334,317	0	23,215
Jamie Drake MD ..... Physician	40 0 ..... 0 0					X		413,132	0	15,786
Kari Krenzer MD ..... Physician	40 0 ..... 0 0					X		411,937	0	32,031
Kristin Grahn MD ..... Physician	40 0 ..... 0 0					X		406,929	0	31,484
John Andresen MD ..... Physician	40 0 ..... 0 0					X		392,436	0	28,671
Rachel McCann MD ..... Physician	40 0 ..... 0 0					X		382,145	0	29,359

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Children's Hospital & Medical Center

Employer identification number
47-0379754

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2014 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	75,525	
c	Total lobbying expenditures (add lines 1a and 1b)	75,525	
d	Other exempt purpose expenditures	295,364,202	
e	Total exempt purpose expenditures (add lines 1c and 1d)	295,439,727	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	

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

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	30,194	19,630	56,805	75,525	182,154
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Children's Hospital & Medical Center

Employer identification number
47-0379754

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	52,709,846	52,569,968	47,650,277	46,288,568	46,369,324
b	Contributions	2,540,657	4,571,646	6,663,819	2,703,274	1,889,083
c	Net investment earnings, gains, and losses	115,359	103,409	833,787	1,220,869	836,292
d	Grants or scholarships	2,142,005	4,535,177	2,577,915	2,562,434	2,806,131
e	Other expenditures for facilities and programs	2,108				
f	Administrative expenses					
g	End of year balance	53,221,749	52,709,846	52,569,968	47,650,277	46,288,568

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

- a Board designated or quasi-endowment ▶ 73 100 %
- b Permanent endowment ▶ 10 100 %
- c Temporarily restricted endowment ▶ 16 800 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		14,319,499		14,319,499
b Buildings		212,799,557	80,560,452	132,239,105
c Leasehold improvements		14,125,714	10,871,225	3,254,489
d Equipment		113,972,919	71,610,616	42,362,303
e Other		2,949,830	551,564	2,398,266
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				194,573,662

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
DEFERRED COMPENSATION LIABILITY	2,639,730
SWAP LIABILITY	5,936,416
NON-CONTROLLING INTEREST IN CP	4,031,225
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	12,607,371

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4	TO SUPPORT PROGRAMS, FUTURE CAPITAL IMPROVEMENTS, AND OPERATIONS OF THE CHILDREN'S HOSPITAL & MEDICAL CENTER
Schedule D, Part X, Line 2	FIN 48 FOOTNOTE IN ACCORDANCE WITH ASC SUBTOPIC 740-10, INCOME TAXES-OVERALL, THE COMPANY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS DURING 2015 AND 2014, THE COMPANY DID NOT RECORD ANY AMOUNTS RELATED TO UNCERTAIN TAX POSITIONS OR ANY ACCRUED INTEREST AND PENALTIES

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493228064566

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Children's Hospital & Medical Center

Employer identification number
47-0379754

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 185 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,689,108		2,689,108	0 910 %
b Medicaid (from Worksheet 3, column a)			115,495,426	88,469,954	27,025,472	9 150 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			118,184,534	88,469,954	29,714,580	10 060 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,312,158	561,916	1,750,242	0 590 %
f Health professions education (from Worksheet 5)			13,411,030	1,295,079	12,115,951	4 100 %
g Subsidized health services (from Worksheet 6)			118,345,941	89,234,357	29,111,584	9 850 %
h Research (from Worksheet 7)			2,745,189	970,445	1,774,744	0 600 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			831,485		831,485	0 280 %
j **Total.** Other Benefits			137,645,803	92,061,797	45,584,006	15 420 %
k **Total.** Add lines 7d and 7j			255,830,337	180,531,751	75,298,586	25 480 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			10,500		10,500	
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			10,500		10,500	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	895,805		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	97,720
6	Enter Medicare allowable costs of care relating to payments on line 5	6	170,180
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-72,460
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group CHILDREN'S HOSPITAL & MEDICAL CENTER

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

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

CHILDREN'S HOSPITAL & MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 185 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

CHILDREN'S HOSPITAL & MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

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

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

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 5

	Name and address	Type of Facility (describe)
1	W VILLAGE PTE URGENT CARE&AMBUL CLINICS 110 N 175TH STREET OMAHA,NE 68118	URGENT CARE OPEN 6PM-10PM & ROTATING AMBULATORY CLINICS
2	CHILDREN'S HOME HEALTHCARE 4156 S 52ND STREET OMAHA,NE 68117	PEDIATRIC HOME HEALTH CARE SERVICES
3	LINCOLN CLINIC 300 NORTH 44TH STREET LINCOLN,NE 68503	PEDIATRIC CLINIC
4	CAROLYN SCOTT RAINBOW HOUSE 7825 FARNAM DRIVE OMAHA,NE 68114	MINIMUM TO NO-COST ACCOMMODATIONS FOR FAMILIES OF PATIENTS
5	VAL VERDE URGENT CARE 9801 GILES ROAD SUITE 1 LA VISTA,NE 68128	URGENT CARE OPEN 6PM-10PM
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c	FEDERAL POVERTY GUIDELINES ARE USED TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE FINANCIAL ASSISTANCE IS AVAILABLE FOR MEDICALLY NECESSARY PROCEDURES AND SERVICES SERVICES NOT ELIGIBLE FOR FINANCIAL ASSISTANCE INCLUDE COSMETIC AND OTHER ELECTIVE PROCEDURES, HELMET CLINIC, EATING DISORDERS PROGRAM AND HEROES WEIGHT MANAGEMENT PROGRAM CERTIFICATION OR PROOF OF MEDICAID DENIAL IS A REQUIREMENT FOR FINANCIAL ASSISTANCE CONSIDERATION FINANCIALLY RESPONSIBLE PARTIES WHO SUBMIT A COMPLETE AND VERIFIABLE APPLICATION FOR FINANCIAL ASSISTANCE (INCLUDING PROOF OF MEDICAID DENIAL) WILL BE CONSIDERED FOR FREE OR REDUCED ASSISTANCE ON THE BASIS OF FEDERAL POVERTY GUIDELINES (400% FPL LIMIT) FAMILIES THAT DO NOT QUALIFY FOR INCOME BASED FINANCIAL ASSISTANCE THAT HAVE VERIFIABLE OUT OF POCKET MEDICAL DEBT GREATER THAN 20% OF GROSS INCOME MAY QUALIFY FOR CATASTROPHIC ASSISTANCE LEAVING UP TO 1% OF THE FAMILY'S GROSS INCOME AS THE RESPONSIBILITY PRESUMPTIVE ELIGIBILITY IS AVAILABLE IN A VARIETY OF CIRCUMSTANCES INCLUDING THE ABSENCE OF DOCUMENTATION REQUIRED TO COMPLY WITH THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION REQUIREMENTS THE PREDICTIVE INCORPORATES INCOME AND HOUSEHOLD SIZE ESTIMATES, A SOCIO-ECONOMIC NEED FACTOR, CENSUS BLOCK DATA, AS WELL AS INFORMATION ON HOME OWNERSHIP

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a	THE COMMUNITY BENEFIT REPORT IS PREPARED BY THE ORGANIZATION THE VALUES REPORTED IN THE 2015 COMMUNITY BENEFIT REPORT INCLUDE $2 7M IN FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
Schedule H, Part I, Line 7	EXPLANATION OF THE COSTING METHODOLOGY USED TO CALCULATE SUBSIDIZED HEALTH SERVICES SUBSIDIZED HEALTH SERVICES WERE CALCULATED USING A COMBINATION OF CHILDREN'S HOSPITAL & MEDICAL CENTER'S COST ACCOUNTING SYSTEM AND A COST TO CHARGE RATIO CALCULATION SIMILAR TO WORKSHEET 2 IN THE SCHEDULE H INSTRUCTIONS THE REPORTED SUBSIDIZED LOSS REPRESENTS THE DIFFERENCE IN NET REVENUE RECEIVED FROM ALL PAYORS LESS TOTAL OPERATING EXPENSES INCLUDING INDIRECT COSTS APPLICABLE TO EACH DEPARTMENT UNREIMBURSED MEDICAID COSTS REPORTED ON LINE 7B AND OTHER OPERATING EXPENSE APPLICABLE TO THE DEPARTMENT REPORTED ELSEWHERE ON SCHEDULE H AS A COMMUNITY BENEFIT ARE EXCLUDED FROM THE OPERATING EXPENSE TOTAL AS ARE BAD DEBT AND NONPATIENT CARE EXPENSE ASSOCIATED WITH EACH DEPARTMENT INDIRECT COSTS FOR EACH DEPARTMENT WERE CALCULATED BY APPLYING THE MEDICARE COST REPORT OVERHEAD RATE APPLICABLE TO THAT DEPARTMENT TO THE DEPARTMENT'S TOTAL OPERATING EXPENSES EXCLUDING UNREIMBURSED MEDICAID EXPENSES AND/OR ANY OTHER EXPENSE ALREADY REPORTED ELSEWHERE ON THE SCHEDULE H AS A COMMUNITY BENEFIT

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g	THE ORGANIZATION DID NOT INCLUDE COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS AS SUBSIDIZED HEALTH SERVICES

Form and Line Reference	Explanation
Schedule H, Part II	COMMUNITY BUILDING ACTIVITIES CHILDREN'S HOSPITAL & MEDICAL CENTER SUPPORTS "ECONOMIC DEVELOPMENT" IN ITS SPONSORSHIP DONATIONS TO ORGANIZATIONS SUCH AS NEBRASKA CHAMBER OF COMMERCE & INDUSTRY

Form and Line Reference	Explanation
Schedule H, Part III, Lines 2-4	DESCRIBE THE METHODOLOGY USED TO DETERMINE THE AMOUNTS REPORTED ON LINES 2 & 3 BAD DEBT EXPENSE AT 100% CHARGE VALUE WAS MULTIPLIED BY THE 2014 MEDICARE COST TO CHARGE RATIO TO ARRIVE AT AN APPROXIMATE COST VALUE BAD DEBT EXPENSE AT 100% CHARGE VALUE $1,999,565 MEDICARE COST TO CHARGE RATIO X 448 BAD DEBT EXPENSE AT COST $895,805 ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY THIS PROCESS INCLUDES IDENTIFYING CHARITY CARE FINANCIAL ASSISTANCE CODES CONGRUENT WITH THE FINANCIAL ASSISTANCE POLICY THAT WERE CHARGED TO BAD DEBT EXPENSE AT 100% CHARGE VALUE THIS AMOUNT IS $0 FOR 2015 AND REFLECTS THE EFFORTS OF CHILDREN'S HOSPITAL & MEDICAL CENTER TO ENSURE THAT NO CHILD WITH A MEDICAL NEED IS TURNED AWAY DUE TO INABILITY TO PAY FOR HEALTH CARE DESCRIBE HOW THE ORGANIZATION ACCOUNTS FOR DISCOUNTS OR PAYMENTS ON PATIENT ACCOUNTS IN DETERMINING BAD DEBT EXPENSE BAD DEBT EXPENSE IS CREDITED FOR ANY PAYMENT RECEIVED ON ACCOUNTS PREVIOUSLY WRITTEN OFF

Form and Line Reference	Explanation
Schedule H, Part III, Line 4	BAD DEBT EXPENSE THE COMPANY ADOPTED ACCOUNTING STANDARDS UPDATE (ASU) 2011-07, HEALTH CARE ENTITIES (TOPIC 954) PRESENTATION AND DISCLOSURE OF PATIENT SERVICE REVENUE, PROVISION FOR BAD DEBTS, AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR CERTAIN HEALTH CARE ENTITIES, WHICH REQUIRES HEALTH CARE ENTITIES TO PRESENT THE PROVISION FOR BAD DEBT RELATING TO PATIENT SERVICE REVENUE AS A DEDUCTION FROM PATIENT SERVICE REVENUE IN THE CONSOLIDATED STATEMENTS OF OPERATIONS RATHER THAN AS OPERATING EXPENSE ADDITIONAL DISCLOSURES RELATING TO THE SOURCES OF PATIENT REVENUE AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS RELATED TO PATIENT ACCOUNTS RECEIVABLE ARE ALSO REQUIRED THE ADOPTION OF THIS ASU HAD NO IMPACT ON THE FINANCIAL CONDITION, RESULTS OF OPERATIONS, OR CASH FLOWS

Form and Line Reference	Explanation
Schedule H, Part III, Line 8	MEDICARE 2015 MEDICARE CHARGES REPORTED BY CMS IN THE PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM FOR PROVIDER FYE 12/31 WERE MULTIPLIED BY THE 2015 COST TO CHARGE RATIO TO ARRIVE AT AN APPROXIMATE COST OF CARE RELATED TO THE REIMBURSEMENT PAYMENTS REPORTED ON LINE 5

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b	COLLECTION PRACTICES SELF PAY ACCOUNTS WITH NO VERIFIABLE INSURANCE AND BALANCE AFTER INSURANCE ACCOUNTS ARE CONSIDERED FOR FINANCIAL ASSISTANCE THROUGHOUT THE COLLECTION PROCESS FOR THOSE GUARANTORS WHO ARE FINANCIALLY UNABLE TO PAY, EITHER THROUGH A GOVERNMENT PROGRAM OR THROUGH CHILDREN'S HOSPITAL & MEDICAL CENTER'S PAYMENT PLANS ALL CORRESPONDENCE, INCLUDING STATEMENTS AND COLLECTION LETTERS STATE THAT FINANCIAL ASSISTANCE MAY BE AVAILABLE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	2-NEEDS ASSESSMENT CHILDREN'S HOSPITAL & MEDICAL CENTER USES NUMEROUS RESOURCES TO CONDUCT ASSESSMENTS OF THE HEALTH CARE NEEDS OF CHILDREN IN THE COMMUNITIES WE SERVE THESE RESOURCES INCLUDE NATIONAL PEDIATRIC CARE STANDARDS AND TRENDS AS IDENTIFIED BY CHILDREN'S HOSPITAL ASSOCIATION (CHA) INTERNAL RESOURCES THAT ASSIST WITH THE ASSESSMENT OF CHILD HEALTH NEEDS ARE THE FAMILY ADVISORY COUNCILS, PHYSICIANS AND CLINICAL SERVICE UNITS AN ANALYSIS OF THE INFORMATION AND/OR DATA COLLECTED FROM THESE VARIOUS RESOURCES IS CONDUCTED TO IDENTIFY POTENTIAL GAPS IN CHILD HEALTH NEEDS IN THE COMMUNITIES SERVED NEEDS THAT ALIGN WITH THE HOSPITAL'S MISSION AND CAPACITY ARE SELECTED FOR REVIEW BY ADMINISTRATION, WHICH PRIORITIZES NEEDS AND AUTHORIZES IMPLEMENTATION BASED ON THE SCOPE OR SERIOUSNESS OF THE PROBLEM, AVAILABILITY OF COMMUNITY RESOURCES, AVAILABILITY OF FUNDING, AND/OR ALIGNMENT WITH THE HOSPITAL'S EXPERTISE AND STRATEGIC GOALS IN 2015, CHILDREN'S COLLABORATED WITH BOYS TOWN NATIONAL RESEARCH HOSPITAL IN OMAHA AND BUILDING HEALTHY FUTURES TO CONDUCT A COMPREHENSIVE COMMUNITY NEEDS ASSESSMENT SURVEY FOCUSING SOLELY ON PEDIATRICS PROFESSIONAL RESEARCH CONSULTANTS, INC (PRC) WAS HIRED TO GATHER DATA TO ASSIST IN DETERMINING THE HEALTH STATUS, BEHAVIORS AND NEEDS OF CHILDREN AND ADOLESCENTS IN THE OMAHA METROPOLITAN AREA

Form and Line Reference	Explanation
SCHDULE H, PART VI, LINE 3	3- PATIENT EDUCATION OF ELIGIBILITY FINANCIALLY RESPONSIBLE PARTIES WHO EXPERIENCE DIFFICULTY IN MEETING THEIR FINANCIAL OBLIGATIONS WILL BE ENCOURAGED TO AND ASSISTED IN APPLYING FOR FINANCIAL HELP THROUGH GOVERNMENT PROGRAMS AND OTHER POTENTIAL FUNDING SOURCES OR ALTERNATIVELY QUALIFIED FOR CHILDREN'S FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY FOR FINANCIAL ASSISTANCE IS IDEALLY DETERMINED EITHER PRIOR TO SERVICES BEING PROVIDED OR AT THE TIME SERVICES ARE RENDERED AND IS BASED UPON FAMILY/GUARANTOR INCOME, FAMILY SIZE AND OTHER SPECIAL CONSIDERATIONS THE PRIMARY RESPONSIBILITY TO IDENTIFY FINANCIAL NEED IS WITH THE ACCESS PATIENT ADVOCATES CENTRAL BILLING OFFICE, AND SOCIAL WORK STAFF THESE STAFF MEMBERS ARE TRAINED TO IDENTIFY PATIENT NEEDS AND ANSWER FINANCIAL ASSISTANCE QUESTIONS THERE ARE SEVERAL POINTS IN THE PATIENT EXPERIENCE WHERE FINANCIAL ASSISTANCE RESOURCES ARE OFFERED THE FIRST OCCURS AT THE PRE-REGISTRATION OF INPATIENT ADMITS AND OUTPATIENTS PRESENTING THROUGH CARES AND FOR THOSE PATIENTS SCHEDULED IN THE SPECIALTY PEDIATRIC CENTER CLINICS AT THIS TIME, ELECTRONIC ELIGIBILITY IS RAN ON THE INSURED THE BENEFIT DETAIL INCLUDING DEDUCTIBLE, COPAYMENT AND COINSURANCE AMOUNTS ARE DISCUSSED WITH THE FAMILY AT THAT TIME ALL INDIVIDUALS WHO ARE FINANCIALLY UNABLE TO PAY WILL BE ENCOURAGED TO AND ASSISTED IN APPLYING FOR FINANCIAL HELP THROUGH GOVERNMENT PROGRAMS AND OTHER POTENTIAL FUNDING SOURCES OR ALTERNATIVELY QUALIFIED FOR CHILDREN'S FINANCIAL ASSISTANCE PROGRAM AT THE TIME OF REGISTRATION, INSURANCE IS DISCUSSED AND FAMILIES AGAIN ARE OFFERED THE ASSISTANCE OF ACCESS PATIENT ADVOCATES WHO ARE AVAILABLE M-F ALL SELF PAY FAMILIES ARE ENCOURAGED TO SPEAK TO ACCESS PATIENT ADVOCATE CARE ESTIMATES OR QUESTIONS REGARDING ESTIMATE OF COST FOR UPCOMING TESTING IS DIRECTED TO THE PATIENT REGISTRATION MANAGER AND THESE SERVICES ARE AGAIN OFFERED PRIOR TO ENDING THE CONVERSATION FINANCIAL ASSISTANCE INFORMATION IS ALSO LOCATED IN THE PATIENT HANDBOOKS PATIENT STATEMENTS INCLUDE LEAFLETS AND ALL MAILED CORRESPONDENCE INCLUDING BILLS, STATEMENTS, AND COLLECTION LETTERS STATE THAT "FINANCIAL ASSISTANCE MAY BE AVAILABLE " CHILDREN'S HOSPITAL & MEDICAL CENTER'S INTERNET WEBSITE ALSO OFFERS A "FINANCIAL ASSISTANCE" LINK THAT INFORMS READERS "IF YOU ARE UNINSURED OR HAVE LIMITED INCOME, YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE THROUGH GOVERNMENT PROGRAMS OR CHILDREN'S FINANCIAL ASSISTANCE PROGRAM" THE WEBSITE EXPLAINS THAT DEPENDING ON INCOME LEVEL, ALL OR PART OF THE MEDICAL COSTS MAY BE FUNDED BY MEDICAID AND ALTERNATIVELY IF THEY ARE DETERMINED ELIGIBLE" FOR MEDICAID AFTER PROVIDING ALL OF THE REQUIRED DOCUMENTATION THAT THEY MAY THEN APPLY FOR THE CHILDREN'S FINANCIAL ASSISTANCE PROGRAM CONTACT NUMBERS FOR THE FINANCIAL COUNSELORS AND HOURS OF SERVICE ARE PROVIDED THE WEBSITE INCLUDES COPIES OF CHILDREN'S FINANCIAL ASSISTANCE POLICY, THE FINANCIAL ASSISTANCE APPLICATION FORM AND THE PLAIN LANGUAGE SUMMARY IN ENGLISH, ARABIC, CHINESE, FRENCH, PERSIAN, SPANISH AND VIETNAMESE THE WEBSITE ALSO INCLUDES AMOUNTS GENERALLY BILLED IN ENGLISH ALL OTHER BILLING, PAYMENT AND FINANCIAL RESPONSIBILITY RELATED LINKS ON CHILDREN'S WEBSITE STATES THAT "FINANCIAL ASSISTANCE MAY BE AVAILABLE " THE FINANCIAL ASSISTANCE POLICY IS CURRENTLY AVAILABLE ON THE CHILDREN'S HOSPITAL & MEDICAL CENTER WEBSITE AND IS ALSO AVAILABLE UPON REQUEST WWW CHILDRENSOMAHA ORG\FINANCIALASSISTANCE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	4-COMMUNITY INFORMATION THE HOSPITAL'S PRIMARY SERVICE AREA CONSISTS OF DOUGLAS AND SARPY COUNTIES IN NEBRASKA AND POTTAWATTAMIE COUNTY IN IOWA THE PRIMARY SERVICE AREA HAS A CURRENT AGGREGATE POPULATION OF APPROXIMATELY 812,551 THE HOSPITAL'S SECONDARY SERVICE ARE CONSISTS OF EIGHT SURROUNDING COUNTIES IN NEBRASKA AND NINE SURROUNDING COUNTIES IN IOWA FOR YEAR ENDED DECEMBER 31, 2015, 55% OF THE HOSPITAL'S INPATIENT DISCHARGES WERE FROM PATIENTS RESIDING IN THE THREE-COUNTY PRIMARY SERVICE AREA PATIENTS RESIDING IN THE SEVENTEEN-COUNTY SECONDARY SERVICE AREA ACCOUNTED FOR 20% OF TOTAL HOSPITAL INPATIENT DISCHARGES DURING THIS SAME TIME PERIOD THE REMAINING 25% OF TOTAL DISCHARGES WERE FROM PATIENTS RESIDING OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS 2015 DEMOGRAPHIC SUMMARY OMAHA METRO MARKET AREA DOUGLAS, SARPY AND POTTAWATTAMIE COUNTIES SOURCES UNITED STATES CENSUS BUREAU AND CHILDREN'S HOSPITAL AND MEDICAL CENTER PATIENT ENCOUNTER DATABASE COMMUNITIES SERVED - URBAN, SUBURBAN AND RURAL # OF HOSPITALS SERVING COMMUNITY - 12 TOTAL POPULATION 812,551 PEDIATRIC POPULATION 208,363 AVEAGE HOUSEHOLD INCOME $74,971 PERCENT OF RESIDENTS BELOW FEDERAL POVERTY LEVEL TOTAL POPULATION 11 3% UNDER AGE 18 14 3% PERCENT OF RESIDENTS ON MEDICAID 13 7% AGE POPULATION % OF TOTAL LESS THAN 18 208,363 25 7% 18 TO 24 77,298 9 5% 25 TO 44 230,660 28 4% 45 TO 64 197,578 24 3% 65+ 98,652 12 1% TOTAL 812,551 100 0% RACE POPULATION % OF TOTAL WHITE 616,618 75 9% BLACK 68,587 8 4% HISPANIC 83,255 10 2% ASIAN/PACIFIC ISLANDER 20,174 2 5% OTHER 20,790 2 6% AM IND /ALASKA NAT 3,127 0 4% TOTAL 812,551 100 0% FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS APPROXIMATE % OF PATIENTS FROM MEDICALLY UNDERSERVED AREAS 15 4% COUNTY # OF CENSUS TRACTS* TOTAL CENSUS TRACTS % OF TOTAL DOUGLAS 36 156 23 1% SARPY 12 43 27 9% POTTAWATTAMIE 3 30 10 0% TOTAL 51 229 22 3% *CENSUS TRACT IS A GEOGRAPHICAL DIVISION OF 500 TO 3,000 HOUSEHOLDS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	5- PROMOTION OF COMMUNITY HEALTH PROUDLY SERVING CHILDREN SINCE 1948, CHILDREN'S HOSPITAL AND MEDICAL CENTER IS THE ONLY FULL-SERVICE, PEDIATRIC HEALTH CARE CENTER IN NEBRASKA LOCATED IN OMAHA, IT PROVIDES EXPERTISE IN MORE THAN 50 PEDIATRIC SPECIALTY SERVICES TO CHILDREN AND FAMILIES ACROSS A FIVE-STATE REGION AND BEYOND THE 145 BED, NON-PROFIT HOSPITAL HOUSES THE ONLY LEVEL II PEDIATRIC TRAUMA CENTER IN THE REGION AND OFFERS 24-HOUR, IN-HOUSE SERVICES BY PEDIATRIC CRITICAL CARE SPECIALISTS THE CRITICAL CARE TRANSPORT TEAM PROVIDES STATE-OF-THE-ART CARE AND TRANSPORTATION TO CRITICALLY ILL AND INJURED NEONATES, INFANTS AND CHILDREN CHILDREN'S HAS ACHIEVED THE MAGNET DESIGNATION FOR NURSING EXCELLENCE AND ITS PEDIATRIC INTENSIVE CARE UNIT HAS EARNED A SILVER BEACON AWARD FOR EXCELLENCE FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES THE HOSPITAL HAS ACHIEVED STAGE 6 ON THE HIMSS ANALYTICS EMR ADOPTION MODELSM (EMRAM) CHILDRENS IS ALSO RANKED AS A BEST IN CHILDRENS HOSPITAL BY U S NEWS & WORLD REPORT IN ORTHOPAEDICS, CARDIOLOGY AND HEART SURGERY, AND GASTROENTEROLOGY AND GI SURGERY 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 THE PRIMARY TEACHING SITE FOR THE FAMILY PRACTICE AND JOINT PEDIATRICS RESIDENCY PROGRAMS AT CREIGHTON UNIVERSITY AND UNMC CHILDREN'S HOSPITAL AND 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 2015, OUR HOSPITAL -PROVIDED $3 6 MILLION IN SERVICES IN THE FORM OF UNCOMPENSATED CARE\CHARITY CARE ($2 7 MILLION) AND BAD DEBT WRITE-OFFS ($0 9 MILLION) TO FAMILIES UNABLE TO PAY THE BILLS ASSOCIATED WITH THEIR CHILDREN'S MEDICAL CARE WITH 44 PERCENT OF PATIENT CARE REVENUES DEVOTED TO THE CARE OF LOW-INCOME CHILDREN ASSISTED BY MEDICAID, THE MEDICAID REIMBURSEMENT SHORTFALL FOR FY 2015 WAS $27 0 MILLION LESS THAN THE COST OF THE CARE PROVIDED -CONTRIBUTED $1 8 MILLION TOWARDS COMMUNITY HEALTH EDUCATION AIMED AT PROMOTING HEALTH AND PREVENTING ILLNESS AND INJURY MADE AVAILABLE THROUGH THE KOHL'S INJURY PREVENTION, OBESITY PREVENTION, PARENTING U EDUCATION CLASSES, OUTREACH EDUCATIONAL CLASSES, HEALTH FAIRS, JUST KIDS MAGAZINE AND THE CONSUMER WEB SITE CHILDREN'S GIVES BACK TO THE COMMUNITY THROUGH ADVOCACY SERVICES WHICH ARE AVAILABLE TO ANYONE SUSPECTING CHILD ABUSE OR NEGLECT, LODGING FOR FAMILIES OF OUT-OF-TOWN PATIENTS IS OFFERED AT THE CAROLYN SCOTT RAINBOW HOUSE AT LITTLE OR NO COST -CONTRIBUTED $12 1 MILLION IN PEDIATRIC HEALTH CARE EDUCATION COSTS TO EDUCATE TOMORROW'S HEALERS -PROVIDED $29 1 MILLION IN SUBSIDIZED CLINICAL HEALTH SERVICES AND PROGRAMS DESPITE A FINANCIAL LOSS TO THE ORGANIZATION IN ORDER TO MEET AN IDENTIFIED NEED IN THE COMMUNITY SOME OF THE PROGRAMS AND SERVICES CHILDRENS OFFERED TO PATIENTS WERE BEHAVIORAL HEALTH, REHAB SERVICES, HOME HEALTH, URGENT CARE, HEROES (CHILDHOOD OBESITY), HAND IN HAND PALLIATIVE CARE, SPECIALTY CARE CLINICS, FAMILY RESOURCES, CHILD LIFE SPECIALISTS, PASTORAL CARE, SOCIAL WORKERS, INTERPRETERS, FINANCIAL COUNSELORS, PATIENT ADVOCATES AND OTHER PROGRAMS TO ENHANCE THE PATIENT EXEPERIENCE -PROVIDED $0 8 MILLION IN CASH AND IN-KIND DONATIONS/SPONSORSHIPS TO BENEFIT THE BROADER COMMUNITY IN 2015, CHILDREN'S HOSPITAL AND MEDICAL CENTER CONTRIBUTED IN TOTAL OVER $75 MILLION IN COMMUNITY BENEFITS REPRESENTING 25 PERCENT OF THE HOSPITAL'S OPERATING EXPENSES

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	6-AFFILIATED HEALTH CARE SYSTEM CHILDREN'S HOSPITAL AND MEDICAL CENTER IS NOT AFFILIATED WITH A GREATER HEALTH CARE SYSTEM, BUT IS ITS OWN HEALTH CARE SYSTEM WHICH THE HOSPITAL OPERATES THE FOLLOWING RELATED ORGANIZATIONS - CHILDREN'S HOSPITAL & MEDICAL CENTER FOUNDATION - CHILDREN'S PHYSICIANS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	7-STATE FILING OF COMMUNITY BENEFIT REPORT THE CHILDREN'S HOSPITAL AND MEDICAL CENTER COMMUNITY BENEFIT REPORT IS FILED IN THE STATE OF NEBRASKA THROUGH THE NEBRASKA HOSPITAL ASSOCIATION, AND IS AVAILABLE TO THE PUBLIC ON THE WEBSITE AT WWW CHILDRENSSNAPSHOT ORG

Additional Data

Software ID:
Software Version:
EIN: 47-0379754
Name: Children's Hospital & Medical Center

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	CHILDREN'S HOSPITAL & MEDICAL CENTER 8200 DODGE STREET OMAHA,NE 68114 WWW CHILDRENSOMAHA ORG 260005	X	X	X	X			X			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Children's Hospital & Medical Center

Employer identification number
47-0379754

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NE PEDIATRIC PRACTICE 8200 DODGE STREET OMAHA,NE 68114	26-3064869	501(C)(3)	5,194,558				RESEARCH & CLINICAL SUPPORT
(2) UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE 985520 NE MED CTR OMAHA,NE 68198	47-0049123	501(C)(3)	382,258				PEDIATRIC RESEARCH

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) CHARITY ASSISTANCE TO PATIENTS IN NEED	8512		6,002,473	BOOK	WRITEOFF PAT ACCT

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

Return Reference	Explanation
Schedule I, Part I, Line 2	CHILDREN'S HOSPITAL & MEDICAL CENTER HAS A WRITTEN FINANCIAL ASSISTANCE/CHARITY CARE POLICY THE AMOUNT OF FINANCIAL ASSISTANCE IS BASED ON THE ANNUAL GROSS INCOME THRESHOLDS USING THE CURRENT FEDERAL POVERTY LEVEL GUIDELINES GRANTS ARE ONLY DISTRIBUTED TO 501(C)(3) ORGANIZATIONS BASED ON THE HOSPITAL'S EVALUATION CRITERIA

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Schedule J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Children's Hospital & Medical Center

Employer identification number
47-0379754

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, Part I, Line 1a	GARY A PERKINS' SOCIAL CLUB DUES ARE PAID FOR BY THE ORGANIZATION TO BE USED FOR BUSINESS PURPOSES
SCHEDULE J, Part I, Line 4b	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A 457(F) PLAN DURING 2015 THE AMOUNTS OF DEFERRED COMPENSATION DISTRIBUTED AND ACCRUED FOR EACH OF THE INDIVIDUALS DURING 2015 ARE AS FOLLOWS MICHAEL BROWN $36,617 ACCRUAL, $62,995 PLAN DISTRIBUTION KATHY ENGLISH $31,263 ACCRUAL, $85,780 PLAN DISTRIBUTION CARL GUMBINER, MD $29,959 ACCRUAL, $14,601 PLAN DISTRIBUTION STEPHEN C BURNHAM $18,940 ACCRUAL, $ 8,210 PLAN DISTRIBUTION
SCHEDULE J, Part II	THE FIGURE FOR GARY A PERKINS ITEMIZED AT PART II B (III) "OTHER REPORTABLE COMPENSATION" INCLUDES A PAYMENT OF ONE HUNDRED TWENTY FIVE THOUSAND NINE HUNDRED AND SEVENTY TWO DOLLARS REPRESENTING A CONTRIBUTION TO A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) FOR MR PERKINS IN HIS CAPACITY AS A CHIEF EXECUTIVE OFFICER THE SERP BENEFIT TARGET IS BASED ON MR PERKINS 40 YEARS OF SERVICE AND WILL PROVIDE A MARKET COMPETITIVE BENEFIT IN THE OPINION OF THE HOSPITAL'S INDEPENDENT COMPENSATION CONSULTANT

Additional Data

Software ID:
Software Version:
EIN: 47-0379754
Name: Children's Hospital & Medical Center

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Richard Azizkhan MD President, CEO, Member	(I)	150,370	150,036	2,697	5,461	2,561	311,125	0
	(II)	0	0	0	0	0	0	0
1Gary A Perkins CEO(thru 10/15)/CEO Emeritus	(I)	595,045	409,446	143,117	54,186	12,403	1,214,197	0
	(II)	0	0	0	0	0	0	0
2Michael Brown EVP & Treasurer	(I)	371,328	229,312	112,271	57,817	12,385	783,113	62,995
	(II)	0	0	0	0	0	0	0
3Kathy EnglishEVP & COO	(I)	352,718	163,586	144,438	73,113	7,299	741,154	85,780
	(II)	0	0	0	0	0	0	0
4Carl Gumbiner MD SVP - Med Affairs & CMO	(I)	340,000	159,345	20,962	45,859	1,604	567,770	14,601
	(II)	0	0	0	0	0	0	0
5Steven C Burnham SVP Physician Networks	(I)	269,320	43,696	57,208	34,840	12,180	417,244	8,210
	(II)	0	0	0	0	0	0	0
6Amy HatcherCFO	(I)	274,979	56,610	2,728	15,900	7,315	357,532	0
	(II)	0	0	0	0	0	0	0
7Kent Kronberg MDPhysician	(I)	208,218	36,190	3,812	22,526	10,941	281,687	0
	(II)	0	0	0	0	0	0	0
8Jamie Drake MDPhysician	(I)	387,509	25,357	266	15,535	251	428,918	0
	(II)	0	0	0	0	0	0	0
9Kari Krenzer MDPhysician	(I)	387,465	21,476	2,996	20,965	11,066	443,968	0
	(II)	0	0	0	0	0	0	0
10Kristin Grahn MDPhysician	(I)	379,606	24,425	2,898	15,554	15,930	438,413	0
	(II)	0	0	0	0	0	0	0
11John Andresen MD Physician	(I)	377,663	13,586	1,187	17,172	11,499	421,107	0
	(II)	0	0	0	0	0	0	0
12Rachel McCann MD Physician	(I)	362,933	16,348	2,864	18,070	11,289	411,504	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Children's Hospital & Medical Center

Employer identification number
47-0379754

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOSPITAL AUTHORITY #2 OF DOUGLAS CO NE	52-1440796	259230KT6	08-12-2008	100,881,609	REF CHILD HOSP 2007 SERIES A & B	X			X		X
B	HOSPITAL AUTHORITY #2 OF DOUGLAS CO NE	52-1440796	000000000	09-10-2014	19,900,000	ADV REF OF CHILD HOSP 2008 SERIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	9,480,000	335,000		
2	Amount of bonds legally defeased	17,125,000	0		
3	Total proceeds of issue	100,882,250	20,129,053		
4	Gross proceeds in reserve funds	5,000,641	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	18,893,484		
7	Issuance costs from proceeds	751,783	207,632		
8	Credit enhancement from proceeds	24,826	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	2,755,000	0		
11	Other spent proceeds	92,350,000	1,027,937		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2008	2008		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN E DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	DATE THE REBATE COMPUTATION WAS PERFORMED 7/31/2013

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b	GOVERNANCE, MANAGEMENT, AND DISCLOSURE THE FORM 990 WILL BE AVAILABLE FOR ALL BOARD MEMBERS THROUGH THE DIRECTOR'S DESK WEBSITE AND AN OVERVIEW WILL BE PRESENTED TO THE EXECUTIVE COMMITTEE OF CHILDREN'S HOSPITAL & MEDICAL CENTER PRIOR TO FILING WITH THE IRS
Form 990, Part VI, Line 12c	POLICIES THE CONFLICT OF INTEREST POLICY APPLIES TO ANY PERSON IN A POSITION TO EXERCISE I NFLUENCE IN CONNECTION WITH ANY CONTRACT, TRANSACTION OR ARRANGEMENT PRESENTED TO THE BOAR D OR A BOARD COMMITTEE FOR APPROVAL (INTERESTED PERSON) INTERESTED PERSON INCLUDES BUT NO T LIMITED TO ANY DIRECTOR, OFFICER, MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWER, OR K EY EMPLOYEE. AN INTERESTED PERSON MUST ANNUALLY SUBMIT A COMPLETED CONFLICTS OF INTEREST Q UESTIONNAIRE IN THE FORMAT BY THE GOVERNANCE COMMITTEE FROM TIME TO TIME. EACH INTERESTED PERSON SHALL ANNUALLY ACKNOWLEDGE IN WRITING THAT HE OR SHE (A) HAS RECEIVED A COPY OF THI S POLICY, (B) HAS READ AND UNDERSTANDS THE POLICY, (C) AGREES TO COMPLY WITH THE POLICY, (D) UNDERSTANDS THAT THE POLICY APPLIES TO THE BOARD AND COMMITTEES, (E) UNDERSTANDS THAT C HILDREN'S IS A NOT-FOR-PROFIT ORGANIZATION THAT MUST ENGAGE PRIMARILY IN EXEMPT ACTIVITIES , (F) AGREES TO PROMPTLY REPORT TO THE CHAIR OF THE GOVERNANCE COMMITTEE AND CHILDREN'S GE NERAL COUNSEL ANY CHANGE TO MATTERS PREVIOUSLY DISCLOSED ON THE CONFLICTS OF INTEREST QUES TIONNAIRE, AND (G) STATES THAT THE INFORMATION PROVIDED IN THE CONFLICTS OF INTEREST QUEST IONNAIRE IS TRUE AND ACCURATE TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF. AN INTERESTE D PERSON HAS A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST. SUCH DISCLOSURE SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF IN TEREST ARISES OR WHENEVER IT INVOLVES A MATTER OF BOARD ACTION. DISCLOSURE MEANS PROMPTLY PROVIDING THE MATERIAL FACTS OF AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST TO T HE CHAIR OF THE GOVERNANCE COMMITTEE AND CHILDREN'S GENERAL COUNSEL (IN WRITING IF TIME AL LOWS) OR TO THE BOARD OR BOARD COMMITTEE REVIEWING THE CONTRACT, TRANSACTION OR ARRANGEMEN T. CERTAIN CIRCUMSTANCES, IN ADDITION TO FINANCIAL INTERESTS, COULD GIVE RISE TO A POTENTI AL CONFLICT OF INTEREST, INCLUDING INSTANCES WHERE THE ACTIONS OR ACTIVITIES OF AN INDIVID UAL ON BEHALF OF CHILDREN'S ALSO INVOLVES OBTAINING A PERSONAL GAIN OR ADVANTAGE, OR COULD HAVE AN ADVERSE EFFECT ON CHILDREN'S INTERESTS. ALSO, DISCLOSING OR USING INFORMATION REL ATING TO CHILDREN'S BUSINESS FOR THE PERSONAL PROFIT OR ADVANTAGE OF AN INDIVIDUAL OR HIS OR HER FAMILY WOULD GIVE RISE TO A CLAIM OF CONFLICT. FULL DISCLOSURE OF ANY SUCH SITUATIO N OR ANY OTHER CIRCUMSTANCES IN DOUBT SHOULD BE MADE. A POTENTIAL CONFLICT OF INTEREST DOE S NOT NECESSARILY RISE TO THE LEVEL OF AN ACTUAL CONFLICT OF INTEREST, BUT ONCE RECOGNIZED , IT MUST IN EVERY CASE BE DISCLOSED AND EVALUATED. IN SOME INSTANCES, IT MAY BE SO SERIOU S THAT IT PREVENTS THE INDIVIDUAL FROM FURTHER PARTICIPATION IN CHILDREN'S DELIBERATIONS W ITH RESPECT TO A PARTICULAR TRANSACTION, OR COULD BE SO PERVASIVE THAT THE INDIVIDUAL MAY BE DISQUALIFIED FROM CONTINUED AFFILIATION WITH CHILDREN'S. ON THE OTHER HAND, IT MAY BE O F LITTLE OR NO SIGNIFICANCE ONCE IT HAS BEEN DISCLOSED. THE GOVERNANCE COMMITTEE WILL CONS IDER THE FOLLOWING FACTORS, AMONG OTHER RELEVANT FACTS, WHEN DETERMINING WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS: (I) THE PROXIMITY OF THE INTERESTED PERSON TO THE DECISION-M AKING AUTHORITY OF THE OTHER ENTITY INVOLVED IN THE TRANSACTION OF BUSINESS ARRANGEMENT, (II) THE MAGNITUDE OF THE FINANCIAL INTEREST, (III) THE DEGREE TO WHICH THE INTERESTED PERS ON MIGHT BENEFIT PERSONALLY IF A PARTICULAR TRANSACTION OR BUSINESS ARRANGEMENT WERE APPRO VED, AND (IV) THE ABILITY OF THE INTERESTED PERSON TO MAKE AN INDEPENDENT DECISION BASED O NLY ON THE BEST INTEREST OF CHILDREN'S. THE GOVERNANCE COMMITTEE SHALL REVIEW EACH COMPLET ED CONFLICT OF INTEREST QUESTIONNAIRE, AND MAY MAKE SUCH FURTHER INVESTIGATION OF POTENTIA L CONFLICTS AS IT MAY DETERMINE APPROPRIATE. THE GOVERNANCE COMMITTEE SHALL MAKE APPROPRIA TE REPORTS TO THE BOARD CONCERNING ITS REVIEW, ANY FURTHER INVESTIGATION, AND ITS RECOMMEN DATIONS TO THE BOARD REGARDING ANY POTENTIAL CONFLICT OF INTEREST. WHENEVER AN INTERESTED PERSON (OR A PERSON OTHER THAN THE INTERESTED PERSON) VOLUNTARILY IDENTIFIES OR DISCLOSES A POTENTIAL CONFLICT OF INTEREST, THE REMAINING BOARD/COMMITTEE MEMBERS REVIEW AND DETERMI NE WHETHER A CONFLICT EXISTS. ONLY DISINTERESTED BOARD/COMMITTEE MEMBERS MAY VOTE TO DETER MINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS AND THE SUBJECT INTERESTED PERSON CANNO T BE PRESENT DURING THE VOTE. TRANSACTIONS OR BUSINESS ARRANGEMENTS WITH INTERESTED PERSON WITH CONFLICTS OF INTEREST MUST BE APPROVED IN ADVANCE BY A MAJORITY OF DISINTERESTED DIR ECTORS. IN ORDER TO APPROVE AN ARRANGEMENT OF TRANSACTION INVOLVING AN ACTUAL CONFLICT OF INTEREST, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED DIRECTORS, AT A MEE TING AT WHICH A QUORUM IS PRESENT, THAT THE ARRANGEMENT OR TRANSACTION IS IN CHILDREN'S BE ST INTEREST, IS FAIR AND REASONABLE TO CHILDREN'S AND THAT, AFTER REASONABLE INVESTIGATION , THE DISINTERESTED DIRECTORS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRA NGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES. IN CASES IN WH ICH AN INTERESTED PERSON HAS A FINANCIAL INTEREST IN A PROPOSED ARRANGEMENT OR TRANSACTION , THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN, AT THE DISCRETION OF THE BOARD: (A) THE INT ERESTED PERSON MAY BE REQUIRED TO LEAVE THE MEETING FOR THE GENERAL DISCUSSION OF THE MATT ER AND THE BOARD VOTE, AND/OR (B) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT OR TRANSACTION. THE GOVERNANCE COMMIT TEE CAN RECOMMEND TO THE BOARD THAT A DIRECTOR OR A MEMBER OF A COMMITTEE WITH BOARD-DELEG ATED POWERS BE ASKED TO RESIGN IN THE EVENT A CONFLICT OF INTEREST IS SO SUBSTANTIAL THAT IT WOULD BE INCOMPATIBLE WITH CHILDREN'S BEST INTERESTS TO HAVE SUCH AN INDIVIDUAL ON IT'S BOARD/COMMITTEE. IF THE BOARD/COMMITTEE BELIEVES AN INTERESTED PERSON HAS FAILED TO COMPL Y WITH THIS POLICY, THE BOARD SHALL INFORM THAT PERSON OF THE BASIS FOR ITS BELIEF AND GIV E THAT PERSON AN OPPORTUNITY TO ADDRESS THE ALLEGED FAILURE. AFTER HEARING THE RESPONSE AN D CONDUCTING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED UNDER THE CIRCUMSTANCES, THE B OARD SHALL DETERMINE WHETHER SUCH PERSON HAS, IN FACT, VIOLATED THE DISCLOSURE REQUIREMENT S OF THIS POLICY. IF THE BOARD DETERMINES THAT THERE HAS BEEN A VIOLATION, THE BOARD SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION WHICH MAY INCLUDE REMOVAL FROM THE BO ARD
Form 990, Part VI, Line 15	POLICIES EACH YEAR AN INDEPENDENT COMPANY (SULLIVAN COTTER) CONDUCTS A MARKET ANALYSIS OF THE EXECUTIVE COMPENSATION. THIS INFORMATION IS PRESENTED TO THE COMPENSATION COMMITTEE. E XECUTIVE BASE SALARIES ARE TARGETED FOR THE 50TH PERCENTILE OF THE MARKET. SULLIVAN COTTER ISSUES AN ANNUAL REASONABLENESS OPINION LETTER REGARDING THE APPROPRIATENESS OF THE EXECU TIVE PAY LEVELS. THE COMPENSATION COMMITTEE IS A SUB-COMMITTEE OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE REVIEWS BASE PAY RANGES FOR THE TOP FIVE EXECUTIVES (CHIEF EXEC UTIVE OFFICER, EXECUTIVE VP & TREASURER, CHIEF OPERATING OFFICER, CHIEF MEDICAL OFFICER, A ND SENIOR VP PHYSICIAN NETWORKS) AND VICE PRESIDENTS. THE BOARD OF DIRECTORS RECEIVES A RE PORT FROM THE COMMITTEE. THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIB LE FOR REVIEWING THE CEO'S PERFORMANCE WHICH AFFECTS HIS PAY RATE INDIRECTLY
Form 990, Part VI, Line 19	GOVERNANCE, MANAGEMENT, AND DISCLOSURE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC. THE CHILDREN'S HOSPITAL & MEDICAL CENTER AND AFFILIATES AUDITED FINANCIAL STATEMENTS CAN BE OBTAINED IN ADMINISTRATION
Form 990, Part XI, Line 9	($192,000) - CHANGE IN VALUE OF SPLIT INTEREST $564,534 - MINORITY INTEREST IN CHILDREN'S PHYSICIANS $247,984 - CHANGE IN VALUE OF SWAP ($25,014,597) - CAPITAL TRANSFERS FOUNDATION $3,068 - CAPITAL TRANSFERS CHILDREN'S HEALTH NETWORK ($24,391,011) - TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCES

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Children's Hospital & Medical Center

Employer identification number
47-0379754

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)CHILDREN'S HOSPITAL FOUNDATION 8200 DODGE STREET OMAHA, NE 68114 47-6105603	FUNDRAISING	NE	501(C)(3)	LINE 7	CHMC	Yes	
(2)CHILDREN'S PHYSICIANS 8200 DODGE STREET OMAHA, NE 68114 47-0689372	PED CLINICS	NE	501(C)(3)	LINE 9	CHMC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)KENT INC 8200 DODGE STREET OMAHA, NE 68114 47-0527928	REAL ESTATE	NE	CHMC	C Corp	0	219,495	100 000 %	Yes	
CHILDREN'S HEALTH **(2)**NETWORK 8200 DODGE STREET OMAHA, NE 68114 36-3967578	HEALTH NETWORK	NE	CHMC	C Corp	0	0	100 000 %	Yes	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CHILDREN'S HOSPITAL & MEDICAL CENTER FDN	c	4,553,356	BOOK
(2)CHILDREN'S HOSPITAL & MEDICAL CENTER FDN	lmnoq	-9,589,403	BOOK
(3)CHILDREN'S PHYSICIANS	j	514,860	BOOK
(4)CHILDREN'S HOSPITAL & MEDICAL CENTER FDN	r	34,604,000	BOOK

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation