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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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 $ 406,290,725

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

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**	19
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	2,890
6	Total number of volunteers (estimate if necessary)	**6**	231
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
8	Contributions and grants (Part VIII, line 1h)	5,325,804	5,256,733
9	Program service revenue (Part VIII, line 2g)	346,427,617	380,389,206
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	278,061	-49,047
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,122,848	15,504,872
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	366,154,330	401,101,764
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,492,325	11,048,713
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)	169,226,607	187,415,316
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)	151,731,073	156,979,984
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	331,450,005	355,444,013
19	Revenue less expenses Subtract line 18 from line 12	34,704,325	45,657,751

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	402,885,754	521,346,658
21	Total liabilities (Part X, line 26)	156,376,005	249,964,067
22	Net assets or fund balances Subtract line 21 from line 20	246,509,749	271,382,591

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

****** 2018-11-15
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
DONALD NEAL JR	DONALD NEAL JR			P00798244

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

TO IMPROVE THE LIFE OF EVERY CHILD - THROUGH DEDICATION TO EXCEPTIONAL CLINICAL CARE, RESEARCH, EDUCATION AND ADVOCACY

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 $ 339,783,989 including grants of $ 11,048,713) (Revenue $ 395,726,339)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 339,783,989

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	Yes	
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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**	Yes	
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**	78		
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**	2,890		
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	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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		Yes	
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		No
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▶ NE

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) ▶								8,087,996	0	846,037

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 ▶ 239

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
HDR ARCHITECTURE INC, 8404 INDIAN HILLS DRIVE OMAHA, NE 68114	BUILDING CONSULTANTS	4,123,713
KIEWIT CONSTRUCTION CO, 3921 MASON STREET OMAHA, NE 68105	Building Consultants	3,675,037
EPIC SYSTEMS CORP, PO BOX 88314 MILWAUKEE, WI 53288	IT SUPPORT SERVICES	2,221,985
TRAVERCENT LLC, 14681 MIDWAY ROAD ADDISON, TX 75001	IT CONSULTANTS	1,882,049
NTHRIVE, 200 NORTH POINT CENTER E ALPHARETTA, GA 30022	HIM CONSULTANTS	1,846,986

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 ▶ 53

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	3,933,191			
	e Government grants (contributions)	1e	1,202,417			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	121,125			
	g Noncash contributions included in lines 1a-1f $ _____					
	h **Total.** Add lines 1a-1f . . . . . ▶		5,256,733			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621110	380,389,206	380,389,206		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		380,389,206			
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		177,627			177,627
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents	167,739				
	b Less rental expenses					
	c Rental income or (loss)	167,739	0			
	d Net rental income or (loss) . . . . . ▶		167,739			167,739
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		4,962,287			
	b Less cost or other basis and sales expenses		5,188,961			
	c Gain or (loss)		-226,674			
	d Net gain or (loss) . . . . . ▶		-226,674			-226,674
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a		0			
	b Less direct expenses . . . b		0			
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . . . a		0			
	b Less direct expenses . . . b		0			
	c Net income or (loss) from gaming activities . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . . a		0			
	b Less cost of goods sold . . b		0			
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a MANAGEMENT FEE INCOME	541610	6,964,727	6,964,727		
	b METHODIST SERVICE	541900	710,315	710,315		
	c TRANSPORT INCOME	541900	333,950	333,950		
	d All other revenue		7,328,141	7,328,141		
	e **Total.** Add lines 11a–11d . . . . . ▶		15,337,133			
	12 Total revenue. See Instructions . . . . . ▶		401,101,764	395,726,339		118,692

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,688,129	3,688,129		
2 Grants and other assistance to domestic individuals See Part IV, line 22	7,360,584	7,360,584		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,184,331		5,184,331	
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	147,975,239	147,975,239		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,852,131	7,852,131		
9 Other employee benefits	16,085,704	16,085,704		
10 Payroll taxes	10,317,911	10,317,911		
11 Fees for services (non-employees)				
a Management	0			
b Legal	599,330	599,330		
c Accounting	340,198	340,198		
d Lobbying	63,273	63,273		
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)	34,970,113	28,993,964	5,976,149	
12 Advertising and promotion	2,817,134		2,817,134	
13 Office expenses	53,014,428	53,014,428		
14 Information technology	8,055,390	8,055,390		
15 Royalties . .	0			
16 Occupancy	7,777,521	7,777,521		
17 Travel	659,784	659,784		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	3,766,150	3,766,150		
21 Payments to affiliates	12,822,898	12,822,898		
22 Depreciation, depletion, and amortization . .	24,279,520	24,279,520		
23 Insurance . . .	1,137,404		1,137,404	
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	2,243,562	2,243,562		
b BUILDING MAINTENANCE	2,624,284	2,624,284		
c OPERATING LEASES	47,372	47,372		
d DUES & SUBSCRIPTIONS	545,006		545,006	
e All other expenses	1,216,617	1,216,617		
25 **Total functional expenses.** Add lines 1 through 24e	355,444,013	339,783,989	15,660,024	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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		3,336,156	1	4,545,090
	2	Savings and temporary cash investments		52,307,087	2	86,492,538
	3	Pledges and grants receivable, net		3,022,000	3	2,785,000
	4	Accounts receivable, net		63,721,788	4	73,339,551
	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		3,718,461	8	5,211,165
	9	Prepaid expenses and deferred charges		6,989,131	9	9,679,215
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 422,444,964			
	b	Less accumulated depreciation	10b 196,175,401	229,355,283	10c	226,269,563
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		12,188,259	12	4,745,484
	13	Investments—program-related See Part IV, line 11		12,218,158	13	91,066,772
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		16,029,431	15	17,212,280
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		402,885,754	16	521,346,658
Liabilities	17	Accounts payable and accrued expenses		48,858,039	17	54,603,493
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		89,273,512	20	181,221,038
	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		5,675,659	23	5,355,069
	24	Unsecured notes and loans payable to unrelated third parties		162,985	24	731,936
	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		12,405,810	25	8,052,531
	26	**Total liabilities.** Add lines 17 through 25		156,376,005	26	249,964,067
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		243,487,749	27	268,597,591
	28	Temporarily restricted net assets		3,022,000	28	2,785,000
	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		246,509,749	33	271,382,591
	34	Total liabilities and net assets/fund balances		402,885,754	34	521,346,658

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	401,101,764
2	Total expenses (must equal Part IX, column (A), line 25)	2	355,444,013
3	Revenue less expenses Subtract line 2 from line 1	3	45,657,751
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	246,509,749
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	-20,784,909
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	271,382,591

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 III, Line 4a:

THE HOSPITAL OPERATES A 145-BED PEDIATRIC HOSPITAL, WHICH INCLUDES SEVEN SURGICAL SUITES, A HYBRID HEART CATHETERIZATION LAB, A 33-BED CHILDREN'S AMBULATORY RECOVERY AND EXPRESS STAY (CARES) UNIT, AN OUTPATIENT SURGERY CENTER, A HEART TRANSPLANT PROGRAM AND A FETAL CARE CENTER THAT FOCUSES ON THE COORDINATION OF CARE FOR BABIES DIAGNOSED WITH COMPLEX CONGENITAL DEFECTS BEFORE BIRTH CHILDREN'S SPECIALTY PEDIATRIC CENTER OFFERS MORE THAN 50 OUTPATIENT SPECIALTY CLINICS, PROVIDING DIAGNOSTICS, TREATMENT, AND THERAPY IN ADDITION, CHILDREN'S PROVIDES OUTPATIENT EATING DISORDER SERVICES AND 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 THE HOSPITAL IS HOME TO THE REGION'S ONLY LEVEL IV NEWBORN INTENSIVE CARE UNIT AND THE ONLY DEDICATED PEDIATRIC EMERGENCY DEPARTMENT WITH LEVEL II PEDIATRIC TRAUMA VERIFICATION THE HOSPITAL ALSO PROVIDES SPECIALTY PEDIATRIC CARE SERVICES IN COMMUNITIES ACROSS A FIVE-STATE REGION 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

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			
Rodrigo Lopez Chair	1 0 0 0	X		X				0	0	0
Diane Duren Vice Chair	1 0 0 0	X		X				0	0	0
Margaret Hershiser Secretary	1 0 0 0	X		X				0	0	0
Jim Greisch Treasurer	1 0 0 0	X		X				0	0	0
Bradley Britigan MD Member	1 0 0 0	X						0	0	0
Brad Brabec MD Member	1 0 0 0	X						0	0	0
Joleen David Member	1 0 0 0	X						0	0	0
Dave Diamond Member	1 0 0 0	X						0	0	0
Robert Dunlay MD Member	1 0 0 0	X						0	0	0
Mark Hasebroock Member	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mike Homa Member	1 0 0 0	X						0	0	0
Sherrye Hutcherson Member	1 0 0 0	X						0	0	0
John Jenkins Member	1 0 0 0	X						0	0	0
Steve Lindsay Member	1 0 0 0	X						0	0	0
Samantha Mosser Member	1 0 0 0	X						0	0	0
Jay Snow MD Member	1 0 0 0	X						0	0	0
Jayesh Thakker MD Member	1 0 0 0	X						0	0	0
Scot Thompson Member	1 0 0 0	X						0	0	0
Amy Ryan Member	1 0 0 0	X						0	0	0
RICHARD AZIZKHAN MD PRESIDENT, CEO, MEMBER	40 0 0 0	X		X				1,252,334	0	223,060

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Brown EVP & Treasurer	40 0 0 0			X				722,137	0	111,309
Kathy English EVP, COO, & CNO	40 0 0 0			X				695,926	0	32,332
Steven C Burnham SVP - Physician Networks	40 0 0 0			X				588,888	0	29,776
Amy Hatcher SVP & CFO	40 0 0 0			X				492,106	0	71,123
Amy Bones SVP & General Counsel	40 0 0 0			X				332,148	0	67,016
CHRISTOPHER MALONEY MD SVP & CMO	40 0 0 0			X				151,424	0	16,005
FERNANDO FERRER MD SVP & SURGEON-IN-CHIEF	40 0 0 0			X				283,695	0	27,249
SUZANNE NOCITA SVP & CHRO	40 0 0 0			X				249,809	0	49,573
John Sparks MD Pediatrician In Chief	5 0 0 0			X				0	0	0
Jamie Drake MD Physician	40 0 0 0					X		412,142	0	14,538

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			
Mark Stastny VP & CIO	40 0 0 0					X		421,799	0	56,143
Rachel McCann MD Physician	40 0 0 0					X		384,356	0	31,605
KRISTIN GRAHN MD PHYSICIAN	40 0 0 0					X		363,467	0	29,826
MARTIN BEERMAN VP MARKETING & COMM RELATIONS	40 0 0 0					X		363,106	0	42,361
Carl Gumbiner MD SVP - Med Affairs & CMO	0 0 0 0						X	440,988	0	460
Debra Arnow SVP & CNO	0 0 0 0						X	517,581	0	15,544
Patricia Schulz SVP & CHRO	0 0 0 0						X	416,090	0	28,117

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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

2017

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 12, check only one box)

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 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)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? 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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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

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

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

7 ☐ 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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 47-0379754

Name: Children's Hospital & Medical Center

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317067778

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

2017

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	63,273	
c Total lobbying expenditures (add lines 1a and 1b)	63,273	
d Other exempt purpose expenditures	355,380,740	
e Total exempt purpose expenditures (add lines 1c and 1d)	355,444,013	
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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	56,805	75,525	45,055	63,273	240,658
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

2017

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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	71,680,965	53,221,749	52,709,846	52,569,968	47,650,277
b Contributions	9,780,309	20,698,028	2,540,657	4,571,646	6,663,819
c Net investment earnings, gains, and losses	338,557	249,787	115,359	103,409	833,787
d Grants or scholarships	1,659,931	2,488,599	2,142,005	4,535,177	2,577,915
e Other expenditures for facilities and programs			2,108		
f Administrative expenses					
g End of year balance	80,139,900	71,680,965	53,221,749	52,709,846	52,569,968

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

- a Board designated or quasi-endowment ▶ 48 700 %
- b Permanent endowment ▶ 7 500 %
- c Temporarily restricted endowment ▶ 43 800 %

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,381,107		19,381,107
b Buildings		247,309,826	97,835,921	149,473,905
c Leasehold improvements		18,766,632	10,283,117	8,483,515
d Equipment		117,883,433	87,668,280	30,215,153
e Other		19,103,966	388,083	18,715,883
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				226,269,563

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) 2017 BOND PROJECT FUND	91,066,772	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	91,066,772	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED COMPENSATION LIABILIT	3,689,832
SWAP LIABILITY	4,362,699
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	8,052,531

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 47-0379754

Name: Children's Hospital & Medical Center

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	TO SUPPORT PROGRAMS, FUTURE CAPITAL IMPROVEMENTS, AND OPERATIONS OF CHILDREN'S HOSPITAL & MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	FIN 48 FOOTNOTE THE COMPANY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE PO SITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSITIONS ARE M EASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED CHANGES I N RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT O CCURS DURING 2017 AND 2016, THE COMPANY DID NOT RECORD ANY AMOUNTS RELATED TO UNCERTAIN T AX POSITIONS OR ANY ACCRUED INTEREST AND PENALTIES

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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

2017

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 _____ %			
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)			3,299,750		3,299,750	0 930 %
b Medicaid (from Worksheet 3, column a)			180,245,365	120,679,047	59,566,318	16 760 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			183,545,115	120,679,047	62,866,068	17 690 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,294,504	689,068	1,605,436	0 450 %
f Health professions education (from Worksheet 5)			10,834,126	1,202,417	9,631,709	2 710 %
g Subsidized health services (from Worksheet 6)			140,073,245	102,034,629	38,038,616	10 700 %
h Research (from Worksheet 7)			3,320,912	1,661,736	1,659,176	0 470 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			781,562		781,562	0 220 %
j **Total.** Other Benefits			157,304,349	105,587,850	51,716,499	14 550 %
k **Total.** Add lines 7d and 7j			340,849,464	226,266,897	114,582,567	32 240 %

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			11,000		11,000	
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			11,000		11,000	

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	1,118,526		
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	599,260	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	852,249	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-252,989	
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 None					
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	☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
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	Yes	
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) SEE PART V, SECTION C			
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		
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 200 % 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	Was widely publicized 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) SEE PART V			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

CHILDREN'S HOSPITAL & MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☐ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

CHILDREN'S HOSPITAL & MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **6**

	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	DUNDEE URGENT CARE 4825 DODGE STREET OMAHA, NE 68132	URGENT CARE OPEN 6PM-10PM
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part 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
Schedule H, Part I, Line 6a	THE COMMUNITY BENEFIT REPORT IS PREPARED BY THE ORGANIZATION THE VALUES REPORTED IN THE 2017 COMMUNITY BENEFIT REPORT INCLUDE $3 3M IN FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 THE NEBRASKA CHAMBER OF COMMERCE & INDUSTRY
Schedule H, Part III, Line 2	DESCRIBE THE METHODOLOGY USED TO DETERMINE THE AMOUNTS REPORTED ON LINES 2 & 3 BAD DEBT EXPENSE AT 100% CHARGE VALUE WAS MULTIPLIED BY THE 2017 MEDICARE COST TO CHARGE RATIO TO ARRIVE AT AN APPROXIMATE COST VALUE BAD DEBT EXPENSE AT 100% CHARGE VALUE $2,495,038 MEDICARE COST TO CHARGE RATIO X 4483 BAD DEBT EXPENSE AT COST $1,118,526 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 2017 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4	ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CONTRACTUAL ADJUSTMENTS IN EVALUATING PATIENT ACCOUNTS RECEIVABLE BY FINANCIAL CLASS, MANAGEMENT REGULARLY REVIEWS AN ANALYSIS OF ITS HISTORICAL COLLECTIBILITY TRENDS ALONG WITH AN AGING OF ACCOUNTS RECEIVABLE FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS, COLLECTIBILITY IS DETERMINED BASED ON A COMBINATION OF HISTORICAL TRENDS AND CONTRACTUAL AGREEMENTS FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, INCLUDING PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLES AND COPAYMENTS, MANAGEMENT ANALYZES HISTORICAL TRENDS IN EACH OF ITS PREDETERMINED STAGES OF COLLECTIBILITY AND STATUS OF AGREED-UPON PAYMENT PLANS THE DIFFERENCE BETWEEN THE STANDARD OR NEGOTIATED DISCOUNTED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS
Schedule H, Part III, Line 8	MEDICARE 2017 MEDICARE CHARGES REPORTED BY CMS IN THE PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM FOR PROVIDER FYE 12/31 WERE MULTIPLIED BY THE 2017 COST TO CHARGE RATIO TO ARRIVE AT AN APPROXIMATE COST OF CARE RELATED TO THE REIMBURSEMENT PAYMENTS REPORTED ON LINE 5

990 Schedule H, Supplemental Information

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 FINANCIAL ASSISTANCE PROGRAM ALL CORRESPONDENCE, INCLUDING STATEMENTS AND COLLECTION LETTERS STATE THAT FINANCIAL ASSISTANCE MAY BE AVAILABLE
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 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule 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 RESPONSBILITY 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 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 CENTER PATIENT ADVOCATES WHO ARE AVAILABLE MONDAY THROUGH FRIDAY ALL SELF PAY FAMILIES ARE ENCOURAGED TO SPEAK TO AN ACCESS CENTER PATIENT ADVOCATE CARE ESTIMATES OR QUESTIONS REGARDING ESTIMATE OF COST FOR UPCOMING TESTING IS DIRECTED TO THE PATIENT ADVOCATES 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 NOT ELIGIBLE FOR MEDICAID AFTER PROVIDIING ALL OF THE REQUIRED DOCUMENTATION THAT THEY MAY THEN APPLY FOR THE CHILDREN'S FINANCIAL ASSISTANCE PROGRAM CONTACT NUMBERS FOR THE PATIENT ADVOCATES 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 STATE 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 https //www childrensomaha org/hospital-experience/insurance-billing-medic al-records/financial-assistance/
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 842,665 THE HOSPITAL'S SECONDARY SERVICE AREA CONSISTS OF EIGHT SURROUNDING COUNTIES IN NEBRASKA AND NINE SURROUNDING COUNTIES IN IOWA FOR THE YEAR ENDED DECEMBER 31, 2017, 53 6% 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 19 8% OF TOTAL HOSPITAL INPATIENT DISCHARGES DURING THIS SAME TIME PERIOD THE REMAINING 26 6% OF TOTAL DISCHARGES WERE FROM PATIENTS RESIDING OUTSIDE THE PRIMARY AND SECONDARY SERVICE AREAS 2017 DEMOGRAPHIC SUMMARY OMAHA METRO MARKET AREA DOUGLAS, SARPY AND POTTAWATTAMIE COUNTIES SOURCES ESRI (BASED ON US CENSUS BUREAU), UNITED STATES CENSUS BUREAU AND CHILDREN'S HOSPITAL AND MEDICAL CENTER PATIENT ENCOUNTER DATABASE COMMUNITIES SERVED - URBAN, SUBURBAN AND RURAL # OF HOSPITALS SERVING COMMUNITY - 11 TOTAL POPULATION 842,665 PEDIATRIC POPULATION 212,109 AVERAGE HOUSEHOLD INCOME $81,209 PERCENT OF RESIDENTS BELOW FEDERAL POVERTY LEVEL TOTAL POPULATION 12 2% UNDER AGE 18 15 9% PERCENT OF RESIDENTS ON MEDICAID 9 9% AGE POPULATION % OF TOTAL LESS THAN 18 212,109 25 2% 18 TO 24 80,033 9 5% 25 TO 44 239,165 28 4% 45 TO 64 203,104 24 1% 65+ 108,254 12 8% TOTAL 842,665 100 0% RACE POPULATION % OF TOTAL WHITE 662,687 78 7% BLACK 72,854 8 6% ASIAN/PACIFIC ISLANDER 27,582 3 3% OTHER/2+ RACES 73,623 8 7% AM IND/ALASKA NAT 5,919 0 7% TOTAL 842,665 100 00% FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS APPROXIMATE % OF PATIENTS FROM MEDICALLY UNDERSERVED AREAS 14 7% 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5	5-PROMOTION OF COMMUNITY HEALTH PROUDLY SERVING CHILDREN SINCE 1948, CHILDREN'S HOSPITAL & MEDICAL CENTER IS THE ONLY FULL-SERVICE, PEDIATRIC HEALTH CARE CENTER IN NEBRASKA LOCATED IN OMAHA, IT PROVIDES EXPERTISE IN MORE THAN 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 IS ALSO HOME TO NEBRASKA'S ONLY LEVEL IV REGIONAL NEONATAL INTENSIVE CARE UNIT (NICU) CHILDREN'S OFFERS SEVEN SURGICAL SUITES, A HYBRID CATHETERIZATION LAB, A PEDIATRIC INTENSIVE CARE UNIT (PICU), AND A FETAL CARE CENTER THAT FOCUSES ON THE COORDINATION OF CARE FOR BABIES DIAGNOSED WITH COMPLEX CONGENITAL DEFECTS BEFORE BIRTH A REGIONAL HEART CENTER, CHILDREN'S PROVIDES EXPERTISE IN PEDIATRIC HEART TRANSPLANTATION CHILDREN'S PEDIATRIC SPECIALISTS ALSO PROVIDE CARDIOLOGY, NEUROLOGY, ORTHOPAEDIC AND OTHER SERVICES IN OUTREACH CLINICS LOCATED IN SURROUNDING COMMUNITIES IN ADDITION, CHILDREN'S OFFERS 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 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 MODELS (EMRAM) CHILDREN'S IS ALSO RECOGNIZED AS A 2017-18 BEST CHILDREN'S HOSPITAL BY U S NEWS & WORLD REPORT IN CARDIOLOGY AND HEART SURGERY A PEDIATRIC AFFILIATION ESTABLISHED BETWEEN CHILDREN'S AND THE UNIVERSITY OF NEBRASKA MEDICAL CENTER COLLEGE OF MEDICINE (UNMC) SUPPORTS ENHANCEMENTS IN PEDIATRIC EDUCATION, RESERACH 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 2017, OUR HOSPITAL -PROVIDED $4 4 MILLION IN SERVICES IN THE FORM OF UNCOMPENSATED CARE [CHARITY CARE ($3 3 MILLION) AND BAD DEBT WRITE-OFFS ($1 1 MILLION)] TO FAMILIES UNABLE TO PAY WITH 47% OF PATIENT CARE REVENUES DEVOTED TO THE CARE OF LOW-INCOME CHILDREN ASSISTED BY MEDICAID, THE MEDICAID REIMBURSEMENT SHORTFALL FOR FY 2017 WAS $60 MILLION LESS THAN THE COST OF THE CARE PROVIDED -CONTRIBUTED $1 6 MILLION TOWARDS COMMUNITY HEALTH EDUCATION AIMED AT PROMOTING HEALTH AND PREVENTING ILLNESS AND INJURY MADE AVAILABLE THROUGH THE KOHL'S CARES GONOODLE GRANT PARTNERSHIP, INJURY PREVENTION, OBESITY PREVENTION, PARENTING U EDUCATION CLASSES, OUTREACH EDUCATIONAL CLASSES, HEALTH FAIRS, JUST KIDS MAGAZINE AND THE CONSUMER WEBSITE CHILDREN'S GIVES BACK TO THE COMMUNITY THROUGH ADVOCACY SERVICES WHICH ARE AVAILABLE TO ANYONE SUSPECTING CHILD ABUSE OR NEGLECT, LODGING FOR FMAILIES OF OUT-OF-TOWN PATIENTS IS OFFERED AT THE CAROLYN SCOTT RAINBOW HOUSE AT LITTLE OR NO COST -CONTRIBUTED $9 6 MILLION IN PEDIATRIC HEALTH CARE EDUCATION COSTS TO EDUCATE TOMORROW'S HEALERS -PROVIDED $38 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 CHILDREN'S 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 EXPERIENCE -PROVIDED $0 78 MILLION IN CASH AND IN-KIND DONATIONS/SPONSORSHIPS TO BENEFIT THE BROADER COMMUNITY IN 2017, CHILDREN'S HOSPITAL & MEDICAL CENTER CONTRIBUTED IN TOTAL MORE THAN $115 MILLION IN COMMUNITY BENEFITS REPRESENTING 32% OF THE HOSPITAL'S OPERATING EXPENSES
Schedule H, Part VI, Line 6	6-AFFILIATED HEALTH CARE SYSTEM CHILDREN'S HOSPITAL & MEDICAL CENTER IS NOT AFFILIATED WITH A GREATER HEALTH CARE SYSTEM, BUT IS ITS OWN HEALTH CARE SYSTEM THE HOSPITAL OPERATES THE FOLLOWING RELATED ORGANIZATIONS - CHILDREN'S HOSPITAL & MEDICAL CENTER FOUNDATION - CHILDREN'S PHYSICIANS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7	7-STATE FILING OF COMMUNITY BENEFIT REPORT THE CHILDREN'S HOSPITAL & 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 CHILDRENSOMAHA ORG/COMMUNITY-BENEFIT-INFORMATION

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			

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 5	AS PART OF THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY CONDUCTED ON BEHALF OF CHILDREN'S HOSPITAL & MEDICAL CENTER, BOYS TOWN NATIONAL RESEARCH HOSPITAL AND BUILDING HEALTHY FUTURES, KEY INFORMANTS (INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY) WERE CONTACTED BY EMAIL, INTRODUCED TO THE SURVEY AND PROVIDED A LINK TO TAKE THE SURVEY ONLINE, REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION THESE POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS AMONG THE FAMILIES AND CHILDREN/ADOLESCENTS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL IN ALL, 149 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY, REPRESENTING COMMUNITY/BUSINESS LEADERS, PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, SOCIAL SERVICES PROVIDERS AND OTHER HEALTH CARE PROVIDERS THESE KEY INFORMANTS REPRESENT ORGANIZATIONS THAT WORK WITH LOW-INCOME, MINORITY POPULATIONS, MEDICALLY UNDERSERVED POPULATIONS AND THOSE WHO WORK WITH THOSE WITH CHRONIC DISEASE CONDITIONS

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 6a	BOYS TOWN NATIONAL RESEARCH HOSPITAL Schedule H, Part V, Line 6b Building Healthy Futures Schedule H, Part V, Line 7a https //www childrensomaha org/get-involved/advocacy-outreach/community-ad vocacy/ Schedule H, Part V, Line 10a https //www childrensomaha org/get-involved/advocacy-outreach/community-ad vocacy/

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11	The Executive Committee of the Board of Directors of Children's Hospital & Medical Center, which includes representatives from throughout the community, met to discuss this plan fo r addressing the community health priorities identified through our Community Health Needs Assessment The Executive Committee of the Board has the power to transact all regular bu siness of Children's during the period between meetings of the Board of Directors Upon re view, the Executive Committee of the Board of Directors approved and adopted this implemen tation strategy to undertake these measures to meet the health needs of the community In consideration of the top health priorities identified through the 2015 CHNA process - and taking into account hospital resources and overall alignment with the hospital's mission, goals and strategic priorities - Children's Hospital & Medical Center focused on developin g strategies and initiatives to improve - Access to health care services - Injury and vio lence - Mental health - Nutrition, physical activity, & weight - Oral health - Vision, hea ring & speech conditions - Asthma & other respiratory conditions - Sexual health In acknow ledging the wide range of priority health issues that emerged from the CHNA process, Child ren's determined that it could only effectively focus on those which it deemed most pressi ng, most under-addressed and most within its ability to influence Children's Hospital & M edical Center then created a 3-year implementation plan, to be carried out from 2016 throu gh 2018, to address each strategic priority across our continuum of care and identified ap propriate resources to be included in each respective year's budget 2017 Progress Summary Children's Hospital & Medical Center continues to progress in implementing the action pla n that resulted from the 2015 Child and Adolescent Community Health Needs Assessment (CHNA) findings Our team is working collaboratively across the organization to address each pr iority health issue identified through the CHNA process, guided by key strategies and spec ific tactics While each health issue is entirely unique, there is a common thread that co nnects them all Children's is tasked to improve access to health care services, outreach and education to the community and the overall patient experience Below are implementatio n highlights from each area that indicate how Children's is making a difference in address ing the health needs of children and teens in our community Children's Center for the Chi ld & Community One of the key strategies within the implementation plan was to create a de partment within Children's Hospital & Medical Center to address community and population h ealth as its entire focus In 2017, Children's Center for the Child & Community expanded i ts efforts to improve pediatric health statewide Headquartered in Lincoln, Nebraska, THE Center aims to integrate health care and public health efforts The Center collaborates wi th communities across Nebraska

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11	to create local solutions to large-scale children's health issues, such as childhood obes ity, poverty, injury prevention and food insecurity Five statewide strategic partnerships were formalized in 2017 Our strategic emphasis continues in the area of childhood obesit y prevention, nutrition, physical activity and weight, which was the number one concern of community parents in the 2015 assessment Children's awarded five new renewable Preventin g Childhood Obesity Community Scholarships ($1,000 each) to college-bound high school seni ors who plan to pursue a career related to health and wellness with a significant focus on children Ten additional $1,000 scholarships were renewed during 2017 In another strateg ic effort, during 2017, Children's Preventing Childhood Obesity Community Grant program aw arded $25,000 each to 10 area community organizations to implement evidence-based strategi es to improve nutrition and physical activity and reduce obesity among children throughout the service area The grant recipients all have participated in a Preventing Childhood Ob esity learning collaborative led by Children's Center for the Child and Community and the Gretchen Swanson Center for Nutrition which included skill building and technical assistan ce in the areas of planning, community engagement sustainability, and data management The other strategic efforts of the Center in the area of nutrition and physical activity are listed below Nutrition, Physical Activity & Weight * Children's Center for the Child & Co mmunity was awarded an American Academy of Pediatrics Division of Innovation grant in part nership with Nebraska to launch Project ECHO (Extension for Community Healthcare Outcomes) around childhood obesity in Nebraska Children's was one of only three grantees nationall y (awarded May 2017) * Children's launched Project ECHO, a statewide learning collaborati ve that connects primary care providers across Nebraska with Children's specialists and le ading national experts through free biweekly, online educational sessions on childhood obe sity - Children's Project ECHO Tele-mentoring program regarding Childhood Obesity beginn ing in October 2017 with a schedule of 15 planned clinic sessions - 66 unique community p roviders/obesity partners representing 23 clinics/organizations in six different Nebraska communities participated in online sessions - Topics focused on early assessment and iden tification, motivational interviewing, and childhood obesity comorbidities * Children's o ffered educational opportunities through Project ECHO that included free continuing medica l education (CME) credits and optional participation in Maintenance of Certification (MOC) quality improvement project - Nearly 300 CME credits were awarded and 11 providers parti cipated in MOC project * Children's awarded 10 grants to community partners through Child ren's Preventing Childhood Obesity Community Grant program Collectively, these partners p lan to reach more than 15,000

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11	children with nutrition and physical activity evidence-based strategies in the 2017-18 gra nt cycle * Children's continues to bring health education into Omaha and southwest Iowa m etro schools while expanding into Lancaster County classrooms through its sponsorship of G oNoodle, an online resource that helps local educators teach nutrition and physical activi ty In 2017, 340 schools and 69,242 students participated This partnership expects to rea ch an additional 25,000 kids in Lancaster County by the end of 2018 * Children's provides Go NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care) technical as sistance and training to child care centers statewide Go NAP SACC is a partnership with N ebraska Department of Health and Human Services (NE DHHS)and is a component of the Step Up to Quality program for day care providers The focus is to build healthy eating and physi cal activity habits in children within the childcare setting - In 2017, 84 child care fac ilities participated in Go NAP SACC throughout the state of Nebraska, reaching approximate ly 200 child care providers, over 6,000 children, and increasing the best-practice efforts in participating facilities by an average of over 20 percent * In 2017, Children's, in p artnership with University of Nebraska-Lincoln (UNL) Extension, three farmer's markets, an d one grocery store, piloted the Double Up Food Bucks program to increase over 30 percent from other sites the purchase of fresh fruits and vegetables by SNAP recipients in select Lincoln areas Plans are to expand the program in 2018 to other statewide sites * Childre n's HEROES (Healthy Eating with Resources, Options and Everyday Strategies) program provid es multidisciplinary clinical intervention for young people already experiencing medical c omplications from childhood obesity The program expanded to Lincoln in 2015 The HEROES p rogram treated 621 unique patients including 78 new patients They made 1,668 visits to th e clinic which is a 14 percent increase over 2016 * Other strategic tactics include Paren ting U, a series of free parent education classes with topics focused on healthy eating an d obesity prevention Community Health Needs Assessment (CHNA) and Health Improvement Plan ning * One of the major initiatives transitioned to the Center for the Child & Community i n 2017 was the management of the community health needs assessment and health improvement planning processes The Center has improved the process by revising the community survey t o include more questions related to the social determinants of health The Center is worki ng to engage the community and plan more collaboratively with community stakeholders 2017 Early Childhood Health within communities * The Center for the Child & Community led an E arly Childhood Comprehensive Health Working Group (ECCHWG) and grew membership from an ini tial 10 members representing 6 organizations to 50 members representing 35 organizations - In collaboration with the EC

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 13b	PRESUMPTIVE ELIGIBILITY CHILDREN'S RECOGNIZES THAT SOME PATIENTS WILL BE UNRESPONSIVE TO THE CHARITY CARE APPLICATION PROCESS DUE TO A VARIETY OF REASONS INCLUDING BUT NOT LIMITED TO 1 LACK OF DOCUMENTATION REQUIRED TO COMPLY WITH THE TRADITIONAL CHARITY CARE APPLICATION REQUIREMENTS 2 LACK OF THE EDUCATIONAL LEVEL TO UNDERSTAND AND COMPLETE THE CHARITY CARE APPLICATION 3 FEAR THAT INFORMATION GATHERED DURING THE APPLICATION PROCESS WILL BE USED IN THE COLLECTION PROCESS IN THE EVENT THAT THE APPLICATION IS DENIED 4 OUT-OF-STATE PATIENTS THAT DO NOT RESPOND TO COMPLETION OF A MEDICAID APPLICATION OR FINANCIAL ASSISTANCE APPLICATION IN THE ABSENCE OF INFORMATION PROVIDED BY THE PATIENT OR IN CASES WHERE THE INFORMATION PROVIDED BY THE PATIENT IS INCOMPLETE, AN ASSESSMENT PROCESS UTILIZING A PREDICTIVE MODEL WILL BE DEPLOYED TO DETERMINE CHARITY CARE ELIGIBILITY THE PREDICTIVE MODEL INCORPORATES INCOME AND HOUSEHOLD SIZE ESTIMATES, A SOCIO-ECONOMIC NEED FACTOR (WIC, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, HUD PROGRAMS), CENSUS BLOCK DATA, AS WELL AS INFORMATION ON HOME OWNERSHIP THE APPLICATION OF THE PREDICTIVE SCORING PROCESS AND PRESUMPTIVE FINANCIAL ASSISTANCE WILL BE DEPLOYED PRIOR TO BAD DEBT ASSIGNMENT FOR ALL PATIENTS THAT HAVE NOT APPLIED FOR CHARITY CARE CHILDREN'S IS NOT OBLIGATED TO NOTIFY THE PATIENT THAT THEY HAVE RECEIVED PRESUMPTIVE CHARITY CARE

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 16a	https //www childrensomaha org/hospital-experience/insurance-billing-medic al-records/financial-assistance/ Schedule H, Part V, Line 16b https //www childrensomaha org/hospital-experience/insurance-billing-medic al-records/financial-assistance/ Scheduld H, Part V, Line 16c https //www childrensomaha org/hospital-experience/insurance-billing-medic al-records/financial-assistance/

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 16j	THE POLICY IS PROVIDED TO THE PUBLIC IN SUMMARY AND DIRECTED TO VISIT THE CHILDREN'S HOSPITAL WEBSITE FOR THE FULL POLICY

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 24	AT CHILDREN'S, COMMERCIAL INSURERS, GOVERNMENT PAYORS AND SELF-PAY BILLING PARTIES ARE ALL BILLED THE SAME GROSS CHARGE RATE FOR EACH SPECIFIC PROCEDURE PERFORMED GROSS CHARGES ON A FAP-PATIENT BILL ARE THEN DISCOUNTED ACCORDING TO THEIR FPG ELIGIBILITY WHICH REDUCES OR ELIMINATES THE AMOUNT THE PATIENT IS REQUIRED TO PAY

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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

2017

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 noncash assistance	(h) Purpose of grant or assistance
(1) NE PEDIATRIC PRACTICE 8200 DODGE STREET OMAHA, NE 68114	26-3064869	501(C)(3)	3,083,545				PEDIATRIC RESEARCH
(2) UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE 985520 NE MED CTR OMAHA, NE 68198	47-0049123	501(C)(3)	604,584				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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CHARITY ASSISTANCE TO PATIENTS IN NEED	6581		7,360,584	BOOK	WRITEOFF PAT ACCT
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		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
	(i) Base 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	RICHARD AZIZKHAN'S SOCIAL CLUB DUES ARE PAID FOR BY THE ORGANIZATION TO BE USED FOR BUSINESS PURPOSES
Schedule J, Part I, Line 4a	Severance Payments The following employees received severance payments during calendar year 2017 Debra Arnow $78,698 Patricia Schulz $214,200 Schedule J, Part I, Line 4b THE FOLLOWING INDIVIDUALS PARTICIPATED IN A 457(F) PLAN DURING 2017 THE AMOUNTS OF DEFERRED COMPENSATION DISTRIBUTED AND ACCRUED FOR EACH OF THE INDIVIDUALS DURING 2017 ARE AS FOLLOWS MICHAEL BROWN $73,389 ACCRUAL, $70,380 PLAN DISTRIBUTION KATHY ENGLISH $0 ACCRUAL, $69,930 PLAN DISTRIBUTION CARL GUMBINER, M D $0 ACCRUAL, $53,509 PLAN DISTRIBUTION STEVEN C BURNHAM $0 ACCRUAL, $139,491 PLAN DISTRIBUTION DEBRA ARNOW $0 ACCRUAL, $39,698 PLAN DISTRIBUTION RICHARD AZIZKHAN, M D $181,280 ACCRUAL, $18,000 PLAN DISTRIBUTION AMY HATCHER $46,248 ACCRUAL, $0 PLAN DISTRIBUTION AMY BONES $26,172 ACCRUAL, $18,000 PLAN DISTRIBUTION PATRICIA SCHULZ $10,505 ACCRUAL, $0 PLAN DISTRIBUTION CHRISTOPHER MALONEY, M D $15,764 ACCRUAL, $0 PLAN DISTRIBUTION FERNANDO FERRER, M D $26,850 ACCRUAL, $0 PLAN DISTRIBUTION SUZANNE NOCITA $20,867 ACCRUAL, $0 PLAN DISTRIBUTION MARK STASTNY $26,389 ACCRUAL, $0 PLAN DISTRIBUTION MARTIN BEERMAN $22,307 ACCRUAL, $0 PLAN DISTRIBUTION

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				
1Michael Brown EVP & Treasurer	(I)	455,793	192,719	73,625	97,689	13,620	833,446	70,380
	(II)	0	0	0	0	0	0	0
1Kathy English EVP, COO, & CNO	(I)	438,691	183,107	74,128	24,300	8,032	728,258	69,930
	(II)	0	0	0	0	0	0	0
2Carl Gumbiner MD SVP - Med Affairs & CMO	(I)	141,436	148,708	150,844	0	460	441,448	53,509
	(II)	0	0	0	0	0	0	0
3Steven C Burnham SVP - Physician Networks	(I)	342,246	102,595	144,047	16,200	13,576	618,664	139,491
	(II)	0	0	0	0	0	0	0
4Amy Hatcher SVP & CFO	(I)	362,445	127,708	1,953	62,448	8,675	563,229	0
	(II)	0	0	0	0	0	0	0
5Debra Arnow SVP & CNO	(I)	220,259	118,111	179,211	7,914	7,630	533,125	39,698
	(II)	0	0	0	0	0	0	0
6Jamie Drake MD Physician	(I)	385,798	26,000	344	14,310	228	426,680	0
	(II)	0	0	0	0	0	0	0
7Mark Stastny VP & CIO	(I)	310,696	107,970	3,133	42,589	13,554	477,942	0
	(II)	0	0	0	0	0	0	0
8Rachel McCann MD Physician	(I)	355,865	26,000	2,491	18,900	12,705	415,961	0
	(II)	0	0	0	0	0	0	0
9Amy Bones SVP & General Counsel	(I)	242,147	87,788	2,213	60,221	6,795	399,164	18,000
	(II)	0	0	0	0	0	0	0
10Patricia Schulz SVP & CHRO	(I)	76,964	115,382	223,744	16,043	12,074	444,207	0
	(II)	0	0	0	0	0	0	0
11 CHRISTOPHER MALONEY MD SVP & CMO	(I)	125,800	25,000	624	15,764	241	167,429	0
	(II)	0	0	0	0	0	0	0
12FERNANDO FERRER MD SVP & SURGEON-IN-CHIEF	(I)	223,856	25,000	34,839	26,850	399	310,944	0
	(II)	0	0	0	0	0	0	0
13SUZANNE NOCITA SVP & CHRO	(I)	208,590	6,306	34,913	36,391	13,182	299,382	0
	(II)	0	0	0	0	0	0	0
14KRISTIN GRAHN MD PHYSICIAN	(I)	330,135	30,875	2,457	14,097	17,455	395,019	0
	(II)	0	0	0	0	0	0	0
15MARTIN BEERMAN VP MARKETING & COMM RELATIONS	(I)	262,830	97,621	2,655	41,207	1,154	405,467	0
	(II)	0	0	0	0	0	0	0
16RICHARD AZIZKHAN MD PRESIDENT, CEO, MEMBER	(I)	870,276	365,260	16,798	215,480	7,580	1,475,394	18,000
	(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

2017

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		09-10-2014	19,900,000	ADV REF OF CHILD HOSP 2008 SERIES		X		X		X
C	HOSPITAL AUTHORITY #2 OF DOUGLAS CO NE	52-1440796	259230NJ5	03-14-2017	101,075,067	USED TO CONSTRUCT HUBBARD CENTER		X		X		X
D	HOSPITAL AUTHORITY #2 OF DOUGLAS CO NE	52-1440796		11-28-2017	26,885,000	REF CHILD HOSP 2008 SERIES B		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	65,000,000	955,000	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	100,892,260	20,416,445	101,976,653	26,885,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	751,783	207,632	1,064,167	305,601
8	Credit enhancement from proceeds	24,826	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	2,755,000	0	9,845,714	0
11	Other spent proceeds	92,350,000	20,208,813	0	26,579,399
12	Other unspent proceeds	5,010,681	0	91,066,772	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		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		X
16	Has the final allocation of proceeds been made?	X		X			X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X	X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X				X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X			X	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?	X		X				X	
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 ▶		0 200 %		0 200 %		0 %		0 200 %
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		0 200 %		0 200 %				0 200 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X		X	
b	Exception to rebate?	X			X		X	X	
c	No rebate due?	X			X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	MORGAN STANLEY		0		0		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		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
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 L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Children's Hospital & Medical Center

Employer identification number
47-0379754

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RICHARD AZIZKHAN MD	WIFE IS EMPLOYEE	126,574	EMPLOYMENT		No
(2) RICHARD AZIZKHAN MD	SON IS EMPLOYEE	38,375	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE 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

2017

Open to Public Inspection

Name of the organization
Children's Hospital & Medical Center

Employer identification number
47-0379754

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b	GOVERNANCE, MANAGEMENT, AND DISCLOSURE A COMPLETE COPY OF THE FORM 990, INCLUDING SCHEDULE J, IS MADE AVAILABLE TO THE EXECUTIVE COMMITTEE OF THE BOARD EXCLUDING THE MEDICAL STAFF PRESIDENT THE FORM 990, EXCLUDING PART VII AND SCHEDULE J - COMPENSATION INFORMATION, IS MADE AVAILABLE TO THE REMAINDER OF THE BOARD OF DIRECTORS, INCLUDING THE MEDICAL STAFF PRESIDENT BOTH ARE MADE AVAILABLE THROUGH THE DIRECTOR'S DESK WEBSITE PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 COUL D HAVE AN ADVERSE EFFECT ON CHILDREN'S INTERESTS ALSO, DISCLOSING OR USING INFORMATION RE LATING 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 SITUATI ON OR ANY OTHER CIRCUMSTANCES IN DOUBT SHOULD BE MADE A POTENTIAL CONFLICT OF INTEREST DO ES NOT NECESSARILY RISE TO THE LEVEL OF AN ACTUAL CONFLICT OF INTEREST, BUT ONCE RECOGNIZE D, IT MUST IN EVERY CASE BE DISCLOSED AND EVALUATED IN SOME INSTANCES, IT MAY BE SO SERIO US THAT IT PREVENTS THE INDIVIDUAL FROM FURTHER PARTICIPATION IN CHILDREN'S DELIBERATIONS WITH 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 OF LITTLE OR NO SIGNIFICANCE ONCE IT HAS BEEN DISCLOSED THE GOVERNANCE COMMITTEE WILL CON SIDER THE FOLLOWING FACTORS, A

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c	MONG OTHER RELEVANT FACTS, WHEN DETERMINING WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS (I) THE PROXIMITY OF THE INTERESTED PERSON TO THE DECISION-MAKING AUTHORITY OF THE OTHER ENTITY INVOLVED IN THE TRANSACTION OF BUSINESS ARRANGEMENT, (II) THE MAGNITUDE OF THE FINA NCIAL INTEREST, (III) THE DEGREE TO WHICH THE INTERESTED PERSON MIGHT BENEFIT PERSONALLY I F A PARTICULAR TRANSACTION OR BUSINESS ARRANGEMENT WERE APPROVED, AND (IV) THE ABILITY OF THE INTERESTED PERSON TO MAKE AN INDEPENDENT DECISION BASED ONLY ON THE BEST INTEREST OF C HILDREN'S THE GOVERNANCE COMMITTEE SHALL REVIEW EACH COMPLETED CONFLICT OF INTEREST QUEST IONNAIRE, AND MAY MAKE SUCH FURTHER INVESTIGATION OF POTENTIAL CONFLICTS AS IT MAY DETERMI NE APPROPRIATE THE GOVERNANCE COMMITTEE SHALL MAKE APPROPRIATE REPORTS TO THE BOARD CONCE RNING ITS REVIEW, ANY FURTHER INVESTIGATION, AND ITS RECOMMENDATIONS TO THE BOARD REGARDIN G ANY POTENTIAL CONFLICT OF INTEREST WHENEVER AN INTERESTED PERSON (OR A PERSON OTHER THA N THE INTERESTED PERSON) VOLUNTARILY IDENTIFIES OR DISCLOSES A POTENTIAL CONFLICT OF INTER EST, THE REMAINING BOARD/COMMITTEE MEMBERS REVIEW AND DETERMINE WHETHER A CONFLICT EXISTS ONLY DISINTERESTED BOARD/COMMITTEE MEMBERS MAY VOTE TO DETERMINE WHETHER AN ACTUAL CONFLI CT OF INTEREST EXISTS AND THE SUBJECT INTERESTED PERSON CANNOT BE PRESENT DURING THE VOTE TRANSACTIONS OR BUSINESS ARRANGEMENTS WITH INTERESTED PERSON WITH CONFLICTS OF INTEREST M UST BE APPROVED IN ADVANCE BY A MAJORITY OF DISINTERESTED DIRECTORS IN ORDER TO APPROVE A N ARRANGEMENT OF TRANSACTION INVOLVING AN ACTUAL CONFLICT OF INTEREST, THE BOARD MUST FIRS T FIND, BY MAJORITY VOTE OF DISINTERESTED DIRECTORS, AT A MEETING AT WHICH A QUORUM IS PRE SENT, THAT THE ARRANGEMENT OR TRANSACTION IS IN CHILDREN'S BEST INTEREST, IS FAIR AND REAS ONABLE TO CHILDREN'S AND THAT, AFTER REASONABLE INVESTIGATION, THE DISINTERESTED DIRECTORS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WI TH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES IN CASES IN WHICH AN INTERESTED PERSON HAS A FINANCIAL INTEREST IN A PROPOSED ARRANGEMENT OR TRANSACTION, THE FOLLOWING ADDITIONAL ST EPS MAY BE TAKEN, AT THE DISCRETION OF THE BOARD (A) THE INTERESTED PERSON MAY BE REQUIRE D TO LEAVE THE MEETING FOR THE GENERAL DISCUSSION OF THE MATTER AND THE BOARD VOTE, AND/OR (B) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO T HE PROPOSED ARRANGEMENT OR TRANSACTION THE GOVERNANCE COMMITTEE CAN RECOMMEND TO THE BOAR D THAT A DIRECTOR OR A MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS BE ASKED TO RESIG N 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 ITS BOARD/COMMITTEE IF THE BOARD /COMMITTEE BELIEVES AN INTERESTED PERSON HAS FAILED TO COMPLY WITH THIS POLICY, THE BOARD SHALL INFORM THAT PERSON OF THE BASIS FOR ITS BELIEF AND GIVE THAT PERSON AN OPPORTUNITY T O ADDRESS THE ALLEGED FAILURE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c	AFTER HEARING THE RESPONSE AND CONDUCTING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED UNDER THE CIRCUMSTANCES, THE BOARD SHALL DETERMINE WHETHER SUCH PERSON HAS, IN FACT, VIOLA TED THE DISCLOSURE REQUIREMENTS OF THIS POLICY IF THE BOARD DETERMINES THAT THERE HAS BEE N A VIOLATION, THE BOARD SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION WHICH M AY INCLUDE REMOVAL FROM THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b	POLICIES EACH YEAR AN INDEPENDENT COMPANY (SULLIVAN COTTER) CONDUCTS A MARKET ANALYSIS OF THE EXECUTIVE COMPENSATION THIS INFORMATION IS PRESENTED TO THE COMPENSATION COMMITTEE EXECUTIVE BASE SALARIES ARE TARGETED FOR THE 50TH PERCENTILE OF THE MARKET SULLIVAN COTTER ISSUES AN ANNUAL REASONABLENESS OPINION LETTER REGARDING THE APPROPRIATENESS OF THE EXECUTIVE PAY LEVELS THE COMPENSATION COMMITTEE IS A SUB-COMMITTEE OF THE BOARD OF DIRECTORS THE COMPENSATION COMMITTEE REVIEWS BASE PAY RANGES FOR ALL EXECUTIVES INCLUDING THE CHIEF EXECUTIVE OFFICER, EXECUTIVE VP & TREASURER, CHIEF OPERATING OFFICER, CHIEF MEDICAL OFFICER, CHIEF FINANCIAL OFFICER, SURGEON-IN-CHIEF, GENERAL COUNSEL, CHIEF HUMAN RESOURCES OFFICER AND VICE PRESIDENTS THE BOARD OF DIRECTORS RECEIVES A REPORT FROM THE COMMITTEE THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING THE CEO'S PERFORMANCE WHICH AFFECTS HIS PAY RATE INDIRECTLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	($237,000) - CHANGE IN VALUE OF SPLIT INTEREST ($8,145,438) - MINORITY INTEREST IN CHILDREN'S PHYSICIANS $690,450 - CHANGE IN VALUE OF SWAP ($12,848,838) - CAPITAL TRANSFERS FOUNDATION ($244,083) - CAPITAL TRANSFERS CHILDREN'S HEALTH NETWORK ($20,784,909) - TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 5	It was discovered that an employee of the organization had engaged in a fraud scheme, by creating a fictitious company and causing that fictitious company to submit invoices to the organization for fictitious goods The amount involved was in excess of several million dollars over several years When this fraudulent activity was discovered, management immediately reported the matter to the organizations board of directors, the employee was immediately terminated and the matter was reported to law enforcement An outside accounting firm was engaged to perform a forensics audit, internal audit undertook a process and control environment assessment, and management is enhancing controls where appropriate

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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 10	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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)KENT INC 8200 DODGE STREET OMAHA, NE 68114 47-0527928	REAL ESTATE	NE	CHMC	C Corp	0	219,495	100 000 %	Yes	
(2)CHILDREN'S HEALTH 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		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
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 FOUNDATION	c	3,933,191	BOOK
(2)CHILDREN'S HOSPITAL FOUNDATION	l,m,n	6,948,839	BOOK
(3)CHILDREN'S HOSPITAL FOUNDATION	r	5,900,000	BOOK
(4)CHILDREN'S HEALTH NETWORK	r	244,083	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)