

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020, and ending 09-30-2021

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

C Name of organization
SEATTLE CHILDREN'S HOSPITAL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 5371 MS 818-FI

City or town, state or province, country, and ZIP or foreign postal code
SEATTLE, WA 981455005

D Employer identification number
91-0564748

E Telephone number
(206) 884-2378

F Name and address of principal officer:
JEFF SPERRING MD
PO BOX 5371 MS 818-FI
SEATTLE, WA 981455005

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

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

J Website: ▶ WWW.SEATTLECHILDRENS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1907 **M** State of legal domicile: WA

Part I Summary

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

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)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	9,677
6 Total number of volunteers (estimate if necessary)	156
7a Total unrelated business revenue from Part VIII, column (C), line 12	3,278,737
7b Net unrelated business taxable income from Form 990-T, line 39	1,381,056

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	297,631,972	338,017,363
9 Program service revenue (Part VIII, line 2g)	1,361,116,960	1,556,019,483
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,406,866	92,251,710
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,633,441	17,470,823
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,730,789,239	2,003,759,379
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,393,850	54,048,276
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)	839,238,718	883,601,068
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)	827,259,016	885,315,249
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,694,891,584	1,822,964,593
19 Revenue less expenses. Subtract line 18 from line 12	35,897,655	180,794,786
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,055,320,534	4,612,881,884
21 Total liabilities (Part X, line 26)	1,160,518,988	1,393,375,725
22 Net assets or fund balances. Subtract line 21 from line 20	2,894,801,546	3,219,506,159

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2022-09-02
SUZANNE B BEITEL SENIOR VP & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: CLARK NUBER PS
Preparer's signature: [Signature]
Date: 2022-09-01
Check if self-employed
PTIN: P00235495
Firm's name: CLARK NUBER PS
Firm's EIN: 91-1194016
Firm's address: 10900 NE 4TH STREET SUITE 1400
BELLEVUE, WA 98004
Phone no. (425) 454-4919

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on

the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program

services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,425,378,132 including grants of \$ 12,091,674) (Revenue \$ 1,517,163,934)

See Additional Data

4b (Code:) (Expenses \$ 286,695,265 including grants of \$ 41,956,602) (Revenue \$ 33,879,921)

See Additional Data

4c (Code:) (Expenses \$ 48,147,714 including grants of \$ 0) (Revenue \$ 6,967,943)

See Additional Data

(Code:) (Expenses \$ 4,280,304 including grants of \$ 0) (Revenue \$ 2,497,581)

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ 4,280,304 including grants of \$ 0) (Revenue \$ 2,497,581)

4e Total program service expenses ▶ 1,764,501,415

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16b, including input fields for employee counts (9,677) and checkboxes for various tax compliance items.

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



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Rows include: 1a (23), 1b (21), 2 (Yes), 3 (No), 4 (Yes), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 16 main rows and 3 sub-columns (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b, and Yes/No). Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (No).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: WARREN E HEWITT VP FINANCE 818 STEWART ST 8TH FLOOR SEATTLE, WA 98101 (206) 884-2378

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.

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

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

(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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c) with values 15,571,552, 3,218,774, and 1,827,978.

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 2,151

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like SELLEN CONSTRUCTION, CHILDREN'S UNIVERSITY MEDICAL GROUP, etc.

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 420

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	51,024,828	51,024,828		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	895,071	895,071		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,128,377	2,128,377		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,437,068		9,437,068	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,087,617	227,994	859,623	
7 Other salaries and wages	693,346,592	672,129,889	21,216,703	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	29,028,791	28,140,498	888,293	
9 Other employee benefits	96,697,703	93,738,712	2,958,991	
10 Payroll taxes	54,003,297	52,350,773	1,652,524	
11 Fees for services (non-employees):				
a Management				
b Legal	5,171,574	5,013,322	158,252	
c Accounting	409,501	396,970	12,531	
d Lobbying	432,212	432,212		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,471,757	2,396,120	75,637	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	133,658,152	129,568,155	4,089,997	
12 Advertising and promotion	2,539,811	2,462,092	77,719	
13 Office expenses	198,242,121	192,175,827	6,066,294	
14 Information technology	27,100,834	26,271,537	829,297	
15 Royalties				
16 Occupancy	50,748,729	49,195,796	1,552,933	
17 Travel	1,273,036	1,234,081	38,955	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	490,476	475,467	15,009	
20 Interest	16,156,801	15,662,396	494,405	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	127,571,981	123,668,224	3,903,757	
23 Insurance	71,289,365	69,107,880	2,181,485	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PHYSICIANS SERVICES	180,858,934	180,858,934	0	
b LICENSES & TAXES	46,664,650	45,236,692	1,427,958	
c DUES AND MEMBERSHIPS	4,452,875	4,316,615	136,260	
d UBI TAXES	498,264	498,264	0	
e All other expenses	15,284,176	14,894,689	389,487	
25 Total functional expenses. Add lines 1 through 24e	1,822,964,593	1,764,501,415	58,463,178	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	55,275,103	1	51,824,448
	2 Savings and temporary cash investments	35,292,468	2	36,764,420
	3 Pledges and grants receivable, net	65,545,482	3	46,823,083
	4 Accounts receivable, net	294,725,254	4	344,341,038
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,066,313	7	1,066,313
	8 Inventories for sale or use	19,896,004	8	22,982,795
	9 Prepaid expenses and deferred charges	31,392,939	9	39,734,806
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,959,808,611		
	b Less: accumulated depreciation	10b 1,001,220,788	1,782,284,781	10c 1,958,587,823
	11 Investments—publicly traded securities	914,713,292	11	995,894,207
	12 Investments—other securities. See Part IV, line 11	458,728,506	12	665,219,397
	13 Investments—program-related. See Part IV, line 11	196,815,430	13	229,823,347
	14 Intangible assets	2,311,187	14	4,296,978
	15 Other assets. See Part IV, line 11	197,273,775	15	215,523,229
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,055,320,534	16	4,612,881,884	
Liabilities	17 Accounts payable and accrued expenses	254,504,073	17	278,964,883
	18 Grants payable		18	
	19 Deferred revenue	1,328,978	19	530,201
	20 Tax-exempt bond liabilities	685,769,272	20	519,043,209
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	218,916,665	25	594,837,432
	26 Total liabilities. Add lines 17 through 25	1,160,518,988	26	1,393,375,725
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,272,922,098	27	2,457,422,946
	28 Net assets with donor restrictions	621,879,448	28	762,083,213
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,894,801,546	32	3,219,506,159	
33 Total liabilities and net assets/fund balances	4,055,320,534	33	4,612,881,884	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,003,759,379
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,822,964,593
3	Revenue less expenses. Subtract line 2 from line 1	3	180,794,786
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,894,801,546
5	Net unrealized gains (losses) on investments	5	102,786,285
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	41,123,542
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,219,506,159

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 91-0564748

Name: SEATTLE CHILDREN'S HOSPITAL

Form 990 (2020)

Form 990, Part III, Line 4a:

PATIENT CARE: SEATTLE CHILDREN'S PROVIDES SUPERIOR MEDICAL CARE TO CHILDREN FROM WASHINGTON, ALASKA, MONTANA AND IDAHO, SERVING THE LARGEST GEOGRAPHICAL AREA OF ANY CHILDREN'S HOSPITAL IN THE UNITED STATES. IN ADDITION, FAMILIES LIVING BEYOND OUR PRIMARY SERVICE REGION INCREASINGLY SEEK CARE FROM OUR WORLD-RENOWNED SPECIALISTS IN PROGRAMS SUCH AS CANCER, ORGAN TRANSPLANTS AND CRANIOFACIAL SPECIALTIES. IN FISCAL YEAR 2021, SEATTLE CHILDREN'S MEDICAL TEAM TREATED KIDS OF ALL AGES DURING 373,939 PATIENT VISITS, INCLUDING 13,683 ADMISSIONS TO THE HOSPITAL AND 38,307 VISITS TO OUR EMERGENCY DEPARTMENT. WE CARED FOR CHILDREN DURING 34,920 VISITS FOR BEHAVIORAL MEDICINE, 30,539 VISITS TO URGENT CARE, AND 256,490 OTHER AMBULATORY CLINIC APPOINTMENTS. AS THE PRIMARY PEDIATRIC HOSPITAL OFFERING HIGH-LEVEL SPECIALTY CARE IN OUR REGION, IN RESPONSE TO THE COVID-19 PANDEMIC, WE SETUP TESTING SITES, HELD VACCINE CLINICS, EXPANDED TELEMEDICINE OFFERINGS, AND CREATED AN EMERGENCY COMMAND CENTER.

Form 990, Part III, Line 4b:

RESEARCH: BECAUSE RESEARCH IS THE FOUNDATION OF SEATTLE CHILDREN'S MISSION TO DISCOVER NEW TREATMENT AND CURES, SEATTLE CHILDREN'S RESEARCH INSTITUTE, A DIVISION OF SEATTLE CHILDRENS, INVESTED \$63 MILLION IN RESEARCH DURING FISCAL YEAR 2021. SEATTLE CHILDREN'S RESEARCH INSTITUTE INVESTIGATORS ARE ADVANCING SCIENTIFIC UNDERSTANDING OF IMPORTANT BIOLOGICAL PROCESSES AND INFLUENCING THE PRACTICE OF PEDIATRICS AROUND THE WORLD. IN RESPONSE TO THE COVID-19 PANDEMIC, THE RESEARCH INSTITUTE HAS AGGRESIVELY PURSUED PROJECTS RELATED TO THE PREVENTION, DIAGNOSIS, FUNCTION AND TREATMENT OF COVID-19. IT HAS ALSO BEEN ONE OF THE PREDOMINANT PEDIATRIC RESEARCH ORGANIZATIONS IMPLEMENTING CLINICAL TRIALS THAT SUPPORT THE ASSESSMENT AND APPROVAL OF VACCINE EFFORTS IN PEDIATRICS.

Form 990, Part III, Line 4c:

EDUCATION: SEATTLE CHILDREN'S IS THE MAJOR RESOURCE FOR PEDIATRIC GRADUATE MEDICAL EDUCATION PROGRAMS IN OUR REGION. RESIDENTS AND FELLOWS FROM 76 PROGRAMS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), THREE PROGRAMS ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION (ADA), AND 14 NON-ACGME ACCREDITED SUBSPECIALTY PROGRAMS ROTATED AT SEATTLE CHILDREN'S IN ACADEMIC YEAR 2020-2021. SEATTLE CHILDREN'S HAS DEVELOPED CURRICULUM AND EVALUATION METHODS THAT ASSESS AND ASSURE RESIDENT COMPETENCY IN SIX MAIN AREAS: PATIENT CARE, MEDICAL KNOWLEDGE, PRACTICE-BASED LEARNING, INTERPERSONAL AND COMMUNICATIONS SKILLS, PROFESSIONALISM, AND SYSTEM-BASED PRACTICE.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN BETCHER CHAIR	20.00	X		X				0	0	0
JOEL FRENCH TREASURER	20.00	X		X				0	0	0
JUDITH PIERCE SECRETARY	3.00	X		X				0	0	0
MICHAEL REEVES VICE CHAIR	3.00	X		X				0	0	0
LOREN ALHADEFF TRUSTEE	2.00	X						0	0	0
JILL BRUBAKER MD TRUSTEE	2.00	X						0	0	0
KEN DENMAN TRUSTEE	3.00	X						0	0	0
ROY DIAZ PHD TRUSTEE	4.00	X						0	0	0
COLIN FOX JR PHD TRUSTEE	5.00	X						0	0	0
COLLEEN FUKUI-SKETCHLEY TRUSTEE	3.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA HUFFMAN TRUSTEE	3.00 0.00	X						0	0	0
DAN LEVITAN TRUSTEE	3.00 0.00	X						0	0	0
PATRICIA LOERA TRUSTEE	4.00 0.00	X						0	0	0
CANDY MARSHALL TRUSTEE	8.00 0.00	X						0	0	0
SUSAN MASK TRUSTEE	8.00 0.00	X						0	0	0
JEFF NITTA TRUSTEE	4.00 0.00	X						0	0	0
RACQUEL RUSSELL TRUSTEE	5.00 0.00	X						0	0	0
JOHN SCHOETTLER TRUSTEE	5.00 0.00	X						0	0	0
NANCY SENSENEY TRUSTEE	3.00 0.00	X						0	0	0
KURT SHINTAFFER TRUSTEE	2.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHELE SMITH TRUSTEE	3.00 0.00	X						0	0	0
CHARLES STEVENS TRUSTEE	5.00 0.00	X						0	0	0
MOYA VAZQUEZ TRUSTEE	4.00 0.00	X						0	0	0
ALVIN WINTERROTH TRUSTEE	3.00 0.00	X						0	0	0
JEFF SPERRING MD CEO/NON-VOTING EX OFFICIO TRUSTEE	42.00 13.00			X				1,109,345	1,569,200	195,368
SUZANNE BEITEL SENIOR VP & CHIEF FINANCIAL OFFICER	41.00 15.00			X				616,725	204,640	158,998
MADLYN MURREY SR VP - CHIEF CLINICAL OFFICER	55.00 0.00				X			610,749	327,634	68,215
SANFORD MELZER MD EXEC VP-NETWORKS & POPULATION HEALTH	1.00 0.00				X			826,563	0	14,820
JAMES HENDRICKS PHD PRESIDENT - RESEARCH INSTITUTE	55.00 0.00				X			673,155	0	123,599
RUSSELL WILLIAMS SR VP & CHIEF OPERATING OFFICER	55.00 1.00				X			614,426	0	128,119

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			
ZAFAR CHAUDRY MD SR VP - CHIEF INFORMATION OFFICER	55.00 0.00				X			628,519	0	106,217
MARK DEL BECCARO MD SR VP - CHIEF MEDICAL OPERATIONS OFFICER	1.00 0.00				X			709,720	5,139	14,765
CARA BAILEY SR VP-INNOVATION/IMPROVEMENT OFFICER	1.00 0.00				X			662,734	13,071	22,587
MYRA GREGORIAN SR VP - CHIEF PEOPLE OFFICER	55.00 0.00				X			571,165	0	119,962
JEFFREY AVANSINO MD VP - MEDICAL AFFAIRS	55.00 0.00				X			455,622	170,447	62,189
JEFFREY OJEMANN MD SR VP - SURGEON IN CHIEF	55.00 0.00				X			230,125	289,729	79,045
PAUL SHAREK MD VP - CHIEF QUALITY & SAFETY OFFICER	55.00 0.00				X			554,959	0	32,451
RUTH MCDONALD MD VP - CMO FOR MEDICAL OPERATIONS	55.00 0.00				X			528,545	0	32,230
ERIC THAM MD VP & ASSOC CHIEF INFORMATION OFFICER	55.00 0.00				X			505,576	0	52,797
SUZANNE PETERSEN VP - EXTERNAL AFFAIRS	55.00 0.00				X			517,173	0	37,179

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			
TODD JOHNSON VP - FACILITIES	1.00 0.00				X			537,787	0	13,170
PETRA SMITH VP - HUMAN RESOURCES	1.00 0.00				X			498,562	0	14,619
ERIK LAUSUND VP - RESEARCH OPERATIONS & LOGISTICS	55.00 0.00				X			436,889	0	45,968
CHRISTINE KESSLER VP SYS ACCESS, AMB OPS & EX DIR CUMG	55.00 0.00				X			421,410	0	37,502
MICHAEL JENSEN MD VP-SC THERAPEUTICS, CHIEF THERAP OFF	55.00 0.00				X			418,430	0	31,654
PRADIPTA KOMANDURI VP - CLINICAL SUPPORT SERVICES	55.00 0.00				X			406,666	0	35,122
DOUGLAS PICHA PRESIDENT - FOUNDATION	5.50 49.50					X		68,492	549,551	117,415
MICHAEL ASTION MD PHD MEDICAL DIRECTOR - LABORATORIES	55.00 0.00					X		607,680	0	50,828
MARK EGBERT DDS CHIEF - ORAL & MAXILLOFACIAL SURGERY	55.00 0.00					X		537,480	0	52,526
CORY NOEL MD CARDIOLOGIST	55.00 0.00					X		488,870	0	46,562

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			
THOMAS HERBERT MD OTOLARYNGOLOGIST	55.00 0.00					X		499,225	0	34,324
WARREN HEWITT FORMER KEY EMPLOYEE	41.00 14.00						X	270,895	89,363	42,048
PAMELA ROCK FORMER KEY EMPLOYEE	55.00 0.00						X	319,843	0	28,569
SCOTT BINGHAM FORMER KEY EMPLOYEE	55.00 0.00						X	244,222	0	29,130

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number
91-0564748

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	166,489,706	246,106,645	294,717,218	297,631,972	338,017,363	1,342,962,904
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	166,489,706	246,106,645	294,717,218	297,631,972	338,017,363	1,342,962,904
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.						1,342,962,904

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . . .	166,489,706	246,106,645	294,717,218	297,631,972	338,017,363	1,342,962,904
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,960,832	55,689,382	73,111,110	50,818,939	47,499,657	276,079,920
9 Net income from unrelated business activities, whether or not the business is regularly carried on	216,488	64,447	330,013	612,837	1,371,193	2,594,978
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						1,621,637,802
12 Gross receipts from related activities, etc. (see instructions)					12	7,057,272,601

13 First 5 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 2020 (line 6, column (f) divided by line 11, column (f))	14	82.820 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	79.830 %

- 16a 33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

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 lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1** 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PARTS I AND II:	AS INDICATED ON PART I, SEATTLE CHILDREN'S IS A HOSPITAL DESCRIBED IN SECTION 170(B)(1)(A) (III). HOWEVER, THE SUPPORT SCHEDULE ON PART II HAS BEEN PREPARED IN ORDER TO DEMONSTRATE THAT IT ALSO QUALIFIES AS AN ORGANIZATION THAT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE GENERAL PUBLIC DESCRIBED IN SECTION 170(B)(1)(A)(VI) AND THEREFORE QUALIFIES FOR THE SPECIAL RULE ON SCHEDULE B, SCHEDULE OF CONTRIBUTORS.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2020
Open to Public Inspection

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

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

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

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

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

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

Name of the organization SEATTLE CHILDREN'S HOSPITAL	Employer identification number 91-0564748
---	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
b Total lobbying expenditures to influence a legislative body (direct lobbying)	432,212	432,212												
c Total lobbying expenditures (add lines 1a and 1b)	432,212	432,212												
d Other exempt purpose expenditures	1,826,003,658	2,007,936,609												
e Total exempt purpose expenditures (add lines 1c and 1d)	1,826,435,870	2,008,368,821												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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	481,522	485,351	496,099	432,212	1,895,184
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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
PART II-A, AFFILIATED GROUP STATEMENT:	SEATTLE CHILDREN'S HOSPITAL, EIN: 91-0564748 PO BOX 5371, MS: 818-FI, SEATTLE, WA 98145-5005 TOTAL LOBBYING EXPENSES: 432,212 OTHER EXEMPT PURPOSE EXPENDITURES: 1,826,003,658 TOTAL EXEMPT PURPOSE EXPENDITURES: 1,826,435,870 SEATTLE CHILDREN'S HOSPITAL HAS A 501(H) ELECTION SEATTLE CHILDREN'S HEALTHCARE SYSTEM, EIN: 91-1250116 PO BOX 5371, MS: 818-FI, SEATTLE, WA 98145-5005 TOTAL LOBBYING EXPENSES: 0 OTHER EXEMPT PURPOSE EXPENDITURES: 18,301,583 TOTAL EXEMPT PURPOSE EXPENDITURES: 18,301,583 NO 501(H) ELECTION WAS MADE SEATTLE CHILDREN'S HOSPITAL FOUNDATION, EIN: 91-1156519 PO BOX 5371, MS: 818-FI, SEATTLE, WA 98145-5005 TOTAL LOBBYING EXPENSES: 0 OTHER EXEMPT PURPOSE EXPENDITURES: 144,607,492 TOTAL EXEMPT PURPOSE EXPENDITURES: 144,607,492 NO 501(H) ELECTION WAS MADE SEATTLE CHILDREN'S HOSPITAL GUILD ASSOCIATION, EIN: 91-1394056 PO BOX 5371, MS: 818-FI, SEATTLE, WA 98145-5005 TOTAL LOBBYING EXPENSES: 0 OTHER EXEMPT PURPOSE EXPENDITURES: 14,058,030 TOTAL EXEMPT PURPOSE EXPENDITURES: 14,058,030 NO 501(H) ELECTION WAS MADE CHILDREN'S RETAIL, EIN: 91-1998909 PO BOX 5371, MS: 818-FI, SEATTLE, WA 98145-5005 TOTAL LOBBYING EXPENSES: 0 OTHER EXEMPT PURPOSE EXPENDITURES: 4,965,846 TOTAL EXEMPT PURPOSE EXPENDITURES: 4,965,846 NO 501(H) ELECTION WAS MADE

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization SEATTLE CHILDREN'S HOSPITAL

Employer identification number 91-0564748

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and total value at end of year. Includes checkboxes for Yes/No regarding donor information.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure). Includes a table for 'Held at the End of the Year' with rows 2a-d. Includes questions about monitoring policies and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts related to these items.

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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 60.420 %
b Permanent endowment 39.580 %
c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 3 columns: Question, Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) POOLED INVESTMENTS	654,233,890	F
(B) INTEREST IN GENTIBIO, INC.	4,999,998	F
(C) DEFERRED COMPENSATION PLANS	2,976,736	F
(D) OIL LEASES	18,500	C
(E) LIFE INSURANCE	76,438	F
(F) INVESTMENT IN HCSA PROPERTIES, LLC	2,913,779	C
(G) MISCELLANEOUS EQUITY INTERESTS	56	F
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	665,219,397	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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	
(2) TAXABLE BOND LIABILITIES	402,075,000
(3) SWAP MTM VALUE - BONDS	13,740,442
(4) DEFERRED COMPENSATION PLAN PAYABLE	2,976,736
(5) DEFERRED AND OTHER LIABILITIES	26,553,812
(6) PAYABLE TO AFFILIATE	17,385,726
(7) DUE TO BROKERS FOR SECURITIES PURCHASED	5,178,406
(8) OPERATING LEASE LIABILITIES	106,990,667
(9) FINANCE LEASE LIABILITIES	19,936,643
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	594,837,432

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 91-0564748

Name: SEATTLE CHILDREN'S HOSPITAL

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE INTERNAL REVENUE SERVICE HAS GRANTED SCHS, AND THE CONTROLLED CORPORATIONS LISTED ABOVE, EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (IRC) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE IRC FORMED TO OPERATE FOR CHARITABLE, EDUCATIONAL, SCIENTIFIC, AND MEDICAL PURPOSES. DURING 2021 AND 2020, SCHS DID NOT RECORD ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
TAXABLE BOND LIABILITIES	402,075,000
SWAP MTM VALUE - BONDS	13,740,442
DEFERRED COMPENSATION PLAN PAYABLE	2,976,736
DEFERRED AND OTHER LIABILITIES	26,553,812
PAYABLE TO AFFILIATE	17,385,726
DUE TO BROKERS FOR SECURITIES PURCHASED	5,178,406
OPERATING LEASE LIABILITIES	106,990,667
FINANCE LEASE LIABILITIES	19,936,643

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number
91-0564748

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			320,795,325
b Total from continuation sheets to Part I	0	0			780,081
c Totals (add lines 3a and 3b)	0	0			321,575,406

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▶** 1

3 Enter total number of other organizations or entities **▶** 12

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART IV, LINE 6:	SEATTLE CHILDREN'S HOSPITAL HAS NO OPERATIONS IN A BOYCOTTING COUNTRY. PATIENTS FROM THESE BOYCOTTING COUNTRIES ARE SPONSORED BY THEIR GOVERNMENT AND SEEK TREATMENT IN THE UNITED STATES. SOME PATIENTS WILL PAY FOR THEIR OWN TREATMENT HOWEVER NO PAYMENT OR CASH WAS TRANSFERRED BETWEEN SEATTLE CHILDREN'S HOSPITAL AND THE LOCAL HOSPITALS IN THESE BOYCOTTING COUNTRIES.

Additional Data

Software ID:

Software Version:

EIN: 91-0564748

Name: SEATTLE CHILDREN'S HOSPITAL

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		277,257,553
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM			INVESTMENTS		28,677,887

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,			INVESTMENTS		10,305,218
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			INVESTMENTS		2,447,091

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,174,799
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		548,493

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		322,339
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		61,945

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		20,801
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES	600,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES	107,000
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES	30,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES	1,000
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	PEDIATRIC HEALTHCARE - GLOBAL HEALTH PATHWAY RESIDENCY PROGRAM	10,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND AID SITES	5,000
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND MEETINGS	1,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	PARTNERS IN AFRICA CLEFT TRAINING	5,280
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	RESEARCH GRANTS RECEIVED FROM ORGANIZATIONS IN THE REGION		

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	RESEARCH GRANTS RECEIVED FROM ORGANIZATIONS IN THE REGION		
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	RESEARCH GRANTS RECEIVED FROM ORGANIZATIONS IN THE REGION		

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	RESEARCH GRANTS RECEIVED FROM ORGANIZATIONS IN THE REGION		
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	RESEARCH GRANTS RECEIVED FROM ORGANIZATIONS IN THE REGION		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	667,108	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	178,337	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	159,729	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	125,508	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	44,117	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	230,085	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	151,799	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	77,386	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	65,999	WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	23,033	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	320,859	CHECK PAYMENT			
		EAST ASIA AND THE PACIFIC	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	61,945	WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	16,280	WIRE TRANSFER			

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

Hospitals

OMB No. 1545-0047
2020
 Open to Public Inspection

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

Name of the organization
 SEATTLE CHILDREN'S HOSPITAL

Employer identification number
 91-0564748

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>40000.0000000000</u> % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>59900.0000000000</u> % 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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		No
b If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	17,689	9,013,000	977,000	8,036,000	0.440 %
b Medicaid (from Worksheet 3, column a)	20	231,895	658,609,000	420,544,000	238,065,000	13.070 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	21	249,584	667,622,000	421,521,000	246,101,000	13.510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	76		17,753,220	3,178,251	14,574,969	0.800 %
f Health professions education (from Worksheet 5)	93		48,147,714	10,174,433	37,973,281	2.080 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	7		252,596,221	187,402,350	65,193,871	3.580 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	17		4,421,011	188,118	4,232,893	0.230 %
j Total. Other Benefits	193		322,918,166	200,943,152	121,975,014	6.690 %
k Total. Add lines 7d and 7j	214	249,584	990,540,166	622,464,152	368,076,014	20.200 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	5		377,564	9,894	367,670	0.020 %
4 Environmental improvements	1		21,668		21,668	0 %
5 Leadership development and training for community members						
6 Coalition building	5		18,343		18,343	0 %
7 Community health improvement advocacy						
8 Workforce development	9		876,133	148,116	728,017	0.040 %
9 Other	1		16,545		16,545	0 %
10 Total	21		1,310,253	158,010	1,152,243	0.060 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 442,749	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 6,972,148
6 Enter Medicare allowable costs of care relating to payments on line 5	6 10,946,985
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -3,974,837
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
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11				
12				
13				

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
	b <input checked="" type="checkbox"/> Demographics of the community		
	c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input checked="" type="checkbox"/> How data was obtained		
	e <input checked="" type="checkbox"/> The significant health needs of the community		
	f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.SEATTLECHILDRENS.ORG/COMMUNITYHEALTHASSESSMENT</u>		
	b <input type="checkbox"/> Other website (list url): _____		
	c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
	d <input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.SEATTLECHILDRENS.ORG/COMMUNITYHEALTHASSESSMENT</u>	Yes	
	a		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SEATTLE CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>599.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEATTLECHILDRENS.ORG/CLINICS/PAYING-FOR-CARE/FINANCIAL-ASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>FINASST.SEATTLECHILDRENS.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEATTLECHILDRENS.ORG/CLINICS/PAYING-FOR-CARE/FINANCIAL-ASSISTANCE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

SEATTLE CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

SEATTLE CHILDREN'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

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? 24

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	SEATTLE CHILDREN'S HOSPITAL (SEATTLE CHILDREN'S) USES THE FEDERAL POVERTY GUIDELINES (FPG) AS ITS PRIMARY CRITERIA FOR QUALIFYING PATIENTS WHO APPLY FOR FINANCIAL ASSISTANCE. FAMILIES WHO RESIDE IN OUR REGION WITH INCOME BELOW OR EQUAL TO 400% FPG BASED ON THEIR FAMILY SIZE QUALIFY FOR FINANCIAL ASSISTANCE. FURTHERMORE, SEATTLE CHILDREN'S RECOGNIZES THAT FAMILIES WHO HAVE HIGH BALANCES, EVEN WITH HIGHER INCOMES, CAN EXPERIENCE FINANCIAL HARDSHIP. RESPONSIBLE PARTIES WHOSE INCOME IS BETWEEN 400% AND 599% FPG, WHO HAVE INCURRED SIGNIFICANT ACCOUNT BALANCES, AND WHO ARE NOT ELIGIBLE FOR FUNDING FROM OTHER SOURCES ARE ALSO ELIGIBLE FOR SLIDING SCALE FINANCIAL ASSISTANCE WHEREBY THEY ARE RESPONSIBLE FOR PAYING A PERCENTAGE OF THEIR BILL WHICH IS PROPORTIONATELY DISCOUNTED BASED ON THEIR INCOME AND SEATTLE CHIDREN'S FINANCIAL ASSISTANCE FUNDS THE REMAINING BALANCES. FAMILIES WHO RECEIVE A DENIAL OF FINANCIAL ASSISTANCE BASED ON THE FPG AND FAMILY SIZE INFORMATION ARE ALLOWED TO APPEAL THE DENIAL BY PROVIDING INFORMATION ABOUT ADDITIONAL CIRCUMSTANCES IMPACTING THEIR FINANCIAL SITUATION SUCH AS EXCESSIVE MEDICAL DEBT. THE VICE PRESIDENT OF REVENUE CYCLE OR CHIEF FINANCIAL OFFICER, OR THEIR DELEGATE, MAY ADMINISTRATIVELY APPROVE FINANCIAL ASSISTANCE BASED ON THIS ADDITIONAL INFORMATION. THESE SAME INDIVIDUALS CAN ALSO GRANT FINANCIAL ASSISTANCE IN SPECIAL CASES BASED ON SOCIOECONOMIC OR OTHER FACTORS SUCH AS KNOWLEDGE THAT THE PATIENT IS HOMELESS, OR DUE TO OTHER REASONS WHEN THE STANDARD APPLICATION PROCESS FOR FINANCIAL ASSISTANCE IS NOT LIKELY TO BE SUCCESSFULLY COMPLETED EVEN THOUGH THE PATIENT CAN BE REASONABLY PRESUMED TO QUALIFY FOR FINANCIAL ASSISTANCE.
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 972,274.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	<p>THE MISSION OF SEATTLE CHILDREN'S HOSPITAL IS TO PROVIDE EXCELLENT PATIENT CARE FOR CHILDREN, TO ENGAGE IN INNOVATIVE RESEARCH THAT WILL IMPROVE THE HEALTH OF CHILDREN, TO TRAIN THE NEXT GENERATION OF PHYSICIANS, OTHER HEALTHCARE WORKERS AND SCIENTISTS WHO WILL ADVANCE THE HEALTH OF CHILDREN, AND TO ADVOCATE FOR THE HEALTHCARE NEEDS OF CHILDREN. AS PART OF ITS MISSION, SEATTLE CHILDREN'S IS COMMITTED TO CARING FOR CHILDREN IN ITS SERVICE AREA IRRESPECTIVE OF ABILITY TO PAY AND TO OTHERWISE IDENTIFY AND HELP TO MEET THE HEALTHCARE NEEDS OF CHILDREN IN THE COMMUNITY. FINANCIAL ASSISTANCE REPRESENTS THE ESTIMATED COST OF CARE PROVIDED TO CHILDREN WHO ARE UNINSURED OR UNDERINSURED AND WHOSE FAMILIES CANNOT AFFORD TO PAY FOR THEIR MEDICAL CARE. SEATTLE CHILDREN'S PROVIDES FINANCIAL ASSISTANCE IN ACCORDANCE WITH ITS FINANCIAL ASSISTANCE POLICY BASED ON FAMILY NEED AND MAINTAINS RECORDS TO IDENTIFY THE LEVEL OF ASSISTANCE IT PROVIDES. THE DETERMINATION OF FAMILY NEED IS EVALUATED DURING A PATIENT'S COURSE OF CARE AND CAN BE UPDATED AFTER CARE IS COMPLETE. BECAUSE SEATTLE CHILDREN'S DOES NOT PURSUE COLLECTION OF THESE AMOUNTS DETERMINED TO QUALIFY AS FINANCIAL ASSISTANCE, THEY ARE NOT REPORTED AS REVENUE. THE ESTIMATED COST OF FINANCIAL ASSISTANCE PROVIDED IS BASED ON A RATIO OF HOSPITAL TOTAL PATIENT CARE COSTS AS A PERCENTAGE OF HOSPITAL TOTAL GROSS PATIENT CARE CHARGES. THIS COST RATIO IS APPLIED TO GROSS CHARGES RELATED TO CHARITY CARE SERVICES, RESULTING IN THE ESTIMATED COST OF PROVIDING FINANCIAL ASSISTANCE. MEDICAID PAYMENT SHORTFALL REPRESENTS THE ESTIMATED COST OF PROVIDING SERVICES TO PATIENTS COVERED UNDER MEDICAID IN EXCESS OF PAYMENTS RECEIVED. THE ESTIMATED COST OF SERVICES PROVIDED TO MEDICAID PATIENTS IS BASED ON A RATIO OF HOSPITAL TOTAL PATIENT CARE COSTS AS A PERCENTAGE OF HOSPITAL TOTAL GROSS PATIENT CARE CHARGES. THIS COST RATIO IS APPLIED TO GROSS CHARGES RELATED TO SERVICES PROVIDED TO MEDICAID PATIENTS, RESULTING IN THE ESTIMATED COST OF PROVIDING CARE TO THESE PATIENTS. OTHER BENEFITS REPRESENT THE COSTS OF PROVIDING PROGRAMS, NET OF DIRECT OFFSETTING REVENUES, FOR THE BENEFIT OF THE ENTIRE COMMUNITY. THESE BENEFITS INCLUDE RESEARCH, HEALTH PROFESSIONS EDUCATION AND VARIOUS OTHER COMMUNITY-BASED HEALTHCARE PROGRAMS.</p>
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>AS PART OF OUR MISSION TO PROVIDE HOPE, CARE AND CURES TO HELP EVERY CHILD LEAD THEIR HEALTHIEST AND MOST FULLFILLING LIFE POSSIBLE, SEATTLE CHILDREN'S MAKES PROACTIVE AND STRATEGIC INVESTMENTS TO HELP CHILDREN AND FAMILIES BE AND STAY HEALTHY IN THE PLACES WHERE THEY LIVE, PLAY AND LEARN. WE WORK WITH OUR COMMUNITIES TO ADDRESS SOME OF THE DETERMINANTS OF HEALTH SUCH AS EDUCATION, HOUSING, ACCESS TO HEALTHY AFFORDABLE FOOD, SOCIAL SUPPORTS AND THE BUILT ENVIRONMENT. SOME EXAMPLES OF OUR COMMUNITY BUILDING ACTIVITIES INCLUDE:- ODESSA BROWN CHILDREN'S CLINIC (OBCC) IS A COMMUNITY CLINIC OF SEATTLE CHILDREN'S. CHILDREN FROM BIRTH THROUGH AGE 21 RECEIVE CARE FROM A TEAM OF SPECIALLY TRAINED PEDIATRIC CARE PROVIDERS. LOCATED IN SEATTLE'S CENTRAL DISTRICT WITH EXPANSION PLANS FOR A NEW CLINIC FURTHER SOUTH, OBCC PROVIDES MEDICAL, DENTAL AND MENTAL HEALTH SERVICES TO OVER 40,000 PATIENTS A YEAR, FOCUSING ESPECIALLY ON FAMILIES IN LOW-INCOME COMMUNITIES. OBCC'S MODEL FOR CARE IS UNIQUE AND ADDRESSES THE SOCIAL, ECONOMIC AND ENVIRONMENTAL ROOTS OF ILLNESS.- EVEN DURING AND DESPITE COVID-19, OUR CLINICAL AND NON-CLINICAL STAFF AND PROVIDERS PROVIDE MENTORING AND SHADOWING OPPORTUNITIES THAT DISCUSS EMPLOYMENT OPPORTUNITIES IN HEALTHCARE TO UNDER RESOURCED STUDENTS AND PEOPLE FROM DIVERSE BACKGROUNDS. ONE OF THE PROGRAMS WE OFFER REACHES OUT TO PEOPLE WHO ARE PLANNING TO ATTEND MEDICAL SCHOOL TO INCREASE THEIR SKILL SET WHEN APPLYING. IN ADDITION, WE PROVIDE NEONATAL AND PEDIATRIC CLINICAL TRAINING TO RESPIRATORY THERAPISTS AT LOCAL COLLEGES, EVEN VIRTUALLY. OUR GOAL IS TO TRAIN RESPIRATORY THERAPISTS TO PROPERLY ASSESS PATIENTS FOR RESPIRATORY INTERVENTIONS. ONCE THESE THERAPISTS ARE CREDENTIALLED AND LICENSED, THEY WILL JOIN EMERGENCY RESPONSE TEAMS AND THEIR SKILLS TO ASSESS PEDIATRIC PATIENTS WILL HAVE A VALUABLE IMPACT IN CASE OF EMERGENCY RESPONSE DEPLOYMENT. WITH CERTAIN TYPES OF DISASTERS AND GLOBAL PANDEMICS, WE ANTICIPATE THE NEED FOR PROFESSIONALS WHO CAN ASSESS THE NEED FOR AND ADMINISTER COMPLEX RESPIRATORY THERAPY TREATMENTS TO PEDIATRIC PATIENTS, SO THE TYPE OF TRAINING WE OFFER IS CRUCIAL. - DUE TO THE COVID-19 PANDEMIC, OUR SCIENCE ADVENTURE LAB AND HIGH SCHOOL STUDENT RESEARCH TRAINING PROGRAMS WENT VIRTUAL. THE SCIENCE ADVENTURE LAB IS A CUSTOM-BUILT, MOBILE SCIENCE LAB OUTFITTED WITH RESEARCH GRADE EQUIPMENT AND SPACE FOR UP TO 30 STUDENTS AT A TIME. TRADITIONALLY, THE MOBILE LAB TRAVELS TO SCHOOLS ACROSS WASHINGTON TO PROVIDE INNOVATIVE, HANDS-ON SCIENCE CURRICULUM TO STUDENTS IN GRADES FOUR THROUGH TWELVE. IN 2021, OUR TEAM PIVOTED TO VIRTUAL PROGRAMMING AND MORE THAN 2,200 STUDENTS AND TEACHERS REMAINED ABLE TO EXPERIENCE A VARIETY OF DIFFERENT CURRICULUM MODULES OVER INTERACTIVE BUT COMPUTER BASED PROGRAMMING. IN ADDITION TO THE MOBILE LAB, OUR SCIENCE EDUCATION DEPARTMENT HOSTS HIGH SCHOOL STUDENTS FOR EXPOSURE TO CAREERS IN BIOMEDICAL RESEARCH AND HEALTH CARE. THIS YEAR, WE REMAINED ABLE TO OFFER A YEAR-LONG BUT VIRTUAL ACADEMIC PROGRAM AND SERVED OVER 215 HIGH SCHOOLERS IN OUR RESEARCH TRAINING PROGRAM. WE CONTINUED OUR PROGRAMS WITH HIGHLINE SCHOOL DISTRICT AND WORKED ALONGSIDE OVER 60 STUDENTS HELPING THEM GET EXPOSURE TO BIOMEDICAL AND GLOBAL HEALTH CAREER PATHWAYS. ADDITIONALLY, WE VIRTUALLY PARTICIPATED IN COLLEGE SUCCESS FOUNDATION'S SOUND CAREERS IN HEALTHCARE WEEK AS WELL AS MANY OTHER VIRTUAL OPPORTUNITIES TO ENGAGE PEOPLE INTERESTED IN PURSUING CAREERS IN HEALTH CARE OR PEDIATRIC HEALTH RESEARCH.- WE HAVE ALSO INCREASED OUR COMMUNITY BUILDING EFFORTS AMONGST HOSPITAL DEPARTMENTS AND COMMUNITY GROUPS IN THE REGION. EXAMPLES OF OUR INCLUSION NETWORKS ARE: Q POD (LGBTQ) NETWORK, THE GREEN TEAM (SUSTAINABILITY) NETWORK, THE PARENTING NETWORK AND THE BLACK AND AFRICAN HERITAGE NETWORK. THESE GROUPS HAVE PARTNERED WITH COMMUNITY BASED ORGANIZATIONS TO DEVELOP AND SUPPORT PROGRAMMING AS LED BY LOCAL LEADERS AND INVEST IN COMMUNITY BUILDING EFFORTS ON BEHALF OF SEATTLE CHILDREN'S. - WE ALSO PROVIDE SPONSORSHIPS TO COMMUNITY ORGANIZATIONS THAT SUPPORT CHILDREN, YOUTH AND FAMILIES BY PROVIDING QUALITY CHILDHOOD EDUCATION, WORKFORCE DEVELOPMENT, YOUTH DEVELOPMENT AND PARENTING SKILLS. WE ALSO PARTNER WITH COMMUNITY BASED ORGANIZATIONS AND COALITIONS THAT ADVOCATE FOR COMMUNITY HEALTH IMPROVEMENT, PROVIDE ECONOMIC DEVELOPMENT AND REVITALIZATION, AND HELP MAKE COMMUNITIES SAFER AND HEALTHIER. THIS WORK IS CAPTURED BY THE ORGANIZATION'S ANCHOR MISSION WHEREBY WE ARE WORKING TO ALIGN OUR INSTITUTIONAL ASSETS TO MEANINGFULLY IMPACT THE ECONOMIC AND SOCIAL FACTORS IN OUR COMMUNITY THAT CREATE HEALTH - GOOD JOBS AND DECENT WAGES; SAFE AND AFFORDABLE HOUSING; AND A HEALTHY, CLEAN, AND SAFE ENVIRONMENT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	THE TOTAL AMOUNT OF BAD DEBT EXPENSE PROVIDED IS BASED ON THE RATIO OF TOTAL PATIENT CARE COSTS AS A PERCENTAGE OF GROSS PATIENT CARE CHARGES. THIS COST RATIO IS APPLIED TO GROSS BAD DEBT EXPENSE, RESULTING IN BAD DEBT EXPENSE AT COST. SEATTLE CHILDREN'S CHARACTERIZES SELF PAY AS BAD DEBT WHEN A FAMILY IS EITHER NOT ELIGIBLE OR HAS NOT APPLIED FOR FINANCIAL ASSISTANCE AND IS UNWILLING OR UNABLE TO PAY AN OUTSTANDING ACCOUNT BALANCE. THE MOST COMMON PATIENT BAD DEBT SCENARIOS INCLUDE UNPAID SELF PAY PORTIONS OF ACCOUNT BALANCES AFTER INSURANCE OR THIRD PARTY ASSISTANCE PAYMENTS OR UNPAID ACCOUNT BALANCES AFTER A BANKRUPTCY FILING. SEATTLE CHILDREN'S IS SENSITIVE TO THE FINANCIAL HEALTH OF FAMILIES AND RECOGNIZES THAT FAMILY FINANCIAL CONCERNS MAY NOT ALWAYS BE EFFECTIVELY COMMUNICATED. SEATTLE CHILDREN'S IS COMMITTED TO MANAGING COLLECTION EFFORTS INTERNALLY, IN A RESPECTFUL MANNER AND WITHOUT USING EXTERNAL COLLECTION OR CREDIT AGENCIES, EXCEPT IN LIMITED CIRCUMSTANCES SUCH AS INTERNATIONAL PATIENTS. SINCE ALL COLLECTION EFFORTS ARE MANAGED INTERNALLY, IN A RESPECTFUL MANNER, SEATTLE CHILDREN'S DOES NOT DISCLOSE ITS COLLECTION PRACTICE IN THE FOOTNOTES OF THE FINANCIAL STATEMENTS.
PART III, LINE 4:	THE METHOD FOR DETERMINING UNCOLLECTIBLE ACCOUNTS IS DISCUSSED IN THE SECTION OF FOOTNOTE 9 TITLED "PATIENT ACCOUNTS RECEIVABLE," WHICH IS FOUND ON PAGES 28-29 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	MEDICARE ALLOWABLE COSTS ARE OBTAINED DIRECTLY FROM THE MEDICARE COST REPORT AND ARE DETERMINED IN ACCORDANCE WITH THE MEDICARE PRINCIPLES OF REIMBURSEMENT. THE MAJORITY OF SEATTLE CHILDREN'S MEDICARE PATIENTS ARE CHILDREN WITH END STAGE RENAL DISEASE (ESRD) THAT INCLUDES DIALYSIS CARE AND OFTEN A KIDNEY TRANSPLANT ALONG WITH OTHER RELATED SERVICES. THE ESRD CARE OFTEN RESULTS IN A LONGER LENGTH OF STAY AND HIGHER ACUITY. MEDICARE REIMBURSEMENT FOR THESE SERVICES IS SUBJECT TO THE LIMITS OF THE TAX EQUITY AND FISCAL RESPONSIBILITY ACT, WHICH ARE OFTEN BELOW SEATTLE CHILDREN'S COST. THE ACTUAL SHORTFALL IN COST REIMBURSEMENT SHOULD AT LEAST BE TREATED AS COMMUNITY BENEFIT.
PART III, LINE 9B:	SEATTLE CHILDREN'S REVENUE CYCLE DEPARTMENT USES A STANDARD, RESPECTFUL PROCEDURE FOR RESOLVING UNPAID PATIENT BALANCES. A. THE STANDARD PROCESS INCLUDES OFFERING FINANCIAL ASSISTANCE TO ELIGIBLE FAMILIES. B. SEATTLE CHILDREN'S PROVIDES A STANDARD 25% DISCOUNT ON HEALTH CARE SERVICES TO PATIENTS WHO ARE UNINSURED IN ACCORDANCE WITH ORGANIZATIONAL POLICIES AND PROCEDURES. THIS DISCOUNT ALIGNS WITH OR IS LOWER THAN DISCOUNTS PROVIDED TO COMMERCIAL INSURERS. C. ADDITIONALLY, SEATTLE CHILDREN'S ATTEMPTS TO ACCOMMODATE U.S. FAMILIES WHO DESIRE TO SET UP REASONABLE INTEREST-FREE PAYMENT PLANS. D. IF A PATIENT ACCOUNT BALANCE REMAINS UNPAID AFTER STANDARD INTERNAL COLLECTION PROCEDURES HAVE BEEN FOLLOWED, AND IF THE FAMILY HAS NOT APPLIED FOR OR DOES NOT QUALIFY FOR SEATTLE CHILDREN'S FINANCIAL ASSISTANCE, THE ACCOUNT BALANCE WILL BE WRITTEN OFF AS BAD DEBT IN ACCORDANCE WITH STANDARD PROCEDURAL TIMELINES. - UPON RECEIPT OF A PERSONAL BANKRUPTCY NOTICE, SEATTLE CHILDREN'S IDENTIFIES ANY OUTSTANDING ACCOUNT BALANCES FOR THE ASSOCIATED PATIENT AND WRITES OFF THESE BALANCES AS BAD DEBT. - SEATTLE CHILDREN'S FINANCE DEPARTMENT MONITORS THE PORTION OF OUTSTANDING ACCOUNTS RECEIVABLE THAT IS CLASSIFIED AS BAD DEBT FOR SIGNIFICANT VARIANCES. - SEATTLE CHILDREN'S STANDARD PRACTICE IS TO COLLECT ON OUTSTANDING PATIENT ACCOUNTS USING INTERNAL RESOURCES. 1. REPORTS ARE NOT SENT TO CREDIT AGENCIES. 2. COLLECTION AGENCIES WILL NOT BE USED TO COLLECT ANY OUTSTANDING PATIENT ACCOUNT EXCEPT AS SPECIFICALLY AUTHORIZED BY THE SENIOR DIRECTOR OF REVENUE CYCLE. 3. THE USE OF COLLECTION AGENCIES WILL ONLY BE PERMITTED IN VERY RARE SCENARIOS WHERE THE FAMILY RESIDES OUTSIDE OF SEATTLE CHILDREN'S SERVICE AREA (E.G., INTERNATIONAL PATIENTS). 4. SEATTLE CHILDREN'S WILL NOT FILE A LIEN AGAINST A PATIENT'S OR FAMILY'S PRIMARY RESIDENCE TO SECURE PAYMENT ON PATIENT ACCOUNT BALANCES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	IN ADDITION TO THE PEDIATRIC CHNA, SEATTLE CHILDREN'S UNDERGOES STRATEGIC PLANNING DEVELOPMENT WHEREIN WE HAVE DONE RESEARCH TO IDENTIFY SPECIALTY CARE, MENTAL HEALTH AND EMERGENCY CARE ACCESS AND SHORTAGE ISSUES INCLUDING BOTH SERVICES AND STAFFING; ASSESS THE ONGOING NEED FOR UNCOMPENSATED CARE SUPPORT; AND DETERMINE POTENTIAL PARTNERSHIPS TO BETTER ADDRESS THE HEALTH CARE NEEDS OF ALL CHILDREN IN OUR REGION. ADDITIONALLY, NUMEROUS PROGRAMS AND DEPARTMENTS IN THE HOSPITAL CONDUCT NEEDS ASSESSMENTS TO IDENTIFY HEALTH PROMOTION, HEALTH CARE AND HEALTH DISPARITIES THAT IMPACT THE HEALTH OF CHILDREN AND FAMILIES.
PART VI, LINE 3:	INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAM IS AVAILABLE TO EVERY FAMILY THAT COMES TO SEATTLE CHILDREN'S, WHETHER FOR AN INPATIENT STAY, CLINIC VISIT, SURGERY OR THROUGH THE EMERGENCY DEPARTMENT. BOTH APPLICATION FORMS AND SIGNAGE ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE ARE AVAILABLE IN ENGLISH, SPANISH, VIETNAMESE, RUSSIAN, AND SOMALI. IN PERSON INTERPRETERS AND THE HOSPITAL'S SPEAK LINE, WHICH ACCESSES TELEPHONE INTERPRETATION, HELP PROVIDE INFORMATION TO FAMILIES WITH LIMITED ENGLISH PROFICIENCY INFORMATION ABOUT FINANCIAL ASSISTANCE. AN APPLICATION FORM IS ALSO AVAILABLE ON THE HOSPITAL WEBSITE. ALL REGISTRATION DESKS HAVE FINANCIAL ASSISTANCE INFORMATION VISIBLE AND AVAILABLE. EVERY INPATIENT AND EMERGENCY DEPARTMENT FAMILY IS OFFERED FINANCIAL ASSISTANCE INFORMATION, WHETHER OR NOT THEY HAVE INSURANCE. ALL HOSPITAL BILLS INCLUDE A STATEMENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE IF HELP IS NEEDED IN PAYING A BILL, REGARDLESS OF INSURANCE STATUS. FINANCIAL COUNSELORS ARE AVAILABLE TO MEET INDIVIDUALLY WITH FAMILIES TO HELP DETERMINE WHAT ASSISTANCE THEY MAY QUALIFY FOR AND TO HELP THEM COMPLETE AND SUBMIT FORMS. THE FINANCIAL COUNSELORS RECEIVE INFORMATION THROUGH THE SCHEDULING SYSTEM THAT IDENTIFIES UNINSURED OR UNDERINSURED FAMILIES. FINANCIAL COUNSELORS CONTACT FAMILIES TO CLARIFY ASSISTANCE AVAILABLE AND TO OFFER THEIR HELP WITH APPLYING FOR ASSISTANCE. THEY HELP FAMILIES DETERMINE IF THEY QUALIFY FOR OTHER SOURCES OF FUNDING, INCLUDING MEDICAID AND QUALIFIED HEALTH PLANS SOLD ON THE STATE INSURANCE EXCHANGE. SOCIAL WORKERS ALSO HELP SCREEN FAMILIES FOR FINANCIAL NEEDS AND REFER PATIENTS TO FINANCIAL COUNSELORS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>SEATTLE CHILDREN'S SERVES AS THE PEDIATRIC AND ADOLESCENT MEDICAL CENTER FOR WASHINGTON, ALASKA, IDAHO, AND MONTANA, THE LARGEST GEOGRAPHICAL AREA OF ANY CHILDREN'S HOSPITAL IN THE UNITED STATES. WE PRIMARILY SERVE CHILDREN FROM BIRTH TO 21 YEARS OLD, MOST OF WHOM ARE FROM WASHINGTON STATE. OVER 51% OF OUR PATIENTS ARE UNINSURED OR INSURED BY MEDICAID OR THE CHILDRENS HEALTH INSURANCE PROGRAM (KNOWN AS CHIP OR APPLE HEALTH FOR KIDS IN WASHINGTON STATE). IN 2021, 17% OF OUR PATIENTS CAME FROM SEATTLE, 31% FROM KING COUNTY, 48% FROM LOCATIONS IN WASHINGTON STATE OUTSIDE KING COUNTY, 3% FROM ALASKA, MONTANA AND IDAHO AND 1% FROM AREAS OUTSIDE THE REGION. THESE AREAS ARE URBAN, SUBURBAN AND RURAL. OF THE MORE THAN 7.7 MILLION RESIDENTS OF WASHINGTON STATE, NEARLY 22% ARE UNDER 18 YEARS OLD. WASHINGTON STATE DATA ALSO SHOWS THAT 15% OF THE POPULATION ARE FOREIGN-BORN WITH 23.4% SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME. OF THE 1.7 MILLION CHILDREN UNDER THE AGE OF 18 IN WASHINGTON STATE, 21% OF THEM ARE OF HISPANIC OR LATINO ORIGIN. ALSO, 18% OF CHILDREN IN WASHINGTON STATE LIVE IN POVERTY AND WHILE POVERTY IS CONCENTRATED IN DENSELY POPULATED URBAN AREAS, RURAL CHILDREN IN WASHINGTON STATE ARE DISPROPORTIONATELY AFFECTED BY POVERTY: 21% OF RURAL CHILDREN IN WASHINGTON LIVE IN POVERTY COMPARED TO 13% OF URBAN CHILDREN. THE ECONOMIC DEVASTATION ACCOMPANYING THE CORONAVIRUS PANDEMIC DROVE WASHINGTONIANS ONTO MEDICAID IN RECORD NUMBERS: THE STATE MEDICAID SYSTEM HAS SEEN ENROLLMENT JUMP 11% DURING THE PANDEMIC AND NOW INSURES 2 MILLION WASHINGTONIANS. THAT'S MORE THAN ONE IN FIVE WASHINGTON RESIDENTS, INCLUDING NEARLY HALF THE STATE'S CHILDREN. WHILE MEDICAID EXPANSION HAS PLAYED A ROLE IN REDUCING THE UNINSURED RATE IN WASHINGTON STATE, DATA TELLS US THAT WASHINGTON STATE'S UNINSURED RATE WAS 6.2% IN MARCH OF 2020 PRIOR TO THE PANDEMIC, BUT ROSE TO 12.6% DURING THE COVID-19 PANDEMIC. AS THE PEDIATRIC AND ADOLESCENT MEDICAL CENTER FOR WASHINGTON, ALASKA, IDAHO, AND MONTANA, SEATTLE CHILDREN'S HOSPITAL HAS SPECIALIZED IN MEETING THE UNIQUE PHYSICAL, EMOTIONAL AND DEVELOPMENTAL NEEDS OF CHILDREN FROM INFANCY THROUGH YOUNG ADULTHOOD. THROUGH THE COLLABORATION OF PHYSICIANS AND OTHER CARE PROVIDERS IN NEARLY 60 PEDIATRIC SUBSPECIALTIES, WE PROVIDE INPATIENT, OUTPATIENT, DIAGNOSTIC, SURGICAL, REHABILITATIVE, BEHAVIORAL, EMERGENCY AND OUTREACH SERVICES - REGARDLESS OF A FAMILY'S ABILITY TO PAY. WHILE 96% OF OUR PATIENTS HAIL FROM WASHINGTON STATE, THE STATE ITSELF HAS 33 MEDICALLY UNDERSERVED AREAS AND POPULATIONS THROUGHOUT ITS 39 COUNTIES.</p>
PART VI, LINE 5:	<p>SEATTLE CHILDREN'S IS GOVERNED BY A BOARD OF TRUSTEES, CONSISTING OF BETWEEN 15-30 VOTING TRUSTEES WHO ARE MEMBERS OF THE LOCAL COMMUNITY. SEATTLE CHILDREN'S FUNCTIONS THROUGH COMMITTEES THAT ARE STAFFED WITH TRUSTEES OF RESPECTIVE BOARDS WHO HAVE SIGNIFICANT EXPERIENCE AND SKILLS REQUIRED BY THAT COMMITTEE, AND IN SOME CASES INCLUDE OUTSIDE MEMBERS WHO ARE NOT TRUSTEES WHEN THEIR KNOWLEDGE OR EXPERIENCE WOULD CONTRIBUTE TO THE WORK OF THE COMMITTEE. SEATTLE CHILDREN'S ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO CERTAIN QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OF ITS DEPARTMENTS. SEATTLE CHILDREN'S ALSO HAS REGIONAL STRATEGIC AFFILIATIONS WITH THE FOLLOWING ENTITIES:- UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE (UWSOM) SEATTLE CHILDREN'S HAS HAD A FORMAL AFFILIATION WITH THE UWSOM SINCE 1974. SEATTLE CHILDREN'S HOSPITAL PROVIDES THE PEDIATRIC COMPONENT OF THE UWSOM UNDERGRADUATE MEDICAL EDUCATION PROGRAM AS WELL AS THE HOSPITAL-BASED PEDIATRIC TRAINING EXPERIENCE FOR ALL POST-GRADUATE PROGRAMS. THE UWSOM, A REGIONAL RESOURCE FOR WASHINGTON, WYOMING, ALASKA, MONTANA, AND IDAHO, IS A NATIONALLY AND INTERNATIONALLY RECOGNIZED LEADER IN MEDICAL EDUCATION, PATIENT CARE, SCIENTIFIC RESEARCH AND COMMUNITY SERVICE. THE UWSOM HAS 30 DEPARTMENTS, MANY CENTERS AND NUMEROUS AFFILIATIONS THROUGHOUT THE FIVE-STATE REGION. THE UWSOM OFFERS EXTENSIVE TRAINING PROGRAMS IN THE BASIC MEDICAL SCIENCES, PRIMARY CARE AND THE SPECIALTIES OF CLINICAL MEDICINE. IT HAS A FULL-TIME REGULAR AND RESEARCH FACULTY OF APPROXIMATELY 2,400. IN ADDITION TO TRAINING FUTURE PHYSICIANS, THE FACULTY ALSO TEACHES GRADUATE AND UNDERGRADUATE STUDENTS IN MANY DISCIPLINES, AND 4,600 VOLUNTEER AND PART-TIME CLINICAL FACULTY MEMBERS TEACH STUDENTS IN TOWNS AND CITIES ACROSS THE REGION. THE UWSOM IS AFFILIATED WITH THE 450-BED UNIVERSITY OF WASHINGTON MEDICAL CENTER AND THE 413-BED HARBORVIEW MEDICAL CENTER, WITH WHICH SEATTLE CHILDREN'S HOSPITAL SHARES A DESIGNATION AS A PEDIATRIC LEVEL I TRAUMA CENTER.- CHILDREN'S UNIVERSITY MEDICAL GROUP (CUMG) SEATTLE CHILDREN'S HEALTHCARE SYSTEM AND THE UNIVERSITY OF WASHINGTON (THE "UW") JOINTLY CONTROL CUMG, A WASHINGTON NONPROFIT CORPORATION AND A 501(C)(3) ORGANIZATION. CUMG IS A PEDIATRIC PRACTICE PLAN THAT EMPLOYS AND MANAGES THE CLINICAL PRACTICES OF APPROXIMATELY 500 PROFESSIONAL MEMBERS WHO ARE BOTH MEMBERS OF SEATTLE CHILDREN'S HOSPITAL MEDICAL STAFF AND PEDIATRIC FACULTY MEMBERS OF THE UWSOM.- PROVIDENCE-CHILDREN'S NEONATAL SERVICES, LLC (PCNS) SEATTLE CHILDREN'S PARTICIPATES IN A JOINT VENTURE WITH PROVIDENCE EVERETT MEDICAL CENTER (PEMC), AN UNRELATED COMMUNITY-BASED HOSPITAL LOCATED IN EVERETT, WASHINGTON. CHILDREN'S AND PEMC EACH OWN A 50% INTEREST IN PROVIDENCE-CHILDREN'S NEONATAL SERVICES, LLC. PCNS MANAGES THE OPERATIONS OF THE NEONATAL INTENSIVE CARE UNIT AT PEMC AND PROVIDES NEONATAL NURSE PRACTITIONER SERVICES TO PEMC.- SEATTLE CANCER CARE ALLIANCE (SCCA) THE SEATTLE CANCER CARE ALLIANCE, A WASHINGTON NONPROFIT CORPORATION AND 501(C)(3) ORGANIZATION, OFFERS A COMPREHENSIVE PROGRAM OF INTEGRATED CANCER CARE SERVICES. ITS MEMBERS ARE SEATTLE CHILDREN'S HEALTHCARE SYSTEM, UW, AND FRED HUTCHINSON CANCER RESEARCH CENTER. SCCA OPERATES AN AMBULATORY CANCER CARE SERVICES FACILITY AND A 20-BED LICENSED HOSPITAL INSIDE UWMC.</p>

Additional Data**Software ID:****Software Version:****EIN:** 91-0564748**Name:** SEATTLE CHILDREN'S HOSPITAL**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE SEATTLE, WA 98105 WWW.SEATTLECHILDRENS.ORG 178019356	X	X	X	X		X	X			

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

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

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

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

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

Form and Line Reference	Explanation
SEATTLE CHILDREN'S HOSPITAL	<p>PART V, SECTION B, LINE 5: IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (TAX YEARS 2018-2021), SEATTLE CHILDREN'S COMPILED EXISTING CHILD AND ADOLESCENT HEALTH DATA TO DESCRIBE DETERMINANTS OF HEALTH AND SOLICITED DIRECT FEEDBACK FROM COMMUNITY STAKEHOLDERS AND FAMILIES. TO GATHER INFORMATION AND ASSESS COMMUNITY NEEDS AND STRENGTHS, WE:- CONDUCTED A REVIEW OF PUBLIC HEALTH INDICATORS AND AREA DEMOGRAPHICS FROM EXISTING SOURCES.- PROVIDED AN ONGOING DATA ANALYSIS WITH OUR LOCAL PUBLIC HEALTH DEPARTMENT(S) INCLUDING THE HIRING OF TWO SUMMER MASTERS IN PUBLIC HEALTH STUDENTS, CO-SUPERVISED BY THE PUBLIC HEALTH SEATTLE KING COUNTY DEPARTMENT'S ASSESSMENT, POLICY DEVELOPMENT AND EVALUATION UNIT AND THE COMMUNITY HEALTH & BENEFIT TEAM AT SEATTLE CHILDREN'S TO HELP US CONDUCT AND AUTHOR THE ASSESSMENT.- ENGAGED WITH COALITIONS THAT HAVE EXPERTISE ADDRESSING HEALTH NEEDS, HAVE DIVERSE MEMBERSHIP, AND HAVE A REGIONAL OR SUB-REGIONAL FOCUS. OTHER STAKEHOLDERS INCLUDED THOSE REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY; REPRESENTATIVES OF MEDICALLY UNDER-RESOURCED, LOW-INCOME POPULATIONS, PEOPLE OF COLOR, AND/OR POPULATIONS WITH CHRONIC DISEASES, INCLUDING REPRESENTATIVES FROM LOCAL HEALTH DEPARTMENTS AND FROM THE KING COUNTY ACCOUNTABLE COMMUNITY OF HEALTH, HEALTHIERHERE.- WE HOSTED LISTENING SESSIONS WITH YOUTH, PARENTS, CAREGIVERS AND EXPERTS ON SPECIFIC TOPICS; AND REVIEWED RECENT REPORTS ON LOCAL AND STATE HEALTH NEEDS. - TO IDENTIFY COMMUNITY CONCERNS AND ASSETS, SEATTLE CHILDREN'S WORKED WITH PEDIATRICIANS IN THEIR SECOND YEAR OF RESIDENCY WHO, AS A PART OF THEIR TRAINING, TAKE A MONTH-LONG ROTATION IN THE COMMUNITY HEALTH AND BENEFIT DIVISION OF THE EXTERNAL AFFAIRS AND GUEST SERVICES DEPARTMENT AT SEATTLE CHILDREN'S. THESE RESIDENTS INTERVIEWED STAKEHOLDERS, CONSULTED RECENT COMMUNITY-BASED REPORTS AND PULLED INFORMATION FROM PREVIOUS HOSPITAL CHNAs FOR THE GEOGRAPHIC AREAS THEY WORKED IN FOR THE MONTH.- BETWEEN 2016 AND 2019, THESE PEDIATRICIANS AND THE COMMUNITY HEALTH AND BENEFIT TEAM MEMBERS AT SEATTLE CHILDREN'S WHO TRAINED THEM CONDUCTED 26 LISTENING SESSIONS ACROSS THE WAMI REGION WITH PARENTS OR CAREGIVERS OF CHILDREN AGES 0 TO 21. WE CONDUCTED ALL OF OUR LISTENING SESSIONS IN ENGLISH, AND PROVIDED SPANISH TRANSLATION AT THREE EVENTS, SOMALI TRANSLATION AT FIVE EVENTS, AMHARIC TRANSLATION AT FIVE EVENTS, OROMO TRANSLATION AT ONE EVENT AND VIETNAMESE TRANSLATION AT ONE EVENT. ADDITIONALLY, WE VISITED EIGHT COMMUNITIES THAT WERE URBAN, SUBURBAN OR RURAL, INCLUDING VILLAGES, TO LEARN ABOUT COMMUNITY HEALTH CHALLENGES. - IN ADDITION, WE INTERVIEWED 172 KEY INFORMANTS IN THE WASHINGTON, ALASKA, MONTANA AND IDAHO (WAMI) REGION.- APPROXIMATELY 70 % OF THE PARTICIPANTS TAKING PART IN THESE MEETINGS AND LISTENING GROUPS SELF IDENTIFIED AS EITHER LOW-INCOME, PEOPLE OF COLOR, OR FROM MEDICALLY UNDERSERVED COMMUNITIES OR IDENTIFIED AS REPRESENTING THESE POPULATIONS.WE USED TWO FRAMEWORKS: THE SOCIAL-ECOLOGICAL AND THE SPECTRUM OF PREVENTION MODEL</p>

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

Form and Line Reference	Explanation
SEATTLE CHILDREN'S HOSPITAL	S TO GATHER BACKGROUND ON AREAS OF NEED. WE ALSO REVIEWED EXISTING STRENGTHS, PROGRAMS AND SERVICES THAT FOCUS ON CHILD AND TEEN HEALTH AND SAFETY ISSUES.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - RESEARCH INST JACK R MACDONALD BLDG 1900 NINTH AVE SEATTLE, WA 98101	PEDIATRIC RESEARCH
1 2 - RESEARCH INSTITUTE BUILDING CURE 1920 TERRY AVE SEATTLE, WA 98101	PEDIATRIC RESEARCH
2 3 - RESEARCH INSTITUTE 307 WESTLAKE 307 WESTLAKE AVE N SEATTLE, WA 98109	PEDIATRIC RESEARCH
3 4 - RESEARCH INSTITUTE WEST 8TH 2001 EIGHTH AVE STE 400 SEATTLE, WA 98121	PEDIATRIC RESEARCH
4 5 - RESEARCH INSTITUTE OLIVE LAB 1100 OLIVE WAY STE 100 SEATTLE, WA 98101	PEDIATRIC RESEARCH
5 6 - RESEARCH INSTITUTE MET PARK WEST 1100 OLIVE WAY SEATTLE, WA 98101	PEDIATRIC RESEARCH
6 7 - BELLEVUE CLINIC & SURGERY CENTER 1500 116TH AVE NE BELLEVUE, WA 98004	CLINIC, SUB SPECIALTY SERVICES, URGENT CARE AND SURGERY CENTER
7 8 - SEATTLE CHILDREN'S HOME CARE SERVICES 2525 220TH STREET SE STE 101 BOTHELL, WA 98201	PEDIATRIC HOME CARE SERVICES THAT SUPPORT HOSPITAL
8 9 - SEATTLE CHILDREN'S SOUTH CLINIC 34920 ENCHANTED PARKWAY S FEDERAL WAY, WA 98003	AMBULATORY CLINIC PROVIDING PRIMARY, CARDIOLOGY AND SUB SPECIALTY CARE
9 10 - SEATTLE CHILDREN'S NORTH CLINIC 1815 13TH ST EVERETT, WA 98201	CLINIC, SUB SPECIALTY SERVICES, AND URGENT CARE
10 11 - SEATTLE CHILDREN'S AT OVERLAKE 1231 116TH AVE NE STE 385 BELLEVUE, WA 98004	SUB SPECIALTY CARE
11 12 - ODESSA BROWN CHILDREN'S CLINIC 2101 E YESLER WAY SEATTLE, WA 98122	AMBULATORY CLINIC PROVIDING PRIMARY AND SUB SPECIALTY CARE
12 13 - SEATTLE CHILDREN'S AUTISM CENTER 4909 25TH AVE NE SEATTLE, WA 98105	AUTISM CLINIC
13 14 - SOUTH SOUND CARDIOLOGY CEDAR MED CTR 1901 S CEDAR ST STE 103 TACOMA, WA 98405	CARDIOLOGY CLINIC
14 15 - SOUTH SOUND CARDIOLOGY CLEAR CREEK 9800 LEVIN RD NW STE 204 SILVERDALE, WA 98383	CARDIOLOGY CLINIC

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

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

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

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

Name and address	Type of Facility (describe)
16 16 - SEATTLE CHILDREN'S FETAL CARE CLINIC 4540 SAND POINT WAY NE BLDG 1 STE 32 SEATTLE, WA 98105	FETAL CARE AND TREATMENT CENTER
1 17 - SEATTLE CHILDREN'S OLYMPIA CLINIC 615 LILLY ROAD MEDICAL BLDG STE 140 OLYMPIA, WA 98506	AMBULATORY CLINIC PROVIDING PRIMARY, CARDIOLOGY AND SUB SPECIALTY CARE
2 18 - SAND POINT CLINIC 4575 SAND POINT WAY NE STE 106 SEATTLE, WA 98105	AMBULATORY CLINIC PROVIDING PRIMARY AND SUB SPECIALTY CARE
3 19 - ADOLESCENT MEDICINE AT SPRINGBROOK 4540 SAND POINT WAY NE BLDG 1 STE 200 SEATTLE, WA 98105	ADOLESCENT MEDICAL CLINIC
4 20 - ALYSSA BURNETT ADULT LIFE CENTER 19213 BOTHELL WAY NE BOTHELL, WA 98011	LIFELONG LEARNING FOR ADULTS WITH AUTISM & OTHER DEVELOPMENTAL DISABILITIES
5 21 - PEDIATRIC CARDIOLOGY OF MONTANA 2510 BOBCAT WAY GREAT FALLS, MT 59405	CARDIOLOGY CLINIC
6 22 - PEDIATRIC CARDIOLOGY OF ALASKA 3841 PIPER ST STE T345 ANCHORAGE, AK 99508	CARDIOLOGY CLINIC
7 23 - SEATTLE CHILDREN'S TRI-CITIES CLINIC 8232 W GRANDRIDGE BLVD KENNEWICK, WA 99336	AMBULATORY CLINIC PROVIDING PRIMARY AND SUB SPECIALTY CARE
8 24 - SEATTLE CHILDREN'S WENATCHEE CLINIC 526 N CHELAN AVE STE B WENATCHEE, WA 98801	PEDIATRIC MEDICAL CLINIC

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization SEATTLE CHILDREN'S HOSPITAL

Employer identification number 91-0564748

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 151
3 Enter total number of other organizations listed in the line 1 table 3

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

Part III can be duplicated if additional space is needed.

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AHS HOSPITAL CORPORATION PO BOX 48328 NEWARK, NJ 071014828	52-1958352	501(C)(3)	48,422				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
AIDS HEALTHCARE FOUNDATION 6255 SUNSET BLVD 21ST FLOOR LOS ANGELES, CA 90028	95-4112121	501(C)(3)	46,444				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308	34-0714357	501(C)(3)	84,368				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
ALLEN INSTITUTE 615 WESTLAKE AVE NORTH SEATTLE, WA 98109	91-2155317	501(C)(3)	16,889				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE, IL 60007	36-2275597	501(C)(3)	8,500				SUPPORT FOR COMMUNITY COVID MEETINGS AND NEWSLETTER
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	10,000				SPONSORSHIP OF ALASKA HEART RUN AND WALK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANN AND ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E CHICAGO AVE BOX 205 CHICAGO, IL 60611	36-2170833	501(C)(3)	55,967				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE INC 1 CHILDRENS WAY MAIL SLOT 663 LITTLE ROCK, AR 722023591	71-0694931	501(C)(3)	68,895				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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ASCENSION SETON 1345 PHILOMENA ST DALLAS, TX 78723	74-1109643	501(C)(3)	25,091				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
BARTLETT REGIONAL HOSPITAL 3260 HOSPITAL DR JUNEAU, AK 99801	92-0118538	GOVERNMENT	8,615				GRANT FOR BARTLETT BEGINNINGS PROGRAM: OB UNIT TRANSITION TO EAT SLEEP CONSOLE (ECS) MODEL OF CARE FOR BABIES WITH NEONATAL SYNDROME

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

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BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 200 HOUSTON, TX 770303498	74-1613878	501(C)(3)	545,100				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON 1201 NINTH AVE SEATTLE, WA 981012795	91-0653422	501(C)(3)	1,242,909				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501(C)(3)	248,603				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
BETTY ELIASON CHILD CARE CENTER 607 LINCOLN ST SITKA, AK 99835	92-0065572	501(C)(3)	20,000				GRANT TOWARD PLAYGROUND INSTALLATION OF CONCRETE PAD AND BIKE TRACK AND COVERED PLAY SPACE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BILLINGS CLINIC 2800 TENTH AVE S BILLINGS, MT 59101	81-0231784	501(C)(3)	62,308				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
BLOODWORKS NORTHWEST 921 TERRY AVE SEATTLE, WA 981041256	91-1019655	501(C)(3)	55,426				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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CASCADE BICYCLE CLUB EDUCATION FOUNDATION 7787 62ND AVE NE SEATTLE, WA 98115	91-2165219	501(C)(3)	7,500				SPONSORSHIP
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)(3)	219,181				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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CENTER FOR MULTICULTURAL HEALTH 1120 EAST TERRACE ST STE 200 SEATTLE, WA 98122	91-0983698	501(C)(3)	10,000				HEALTHY KING COUNTY COALITION PROGRAM SPONSORSHIP
CHILDREN'S ALLIANCE 718 6TH AVE S SEATTLE, WA 98104	91-0982879	501(C)(3)	6,000				SPONSORSHIP OF VOICES FOR CHILDREN EVENT

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

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CHILDREN'S HEALTHCARE OF ATLANTA 1687 TULLIE CIRCLE ATLANTA, GA 30329	58-2367819	501(C)(3)	8,202				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND 747 52ND ST OAKLAND, CA 94609	94-0382330	501(C)(3)	60,971				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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CHILDREN'S HOSPITAL AND CLINICS OF MINNESOTA 2525 CHICAGO AVE S MINNEAPOLIS, MN 55404	41-1754276	501(C)(3)	61,702				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 022414413	04-2774441	501(C)(3)	151,511				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS97 LOS ANGELES, CA 90027	95-1690977	501(C)(3)	181,248				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE MLC4900 CINCINNATI, OH 452293039	31-0833936	501(C)(3)	106,521				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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CHILDRENS HOSPITAL OF ORANGE COUNTY 1201 W LA VETA AVE ORANGE, CA 92868	95-2321786	501(C)(3)	53,457				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BLVD PHILADELPHIA, PA 191044318	23-1352166	501(C)(3)	43,530				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW WASHINGTON, DC 20010	52-1640403	501(C)(3)	126,807				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CHILDREN'S UNIVERSITY MEDICAL GROUP 4500 SANDPOINT WAY NE STE 100 SEATTLE, WA 98105	91-1336707	501(C)(3)	6,527,619				INSURANCE SUPPORT

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

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CITY OF HOPE NATIONAL MEDICAL CENTER 1500 E DUARTE RD DUARTE, CA 91010	95-1683875	501(C)(3)	10,333				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
COLORADO STATE UNIVERSITY 6003 CAMPUS DELIVERY FORT COLLINS, CO 805236003	84-6000545	GOVERNMENT	112,921				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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COLUMBIA UNIVERSITY PO BOX 26453 NEW YORK, NY 10032	13-5598093	501(C)(3)	165,113				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON ST HARTFORD, CT 06106	06-0646755	501(C)(3)	69,128				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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COOK CHILDREN'S MEDICAL CENTER 801 SEVENTH AVE FORT WORTH, TX 76104	75-2051646	501(C)(3)	76,329				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CRISIS CONNECTIONS 2901 THIRD AVE STE 100 SEATTLE, WA 98121	91-0773187	501(C)(3)	11,500				SPONSORSHIP OF SUICIDE PREVENTION CURRICULUM

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

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CROHN'S AND COLITIS FOUNDATION OF AMERICA NORTHWEST CHAPTER 9 LAKE BELLEVUE DR STE 203 BELLEVUE, WA 98005	13-6193105	501(C)(3)	6,500				CHAPTER COMMUNITY PARTNER SPONSORSHIP
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BP451 BOSTON, MA 02215	04-2263040	501(C)(3)	139,072				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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DAYTON CHILDREN'S HOSPITAL ONE CHILDRENS PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	5,510				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
DUKE CLINICAL RESEARCH INSTITUTE BOX 3352 2301 ERWIN RD DURHAM, NC 27710	56-2070036	501(C)(3)	41,427				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 311935084	58-0566256	501(C)(3)	137,027				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH ST MIAMI, FL 33199	65-0177616	GOVERNMENT	84,116				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109	23-7156071	501(C)(3)	4,078,170				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD AND SUPPORT FOR BRAIN TUMOR RESEARCH
FRIENDS OF SITKA PUBLIC LIBRARY INC PO BOX 6134 SITKA, AK 99835	45-2520434	501(C)(3)	5,450				GRANT TOWARD CONSTRUCTION OF FREE LITTLE LIBRARIES AND LAUNCH OF BOOK REDISTRIBUTION NETWORK

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

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GEORGIA REGENTS UNIVERSITY PO BOX 945552 ATLANTA, GA 303945552	58-1418202	501(C)(3)	20,332				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
GEORGIA SOUTHERN UNIVERSITY RESEARCH AND SERVICE FOUNDATION INC PO BOX 8005 STATEBORO, GA 30460	58-2354256	501(C)(3)	14,001				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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GIRLS ON THE RUN OF PUGET SOUND 1404 E YESLER WAY STE 201 SEATTLE, WA 98122	84-1618574	501(C)(3)	8,240				PROGRAM SPONSORSHIP
HMH HOSPITALS CORPORATION C/O TAX DEPT 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753	22-1487576	501(C)(3)	9,067				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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HOPELINK 10675 WILLOWS RD NE STE 275 REDMOND, WA 98052	91-0982116	501(C)(3)	10,000				LUNCHEON SPONSORSHIPS
INDIANA UNIVERSITY DEPT 78867 PO BOX 78000 DETROIT, MI 482780867	35-6001673	GOVERNMENT	147,927				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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INFECTIOUS DISEASE RESEARCH INSTITUTE 1616 EASTLAKE AVE E STE 400 SEATTLE, WA 98102	91-1608978	501(C)(3)	9,998				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
INSTITUTE FOR SYSTEMS BIOLOGY 401 TERRY AVE N SEATTLE, WA 981095263	91-2003593	501(C)(3)	496,105				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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JOHNS HOPKINS ALL CHILDREN'S HOSPITAL INC 3910 KESWICK RDS BLDG NO 4300A BALTIMORE, MD 21211	59-0683252	501(C)(3)	31,811				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR CHICAGO, IL 60693	52-0595110	GOVERNMENT	118,436				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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KAISER FOUNDATION HOSPITALS 1800 HARRISON ST 16TH FLOOR OAKLAND, CA 94612	94-1105628	501(C)(3)	15,156				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
KOOTZNOOWOO CULTURAL AND EDUCATIONAL FOUNDATION INC 8585 OLD DAIRY RD STE 104 JUNEAU, AK 99801	92-0150928	501(C)(3)	20,000				GRANT IN SUPPORT OF ANGOON CANOE CARVING PROJECT

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LAWRENCE BERKELEY NATIONAL LABORATORY 1 CYCLOTRON RD BERKELEY, CA 94720	94-2951741	GOVERNMENT	202,522				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION 850 POPLAR AVE BLDG 2 MEMPHIS, TN 38105	62-1872938	501(C)(3)	22,000				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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LOUISIANA STATE UNIVERSITY 433 BOLIVER ST NEW ORLEANS, LA 701122256	72-6087770	GOVERNMENT	225,502				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
MAINE MEDICAL CENTER 22 BRAMHALL ST PORTLAND, ME 041023175	01-0238552	501(C)(3)	44,920				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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MARCH OF DIMES 1904 THIRD AVE STE 230 SEATTLE, WA 98101	13-1846366	501(C)(3)	20,000				SPONSORSHIPS OF NURSE OF THE YEAR, MARCH FOR BABIES AND HEROES IN ACTION EVENTS
MARY HITCHCOCK MEMORIAL HOSPITAL 1 MEDICAL CENTER DR LEBANON, NH 03756	02-0222140	501(C)(3)	195,786				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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MASSACHUSETTS GENERAL HOSPITAL THE GENERAL HOSPITAL CORPORATION PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)(3)	64,472				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE RM 303 CHARLESTON, SC 294258040	57-6000722	GOVERNMENT	126,705				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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MEMORIAL HEALTH SERVICES 17360 BROOKHURST ST FOUNTAIN VALLEY, CA 92708	95-1643381	501(C)(3)	41,697				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD RM 2 EAST LANSING, MI 488241048	38-6005984	GOVERNMENT	88,617				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD AND SUPPORT FOR PROJECT ON A CROSS-DISCIPLINARY APPROACH TO ANTI-RACIST EDUCATION

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

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MOUNT SINAI BETH ISRAEL FIRST AVE AT 16TH ST NEW YORK, NY 10003	13-5564934	501(C)(3)	50,077				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
MULTICARE HEALTH SYSTEM 315 M3-CRD 315 MARTIN LUTHER KING JR WAY S TACOMA, WA 98405	91-1352172	501(C)(3)	9,749				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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NATIONAL JEWISH HEALTH 1400 JACKSON ST M216 DENVER, CO 80206	74-2044647	501(C)(3)	148,476				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE RD VALHALLA, NY 10595	13-1099420	501(C)(3)	59,564				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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NORTHWESTERN UNIVERSITY 633 CLARK G-547 EVANSTON, IL 60208	36-2167817	501(C)(3)	15,276				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
OBCC OTHELLO QALICB PO BOX 5371 MS 818-FI SEATTLE, WA 981455005	85-2793713	501(C)(3)	2,485,478				CONTRIBUTION SUPPORTING THE CONSTRUCTION OF A NEW INTEGRATED HEALTHCARE CLINIC LOCATED WITHIN A LOW-INCOME, MEDICALLY UNDERSERVED COMMUNITY.

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

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OREGON HEALTH AND SCIENCE UNIVERSITY 0690 SW BANCROFT ST MAIL CODE L106SPA PORTLAND, OR 97239	93-1176109	GOVERNMENT	10,341,239				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD AND SUPPORT FOR PILOT FLUORIDE STUDY
ORGANIZED VILLAGE OF KAKE PO BOX 316 KAKE, AK 99830	92-0074844		20,000				GRANT IN SUPPORT OF TRAINING RURAL ALASKAN YOUTH LEADERS AND STEWARDS (TRAYLS) PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC SCIENCE CENTER FOUNDATION 200 SECOND AVE N SEATTLE, WA 981094895	91-0750867	501(C)(3)	8,000				SUPPORT FOR CAMP SCHOLARSHIPS
PENNSYLVANIA STATE UNIVERSITY CONTROLLERS OFFICE G230 PO BOX 850 HERSHEY, PA 17033	24-6000376	GOVERNMENT	24,366				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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PETERSBURG ROTARY CLUB PO BOX 1172 PETERSBURG, AK 99833	81-4733547	501(C)(4)	20,000				GRANT IN SUPPORT OF PETERSBURG SANDY BEACH PLAYGROUND RESTORATION PROJECT
PLYMOUTH HOUSING 2113 THIRD AVE SEATTLE, WA 981212321	91-1122621	501(C)(3)	6,000				SPONSORSHIP FOR KEY TO HOPE EVENT

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

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PROVIDENCE GENERAL FOUNDATION 1801 LIND AVE SW RENTON, WA 98057	91-1041617	501(C)(3)	7,500				FESTIVAL OF TREES SPONSORSHIPS
PROVIDENCE HEALTH & SERVICES - WASHINGTON 1801 LIND AVE SW RENTON, WA 98057	51-0216586	501(C)(3)	63,138				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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PROVIDENCE HEALTH & SERVICES WASHINGTON PO BOX 190005 ANCHORAGE, AK 995190005	92-0016429	501(C)(3)	32,066				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
PUBLIC HEALTH SEATTLE & KING COUNTY 401 5TH AVE STE 1300 SEATTLE, WA 98104	91-6001327	GOVERNMENT	9,641				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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REGENTS OF THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO ECOB 1-026 9444 MEDICAL CENTER DR LA JOLLA, CA 920370706	95-6006144	501(C)(3)	28,450				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO BOX 0897 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	206,000				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 152512131	38-6006309	GOVERNMENT	192,052				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
REGENTS OF THE UNIVERSITY OF MINNESOTA PO BOX 1450 NW 5957 MINNEAPOLIS, MN 554855957	41-6007513	GOVERNMENT	95,270				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES PO BOX 951432 LOS ANGELES, CA 900959000	95-6006143	501(C)(3)	531,029				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
RONALD MCDONALD HOUSE CHARITIES OF WESTERN WASHINGTON & ALASKA 5130 40TH AVE NE SEATTLE, WA 98105	91-1061043	501(C)(3)	1,646,143				SUPPORT FOR EXPANSION, HOUSING PROGRAMS AND GALA SPONSORSHIPS

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

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RUTGERS THE STATE UNIVERSITY OF NEW JERSEY 65 DAVIDSON RD ROOM 306 PISCATAWAY, NJ 088545602	46-2354111	GOVERNMENT	530,927				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH 1325 4TH AVE W STE 1310 SEATTLE, WA 98101	91-1452438	501(C)(3)	59,893				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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SEATTLE PARKS FOUNDATION 105 SOUTH MAIN ST STE 235 SEATTLE, WA 98104	91-1998597	501(C)(3)	50,000				SUPPORT FOR ELI'S PARK PROJECT
SOLID GROUND WASHINGTON 1501 N 45TH ST SEATTLE, WA 98103	23-7421892	501(C)(3)	10,000				SUPPORT FOR SAND POINT CHILDREN'S PROGRAM

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

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SPECTRUM HEALTH HOSPITALS 100 MICHIGAN ST NE MC 038 GRAND RAPIDS, MI 49503	38-1360529	501(C)(3)	117,292				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
ST FRANCIS MEDICAL CENTER 530 NE GLEN AVE PEORIA, IL 61637	37-0662569	501(C)(3)	55,087				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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ST LOUIS UNIVERSITY FUSZ HALL ROOM 368 3700 W PINE MALL BLVD ST LOUIS, MO 631083306	43-0654872	501(C)(3)	20,850				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
ST LUKE'S REGIONAL MEDICAL CENTER 190 E BANNOCK ST BOISE, ID 83712	82-0161600	501(C)(3)	33,166				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	287,249				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
SYRACUSE UNIVERSITY SKYTOP OFFICE BLDG SKYTOP RD SYRACUSE, NY 132445300	15-0532081	501(C)(3)	446,909				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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TAKSHANUK WATERSHED COUNCIL HC PO BOX 2008 HAINES, AK 99827	33-1069246	501(C)(3)	10,000				GRANT IN SUPPORT OF COMMUNITY SUMMER WORK PROGRAM
THE CHILDREN'S MERCY HOSPITAL PO BOX 803852 KANSAS CITY, MO 64180	44-0605373	501(C)(3)	65,561				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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THE CLEVELAND CLINC FOUNDATION 6801 BRECKSVILLE RD RKL-85 INDEPENDENCE, OH 44131	34-0714585	501(C)(3)	25,950				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH 972 BRUSH HOLLOW RD 5TH FLOOR WESTBURY, NY 11590	11-2673595	501(C)(3)	65,689				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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THE MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN AND PLANK RD PO BOX 26509 MILWAUKEE, WI 532260509	39-0806261	501(C)(3)	96,299				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
THE NEMOURS FOUNDATION 10140 CENTURION PKWY N JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	244,478				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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THE OHIO STATE UNIVERSITY 901 WOODY HAYES DR COLUMBUS, OH 43210	31-6025986	GOVERNMENT	224,786				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 122010009	14-1368361	501(C)(3)	119,238				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	1,463,660				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
THE TRUST FOR PUBLIC LAND 101 MONTGOMERY ST NO 900 SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	41,592				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER 5323 HARRY HINES BLVD DALLAS, TX 752842265	75-6001354	GOVERNMENT	189,178				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
THE UNIVERSITY OF TEXAS SOUTHWEST MEDICAL CENTER PO BOX 842265 DALLAS, TX 752842265	75-6002868	GOVERNMENT	214,386				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606	34-4428256	501(C)(3)	28,777				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
TRANSPLANT HOUSE PO BOX 85218 SEATTLE, WA 981451218	20-5523963	501(C)(3)	5,965				SUPPORT FOR HOUSING PROGRAMS

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

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TRUDEAU INSTITUTE INC 154 ALGONQUIN AVE SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	9,116				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
TULANE UNIVERSITY 800 E COMMERCE RD STE 203 HARAHAN, LA 70123	72-0423889	501(C)(3)	20,969				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNITED WAY OF KING COUNTY 720 SECOND AVE SEATTLE, WA 98104	91-0565555	501(C)(3)	20,000				SUPPORT FOR COMMUNITY RELIEF FUND
UNIVERSITY HOSPITALS CASE MEDICAL CENTER 11100 EUCLID AVE CLEVELAND, OH 482781686	34-1567805	501(C)(3)	147,920				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF ALABAMA AT BIRMINGHAM 1600 7TH AVE S ACC 620 BIRMINGHAM, AL 352940109	63-6005396	GOVERNMENT	600,438				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD BOX 3 TUCSON, AZ 857190521	74-2652689	GOVERNMENT	11,871				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 W MARKHAM ST LITTLE ROCK, AR 72205	71-6046242	GOVERNMENT	19,480				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF COLORADO PO BOX 910238 DENVER, CO 802910238	84-6000555	GOVERNMENT	208,861				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	GOVERNMENT	83,742				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF IOWA 118 S CLINTON ST IOWA CITY, IA 52242	42-6004813	GOVERNMENT	94,941				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE 3901 RAINBOW BLVD MS 1039 KANSAS CITY, KS 66160	48-1108830	501(C)(3)	97,104				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 138 LEADER AVE STE 249 LEXINGTON, KY 40508	61-6033693	501(C)(3)	76,766				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION 2215 S BROOK ST LOUISVILLE, KY 40208	61-1029626	501(C)(3)	17,474				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 303845803	59-0624458	GOVERNMENT	8,565				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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UNIVERSITY OF NEBRASKA BOARD OF REGENTS 985100 NEBRASKA MEDICAL CENTER OMAHA, NE 681985100	47-0049123	501(C)(3)	10,801				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF NORTH CAROLINA PO BOX 402420 ATLANTA, GA 303842420	56-6001393	GOVERNMENT	353,722				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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UNIVERSITY OF OKLAHOMA HEALTH SCIENCES PO BOX 26901 SCB 228 OKLAHOMA CITY, OK 731260901	73-6017987	GOVERNMENT	22,460				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF OREGON PO BOX 3237 EUGENE, OR 874030237	93-6001786	GOVERNMENT	25,793				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 191785541	23-1352685	501(C)(3)	46,937				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 152517220	25-0965591	501(C)(3)	265,475				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE BOX 777 ROCHESTER, NY 14642	16-0743209	501(C)(3)	54,832				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF SOUTH FLORIDA PO BOX 947687 ATLANTA, GA 303947687	59-3102112	GOVERNMENT	24,351				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE ROOM 406 SALT LAKE CITY, UT 84112	87-6000525	GOVERNMENT	67,192				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 85 S PROSPECT ST BURLINGTON, VT 05405	03-0179440	501(C)(3)	67,079				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF VIRGINIA PO BOX 400201 CHARLOTTESVILLE, VA 229041034	54-6001796	501(C)(3)	116,131				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	91-6001537	GOVERNMENT	9,806,225				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD AND SUPPORT FOR OTHER RESEARCH PROJECTS

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UNIVERSITY OF WASHINGTON FOUNDATION 407 GERBERDING HALL SEATTLE, WA 981951210	94-3079432	501(C)(3)	18,500				HARBORVIEW INJURY PREVENTION FUND, CENTER FOR ANTI-RACISM IN NURSING EXCELLENCE FUND, EVENT SPONSORSHIPS AND OTHER SUPPORT
UNIVERSITY OF WISCONSIN 600 HIGHLAND AVE MC 9988 MADISON, WI 537920001	39-6006492	GOVERNMENT	98,879				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UPOWER PO BOX 21866 SEATTLE, WA 98111	46-4220284	501(C)(3)	85,522				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVE S STE D3300 MCN NASHVILLE, TN 37232	35-2528741	501(C)(3)	10,518				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 232842506	54-6001758	GOVERNMENT	24,329				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	5,939				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON CONFERENCE OF SEVENTH-DAY ADVENTISTS 32229 WEYERHAUSER WAY S FEDERAL WAY, WA 98001	91-0644803		50,000				DONATION TO SUNSET LAKE HILLSIDE CABIN PROJECT
WASHINGTON STATE DEPT OF CHILDREN YOUTH AND FAMILIES PO BOX 40975 OLYMPIA, WA 985040975	91-6001093	GOVERNMENT	137,724				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE UNIVERSITY PO BOX 645220 PULLMAN, WA 991645220	91-6001108	GOVERNMENT	235,492				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
WASHINGTON UNIVERSITY 660 S EUCLID BOX 8009 ST LOUIS, MO 63110	43-0653611	501(C)(3)	157,386				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE STATE UNIVERSITY PO BOX 02788 DETROIT, MI 48202	38-6028429	GOVERNMENT	107,580				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE 9TH FLR NEW YORK, NY 10022	13-1623978	501(C)(3)	116,340				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA UNIVERSITY 886 CHESTNUT RIDGE RD MORGANTOWN, WV 265066845	55-6000842	GOVERNMENT	104,867				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
YAKUTAT TLINGIT TRIBE PO BOX 418 YAKUTAT, AK 99689	92-0092584	501(C)(3)	15,000				GRANT IN SUPPORT OF TAKUTAT SURF CAMP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY 333 CEDAR ST I-100 SHM NEW HAVEN, CT 065208087	06-0646973	501(C)(3)	19,546				PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
YMCA OF GREATER SEATTLE 909 NINTH AVE SEATTLE, WA 98104	91-0482710	501(C)(3)	8,000				DONATION FOR A.K. GUY BENEFIT EVENT

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

SUPPORT TO PATIENT FAMILIES FOR TEMPORARY HOUSING AND RENTAL ASSISTANCE	458		615,736	ACTUAL COST	PAYMENTS TO HOUSING AND RENTAL COMPANIES
SUPPORT TO PATIENT FAMILIES FOR TEMPORARY HOUSING AND RENTAL ASSISTANCE	458		615,736	ACTUAL COST	PAYMENTS TO HOUSING AND RENTAL COMPANIES
SUPPORT TO PATIENT FAMILIES WHO LACK THE FINANCIAL RESOURCES TO PURCHASE FOOD	1393		93,146	MARKET VALUE	MEAL VOUCHERS TO CAFETERIA AND STARBUCKS GIFT CARDS
SUPPORT TO PATIENT FAMILIES TO PURCHASE GAS FOR TRANSPORTATION TO APPOINTMENTS	1199		80,401	MARKET VALUE	GAS CARDS
SUPPORT TO PATIENT FAMILIES TO PURCHASE GROCERIES	683		50,270	MARKET VALUE	GROCERY GIFT CARDS
SUPPORT TO PATIENT FAMILIES FOR TRANSPORTATION TO APPOINTMENTS	123		24,328	ACTUAL COST	PAYMENTS TO TRANSPORTATION COMPANIES

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

SUPPORT TO PATIENT FAMILIES TO MEET VARIOUS OTHER NEEDS	31		9,052	MARKET VALUE	GIFT CARDS, FURNITURE, AND OTHER ITEMS
SUPPORT TO PATIENT FAMILIES TO MEET VARIOUS OTHER NEEDS	31		9,052	MARKET VALUE	GIFT CARDS, FURNITURE, AND OTHER ITEMS
SUPPORT TO PATIENT FAMILIES FOR UTILITY PAYMENTS	15		8,193	ACTUAL COST	PAYMENTS TO UTILITY COMPANIES
SUPPORT TO PATIENT FAMILIES FOR FUNERAL EXPENSES	48		7,100	ACTUAL COST	PAYMENTS TO FUNERAL HOMES
SUPPORT TO PATIENTS AND FAMILIES WHO ARE ADMITTED ON AN EMERGENT / URGENT BASIS	76		3,161	MARKET VALUE	CLOTHING
SUPPORT TO PATIENT FAMILIES FOR MEDICAL EQUIPMENT	12		2,435	ACTUAL COST	PAYMENTS TO MEDICAL EQUIPMENT PROVIDERS

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

SUPPORT TO PATIENT FAMILIES OF MEDICALLY FRAGILE CHILDREN FOR EMERGENCY GENERATORS	1	1,067			
SUPPORT TO PATIENT FAMILIES OF MEDICALLY FRAGILE CHILDREN FOR EMERGENCY GENERATORS	1	1,067			
SUPPORT TO PATIENT FAMILIES WHO LACK THE FINANCIAL RESOURCES TO PURCHASE FOOD	9		142	MARKET VALUE	FOOD BAGS
SUPPORT TO PATIENT FAMILIES FOR MEDICATION	1		40	ACTUAL COST	PAYMENTS TO PHARMACIES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number
91-0564748

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes									
	4b Yes									
		4c No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	BUSINESS OR FIRST CLASS TRAVEL IS PROVIDED TO EMPLOYEES IN THE EVENT OF MEDICAL NECESSITY OR ON CERTAIN INTERNATIONAL FLIGHTS OF LONG DURATION. THIS IS NOT TREATED AS COMPENSATION. THE CHIEF EXECUTIVE OFFICER IS PROVIDED MEMBERSHIP TO THE RAINIER CLUB. ANNUAL DUES ARE REPORTED AS TAXABLE COMPENSATION.
PART I, LINES 4A-B	THE FOLLOWING EMPLOYEES PARTICIPATED IN, OR RECEIVED PAYMENT FROM, A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: JEFF SPERRING MD - \$275,338 EMPLOYER CONTRIBUTIONS, \$1,201,560 TAXABLE PAYMENT MADLYN MURREY - \$72,023 EMPLOYER CONTRIBUTIONS, \$327,634 TAXABLE PAYMENT SUZANNE BEITEL - \$110,410 EMPLOYER CONTRIBUTIONS JAMES HENDRICKS PHD - \$80,899 EMPLOYER CONTRIBUTIONS RUSSELL WILLIAMS - \$79,683 EMPLOYER CONTRIBUTIONS DOUGLAS PICHA - \$72,874 EMPLOYER CONTRIBUTIONS ZAFAR CHAUDRY MD - \$79,902 EMPLOYER CONTRIBUTIONS MARK DEL BECCARO MD - \$5,139 TAXABLE PAYMENT CARA BAILEY - \$13,071 TAXABLE PAYMENT MYRA GREGORIAN - \$72,593 EMPLOYER CONTRIBUTIONS JEFFREY OJEMANN MD - \$43,794 EMPLOYER CONTRIBUTIONS THE FOLLOWING RECEIVED A SEVERANCE PAYMENT: SANFORD MELZER MD - \$614,546 MARK DEL BECCARO MD - \$558,577 CARA BAILEY - \$491,662 TODD JOHNSON - \$385,219 THOMAS HERBERT MD - \$164,362 PETRA SMITH - \$387,103
PART II, COLUMN (F):	THE FOLLOWING RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, WHICH IS BEING REPORTED IN COLUMN (B)(III). THIS PORTION OF THAT COMPENSATION WAS REPORTED IN COLUMN (C) IN PRIOR FORMS 990: JEFF SPERRING MD - \$1,076,196 MADLYN MURREY - \$281,837 MARK DEL BECCARO MD - \$5,139 CARA BAILEY - \$13,071

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JEFF SPERRING MD CEO/NON-VOTING EX OFFICIO TRUSTEE	(i)	817,790	276,881	14,674	14,963	19,083	1,143,391	0
	(ii)	272,597	92,294	1,204,309	154,961	6,361	1,730,522	1,076,196
1MADLYN MURREY SR VP - CHIEF CLINICAL OFFICER	(i)	511,052	89,393	10,304	19,950	22,038	652,737	0
	(ii)	0	0	327,634	26,227	0	353,861	281,837
2SUZANNE BEITEL SENIOR VP & CHIEF FINANCIAL OFFICER	(i)	514,770	92,836	9,119	10,688	25,754	653,167	0
	(ii)	171,590	30,946	2,104	113,972	8,584	327,196	0
3SANFORD MELZER MD EXEC VP-NETWORKS & POPULATION HEALTH	(i)	52,495	159,227	614,841	14,820	0	841,383	0
	(ii)	0	0	0	0	0	0	0
4JAMES HENDRICKS PHD PRESIDENT - RESEARCH INSTITUTE	(i)	561,963	102,293	8,899	19,950	22,750	715,855	0
	(ii)	0	0	0	80,899	0	80,899	0
5RUSSELL WILLIAMS SR VP & CHIEF OPERATING OFFICER	(i)	515,248	93,748	5,430	14,250	34,186	662,862	0
	(ii)	0	0	0	79,683	0	79,683	0
6DOUGLAS PICHA PRESIDENT - FOUNDATION	(i)	51,437	9,153	7,902	1,995	2,459	72,946	0
	(ii)	462,929	81,581	5,041	90,829	22,132	662,512	0
7ZAFAR CHAUDRY MD SR VP - CHIEF INFORMATION OFFICER	(i)	528,247	89,125	11,147	14,250	12,065	654,834	0
	(ii)	0	0	0	79,902	0	79,902	0
8MARK DEL BECCARO MD SR VP - CHIEF MEDICAL OPERATIONS OFF	(i)	42,165	108,523	559,032	10,845	3,920	724,485	0
	(ii)	0	0	5,139	0	0	5,139	5,139
9CARA BAILEY SR VP- INNOVATION/IMPROVEMENT OFFICER	(i)	102,688	67,343	492,703	13,121	9,466	685,321	0
	(ii)	0	0	13,071	0	0	13,071	13,071
10MYRA GREGORIAN SR VP - CHIEF PEOPLE OFFICER	(i)	478,585	83,246	9,334	14,250	33,119	618,534	0
	(ii)	0	0	0	72,593	0	72,593	0
11JEFFREY AVANSINO MD VP - MEDICAL AFFAIRS	(i)	382,032	70,637	2,953	14,250	29,784	499,656	0
	(ii)	170,447	0	0	15,340	2,815	188,602	0
12MICHAEL ASTION MD PHD MEDICAL DIRECTOR - LABORATORIES	(i)	597,118	368	10,194	19,797	31,031	658,508	0
	(ii)	0	0	0	0	0	0	0
13JEFFREY OJEMANN MD SR VP - SURGEON IN CHIEF	(i)	229,546	119	460	1,625	1,443	233,193	0
	(ii)	50,120	239,609	0	72,294	3,683	365,706	0
14MARK EGBERT DDS CHIEF - ORAL & MAXILLOFACIAL SURGERY	(i)	516,743	5,771	14,966	19,950	32,576	590,006	0
	(ii)	0	0	0	0	0	0	0
15PAUL SHAREK MD VP - CHIEF QUALITY & SAFETY OFFICER	(i)	488,905	60,115	5,939	14,250	18,201	587,410	0
	(ii)	0	0	0	0	0	0	0
16RUTH MCDONALD MD VP - CMO FOR MEDICAL OPERATIONS	(i)	422,679	93,682	12,184	17,950	14,280	560,775	0
	(ii)	0	0	0	0	0	0	0
17ERIC THAM MD VP & ASSOC CHIEF INFORMATION OFFICER	(i)	441,917	57,827	5,832	19,950	32,847	558,373	0
	(ii)	0	0	0	0	0	0	0
18SUZANNE PETERSEN VP - EXTERNAL AFFAIRS	(i)	443,435	59,255	14,483	19,950	17,229	554,352	0
	(ii)	0	0	0	0	0	0	0
19TODD JOHNSON VP - FACILITIES	(i)	26,108	124,069	387,610	10,690	2,480	550,957	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21CORY NOEL MD CARDIOLOGIST	(i)	438,260	50,000	610	13,965	32,597	535,432	0
	(ii)	0	0	0	0	0	0	0
1THOMAS HERBERT MD OTOLARYNGOLOGIST	(i)	220,144	15	279,066	19,756	14,568	533,549	0
	(ii)	0	0	0	0	0	0	0
2PETRA SMITH VP - HUMAN RESOURCES	(i)	66,049	42,791	389,722	7,908	6,711	513,181	0
	(ii)	0	0	0	0	0	0	0
3ERIK LAUSUND VP - RESEARCH OPERATIONS & LOGISTICS	(i)	381,049	51,057	4,783	19,950	26,018	482,857	0
	(ii)	0	0	0	0	0	0	0
4CHRISTINE KESSLER VP SYS ACCESS, AMB OPS & EX DIR CUMG	(i)	373,645	43,067	4,698	19,506	17,996	458,912	0
	(ii)	0	0	0	0	0	0	0
5MICHAEL JENSEN MD VP-SC THERAPEUTICS, CHIEF THERAP OFF	(i)	377,604	27,930	12,896	2,850	28,804	450,084	0
	(ii)	0	0	0	0	0	0	0
6PRADIPTA KOMANDURI VP - CLINICAL SUPPORT SERVICES	(i)	349,154	45,662	11,850	11,904	23,218	441,788	0
	(ii)	0	0	0	0	0	0	0
7WARREN HEWITT FORMER KEY EMPLOYEE	(i)	234,035	32,006	4,854	13,401	18,134	302,430	0
	(ii)	78,012	10,636	715	4,468	6,045	99,876	0
8PAMELA ROCK FORMER KEY EMPLOYEE	(i)	278,352	37,874	3,617	15,744	12,825	348,412	0
	(ii)	0	0	0	0	0	0	0
9SCOTT BINGHAM FORMER KEY EMPLOYEE	(i)	243,230	396	596	11,898	17,232	273,352	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number
91-0564748

Part I 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	WASHINGTON HEALTH CARE FACILITIES AUTHORITY SERIES 2017A	91-1108929	93978HSC0	04-06-2017	126,646,117	SEE PART VI		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES AUTHORITY SERIES 2015A AND 2015B	91-1108929	93978HLL7	02-03-2015	303,924,156	SEE PART VI		X		X		X
C	WASHINGTON HEALTH CARE FACILITIES AUTHORITY SERIES 2012A AND 2012B	91-1108929	93978HDX0	06-20-2012	80,423,004	SEE PART VI	X			X		X
D	WASHINGTON HEALTH CARE FACILITIES AUTHORITY SERIES 2012C AND 2012D	91-1108929	93978HEZ4	06-20-2012	142,165,000	SEE PART VI		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	3,910,000	220,000	1,445,000	40,525,000
2 Amount of bonds legally defeased			70,440,000	
3 Total proceeds of issue	127,525,980	303,944,485	80,423,004	142,165,000
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds	8	62,441	285	
6 Proceeds in refunding escrows		197,416,118	30,419,377	
7 Issuance costs from proceeds	1,545,641	2,600,625		
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	125,980,331	103,865,301	50,003,342	
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2018	2015	2013	2012
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X	X	X
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X	X	X
16 Has the final allocation of proceeds been made?	X	X	X	X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X	X	X	X

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Return Reference	Explanation
ENTITY 1 - FIRST SCHEDULE:	<p>ES 2012B (SEATTLE CHILDREN'S HOSPITAL), (THE "SERIES 2012A/B BONDS"), WERE ISSUED TO (I) R EIMBURSE CHILDREN'S FOR A PORTION OF THE COSTS OF ACQUIRING, CONSTRUCTING, RENOVATING AND EQUIPMENT CERTAIN HEALTH CARE FACILITIES OF CHILDREN'S, AND (II) TO ADVANCE REFUND AND DEF EASE \$27 MILLION OF THE SERIES 2009 BONDS. THE CUSIP NUMBER IS FOR THE SERIES 2012A BONDS, WHICH HAVE THE LATER OF THE MATURITIES OF THE TWO SERIES. ON FEBRUARY 11, 2021 \$46,335,00 0 OF THE SERIES 2012A BONDS AND \$24,105,000 OF THE SERIES OF 2012B BONDS WERE DEFEASED. LI NE D, THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REFUNDING REVENUE BONDS, SERIES 2012 C AND REFUNDING REVENUE BONDS, SERIES 2012D (SEATTLE CHILDREN'S HOSPITAL), (THE "SERIES 20 12C/D BONDS"), WERE ISSUED TO REFUND, ON A CURRENT BASIS, AND REDEEM ALL OF THE OUTSTANDIN G WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2008A AND SERIES 2008B (CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER), DATED APRIL 16, 2008 (THE "SERIES 2008 A/B BONDS"), THE PROCEEDS OF WHICH WERE ISSUED TO REFUND, ON A CURRENT BASIS, AND REDEEM A LL OF THE OUTSTANDING WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 20 06A AND SERIES 2006B (CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER), EACH DATED FEBRUAR Y 16, 2006 (THE "SERIES 2006A/B BONDS") THE PROCEEDS OF WHICH WERE USED TO PROVIDE (I) A P ORTION OF THE FUNDING TO ADVANCE REFUND AND DEFEASE \$67 MILLION OF THE WASHINGTON HEALTH C ARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 1998 BONDS (CHILDREN'S HOSPITAL AND REGIONA L MEDICAL CENTER), DATED NOVEMBER 17, 1998 (THE "SERIES 1998 BONDS"), THE PROCEEDS OF WHIC H WERE USED TO PROVIDE A PORTION OF THE FUNDING FOR A COMPREHENSIVE FACILITY RENOVATION PR OGRAM THAT INCLUDED EXTENSIVE CAPITAL IMPROVEMENTS TO THE HOSPITAL'S MAIN FACILITY; AND (I I) ADVANCE REFUND AND DEFEASE \$66 MILLION OF THE WASHINGTON HEALTH CARE FACILITIES AUTHORI TY REVENUE BONDS, SERIES 2001 (CHILDREN'S HOSPITAL AND REGIONAL MEDICAL CENTER), DATED NOV EMBER 15, 2001 (THE "SERIES 2001 BONDS"), THE PROCEEDS OF WHICH WERE USED TO PROVIDE (I) A PORTION OF THE FUNDING FOR A \$120 MILLION CAPITAL PROGRAM, (II) PAY FOR THE PREMIUM RELAT ING TO THE BOND INSURANCE POLICY AND (III) PAY CERTAIN COSTS OF ISSUANCE OF THE SERIES 200 1 BONDS. THE CUSIP NUMBER IS FOR THE SERIES 2012D BONDS AND THERE IS NO CUSIP NUMBER FOR T HE SERIES 2012C BONDS. PART II, PROCEEDS: COLUMN A, LINE 3 INCLUDES INVESTMENT EARNINGS OF \$879,803.00. COLUMN B, LINES 3, 5 AND 6: LINE 3 INCLUDES INVESTMENT EARNINGS OF \$20,329.0 0. LINE 5: \$40,033.00 AND \$21,371.00 OF PROCEEDS WERE TRANSFERRED TO THE PRINCIPAL AND INT EREST ACCOUNTS OF THE SERIES 2015A AND 2015B SERIES BONDS, RESPECTIVELY, AND WAS USED TO P AY INTEREST ON THE NEW MONEY PORTION OF THE SERIES 2015A AND 2015B BONDS. LINE 6: \$197,416 ,118.00 OF TOTAL PROCEEDS FROM THE SERIES 2015B BONDS WAS DEPOSITED IN A REFUNDING ESCROW ACCOUNT. COLUMN C, LINES 5 AND 6: \$30,419,377.00 OF TOTAL PROCEEDS FROM THE SERIES 2012B B ONDS WAS DEPOSITED IN A REFUND</p>

Return Reference	Explanation
ENTITY 1 - FIRST SCHEDULE:	<p>ING ESCROW ACCOUNT AND \$285.00 OF TOTAL PROCEEDS WAS DEPOSITED IN THE SERIES 2012B PRINCIPAL AND INTEREST ACCOUNT AND USED TO PAY INTEREST DUE ON THE SERIES 2012B BONDS. COLUMN D: \$142,165,000.00 WAS USED TO REFUND, ON A CURRENT BASIS AND REDEEM ALL OF THE OUTSTANDING SERIES 2008A AND SERIES 2008B BONDS WITHIN 90 DAYS OF THE CLOSING OF THE SERIES 2012C/D BONDS. PART III, PRIVATE BUSINESS USE: COLUMNS A, B AND C, LINES 4-6: THERE IS NO PRIVATE USE PROPERTY. PERCENTAGES = 0.00%. COLUMN D IS NOT REPORTED BECAUSE IT MEETS THE SPECIAL RULES FOR REFUNDING OF PRE-2003 BOND ISSUANCES. PART IV, ARBITRAGE: COLUMN A, LINE 2B: NO REBATE CALCULATION IS REQUIRED AS OF THE PERIOD COVERED BY THIS SCHEDULE. IT IS EXPECTED THE SERIES 2017A BONDS WILL MEET AN EXCEPTION TO REBATE. COLUMN B, LINE 2B: THE LAST REBATE COMPUTATION WAS PERFORMED ON FEBRUARY 25, 2020. COLUMN C, LINE 2C: THE LAST REBATE COMPUTATION WAS PERFORMED ON JULY 18, 2017. COLUMN D, LINE 2C: THE LAST REBATE COMPUTATION WAS PERFORMED ON JUNE 22, 2017. COLUMN D, LINE 4A: CHILDREN'S DID NOT ENTER, NOR EXPECTS TO ENTER INTO, ANY INTEREST RATE HEDGE ARRANGEMENTS IN CONNECTION WITH THE SERIES 2012C/D BONDS. CHILDREN'S DID ENTER INTO QUALIFIED HEDGES WITH RESPECT TO THE SERIES 2008A/B BONDS, WHICH WERE REFUNDED BY THE SERIES 2012C/D BONDS. THE TERMINATION OR DEEMED TERMINATION PAYMENT, AS APPLICABLE, WITH RESPECT TO THE HEDGES HAS BEEN TAKEN INTO ACCOUNT IN THE CALCULATION OF THE YIELD ON THE SERIES 2012C/D BONDS.</p>

Return Reference	Explanation
ENTITY 2 - SECOND SCHEDULE:	PART I, COLUMN F, DESCRIPTION OF PURPOSE: LINE A, THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS, SERIES 2010B (SEATTLE CHILDREN'S HOSPITAL) (THE "SERIES 2010B BONDS"), WERE ISSUED TO (I) REFUND, ON A CURRENT BASIS, AND DEFEASE ALL OF THE OUTSTANDING SERIES 1998 BONDS AND (II) PAY COST OF ISSUANCE FOR THE SERIES 2010B BONDS. PART II, PROCEEDS: COLUMN A: \$46,080,000.00 WAS USED TO REFUND, ON A CURRENT BASIS, AND DEFEASE THE OUTSTANDING SERIES 1998 BONDS, WITHIN 90 DAYS OF THE CLOSING OF THE SERIES 2010B BONDS. \$20,887.00 OF PROCEEDS WAS TRANSFERRED TO THE PRINCIPAL AND INTEREST ACCOUNT OF THE SERIES 2010B BONDS, AND USED TO PAY INTEREST DUE ON THE SERIES 2010B BONDS. PART III, PRIVATE BUSINESS USE: COLUMN A IS NOT REPORTED BECAUSE IT MEETS THE SPECIAL RULES FOR REFUNDING OF PRE-2003 BOND ISSUANCES. PART IV, ARBITRAGE: COLUMN A, LINE 2C: THE LAST REBATE COMPUTATION WAS PERFORMED ON OCTOBER 16, 2013. SINCE THE SIX MONTH EXPENDITURE EXCEPTION WAS MET, NO FURTHER REBATE COMPUTATIONS ARE REQUIRED.

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number

91-0564748

Part I 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 WASHINGTON HEALTH CARE FACILITIES AUTHORITY SERIES 2010B	91-1108929	93978HAB1	09-02-2010	46,669,601	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	33,125,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	46,669,601			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	20,887			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	568,714			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2010			
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		
16	Has the final allocation of proceeds been made?	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

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?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?								
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?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

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						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?	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						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization SEATTLE CHILDREN'S HOSPITAL

Employer identification number

91-0564748

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (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) JULIE MARTINA	FAMILY MEMBER OF ALVIN WINTERROTH, TRUSTEE	87,758	EMPLOYMENT		No
(2) SARAH BOWDEN	FAMILY MEMBER OF WARREN HEWITT, FORMER KEY EMPLOYEE	82,013	EMPLOYMENT		No
(3) JESSICA BLUE	FAMILY MEMBER OF SCOTT BINGHAM, FORMER KEY EMPLOYEE	16,349	EMPLOYMENT		No
(4) EMILY WALTER	FAMILY MEMBER OF JUDITH PIERCE, TRUSTEE AND OFFICER	49,071	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number
91-0564748

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	38	2,590,037	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (3RD PARTY SVCS)	X	2	185,956	MARKET VALUE
26 Other ▶ (MEDICAL EQUIPMENT)	X	1	179,672	MARKET VALUE
27 Other ▶ (AIRLINE MILES)	X	2	9,512	MARKET VALUE
28 Other ▶ (GIFT CARDS)	X	41	1,060	MARKET VALUE

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

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

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

Return Reference	Explanation
PART I, COLUMN (B):	LINE 9 - 38 DONATIONS OF VARIOUS AMOUNTS OF SECURITIES; LINE 25 - DONATIONS OF SERVICES FROM TWO DONORS; LINE 26 - ONE DONATION OF MEDICAL EQUIPMENT; LINE 27 - DONATIONS OF AIRLINE MILES FROM TWO DONORS; LINE 28 - DONATIONS OF 41 GIFT CARDS FOR PATIENT NEEDS
PART I, LINE 32B:	SEATTLE CHILDREN'S HOSPITAL FOUNDATION AND SEATTLE CHILDREN'S HOSPITAL GUILD ASSOCIATION (RELATED ORGANIZATIONS) SOLICIT BOTH CASH AND NON-CASH GIFTS ON BEHALF OF SEATTLE CHILDREN'S HOSPITAL.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number

91-0564748

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6:	SEATTLE CHILDREN'S HOSPITAL HAS A DEDICATED GROUP OF VOLUNTEERS WHO GENEROUSLY GIVE THEIR TIME AND ENERGY TO SUPPORTING THE MISSION OF THE HOSPITAL. IN FISCAL YEAR 2021, 132 VOLUNTEERS, AFTER COMPLETING A THOROUGH INTERVIEW AND TRAINING PROCESS, LOGGED 5,786 HOURS OF SERVICE IN ONE OF THE 14 DIFFERENT DEPARTMENTS, WITH DUTIES RANGING FROM WORKING IN THE HOSPITAL GIFT SHOP, TO ENTERTAINING PATIENTS IN THE PLAYROOM, TO HELPING WITH ADMINISTRATIVE TASKS AT A RECEPTION AREA. IN ADDITION, 24 UNCOMPENSATED TRUSTEES SERVED ON THE SEATTLE CHILDREN'S HOSPITAL BOARD DURING FISCAL YEAR 2021. IN ALL THAT THEY DO, OUR VOLUNTEERS ARE HIGHLY VALUED MEMBERS OF OUR HOSPITAL COMMUNITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JEFF SPERRING HAS A BUSINESS RELATIONSHIP WITH LOREN ALHADEFF, SUZANNE BEITEL, SUSAN BETCHER, JILL BRUBAKER, KEN DENMAN, ROY DIAZ, COLIN FOX, JOEL FRENCH, COLLEEN FUKUI-SKETCHLEY, CYNTHIA HUFFMAN, DAN LEVITAN, PATRICIA LOERA, CANDY MARSHALL, SUSAN MASK, JEFF NITTA, JUDITH PIERCE, MICHAEL REEVES, RACQUEL RUSSELL, JOHN SCHOETTLER, NANCY SENSENEY, KURT SHINTAFFER, MICHELE SMITH, CHARLES STEVENS, MOYA VAZQUEZ, AND ALVIN WINTERROTH. SUZANNE BEITEL HAS A BUSINESS RELATIONSHIP WITH LOREN ALHADEFF, SUSAN BETCHER, JILL BRUBAKER, KEN DENMAN, ROY DIAZ, COLIN FOX, JOEL FRENCH, COLLEEN FUKUI-SKETCHLEY, CYNTHIA HUFFMAN, DAN LEVITAN, PATRICIA LOERA, CANDY MARSHALL, SUSAN MASK, JEFF NITTA, JUDITH PIERCE, MICHAEL REEVES, RACQUEL RUSSELL, JOHN SCHOETTLER, NANCY SENSENEY, KURT SHINTAFFER, MICHELE SMITH, CHARLES STEVENS, MOYA VAZQUEZ, AND ALVIN WINTERROTH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE REVISED DURING THE YEAR TO STATE THAT THE BOARD SHALL INCLUDE NOT LESS THAN 15 (REDUCED FROM 20) AND NOT MORE THAN 30 VOTING TRUSTEES.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT AND INDEPENDENT TAX PROFESSIONALS PRESENT AND REVIEW THE FORM 990 WITH THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF TRUSTEES OF SEATTLE CHILDREN'S HEALTHCARE SYSTEM (SCHS), A RELATED ORGANIZATION THAT IS THE DIRECT CONTROLLING ENTITY OF SEATTLE CHILDREN'S HOSPITAL. AFTER REVIEW BY THE AUDIT AND COMPLIANCE COMMITTEE AND PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE, THE ENTIRE BOARD OF TRUSTEES RECEIVES A COPY OF THE FORM 990.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>EXECUTIVE COMPENSATION FALLS WITHIN THE PURVIEW OF THE PEOPLE, CULTURE AND EXECUTIVE COMPENSATION COMMITTEE ("PCECC"), A JOINT COMMITTEE OF THE BOARD OF TRUSTEES OF SEATTLE CHILDREN'S HOSPITAL AND SEATTLE CHILDREN'S HEALTHCARE SYSTEM, A RELATED ORGANIZATION TO SEATTLE CHILDREN'S HOSPITAL. PURSUANT TO THE BOARD-APPROVED PCECC CHARTER, THE PCECC ENGAGES AN INDEPENDENT THIRD-PARTY CONSULTANT WITH EXPERIENCE IN THE COMPENSATION OF EXECUTIVES AND OTHER TOP MANAGERS OF NONPROFIT HOSPITALS AND HEALTH CARE SYSTEMS. WITH APPROPRIATE COMPARABILITY DATA PROVIDED BY ITS CONSULTANT (COMPRISING MARKET DATA REGARDING COMPENSATION PAID FOR COMPARABLE SERVICES IN COMPARABLE ORGANIZATIONS), THE PCECC ENGAGES IN AN ANNUAL REVIEW AND ASSESSMENT OF THE SEATTLE CHILDREN'S HOSPITAL EXECUTIVE COMPENSATION PROGRAM (BASE, INCENTIVE COMPENSATION, AND EMPLOYER-PAID BENEFITS) TO DETERMINE COMPETITIVENESS. BASED ON THIS ANALYSIS AND ON RELEVANT PERFORMANCE INFORMATION FOR THE EXECUTIVES IN QUESTION AND THE ORGANIZATION AS A WHOLE, THE PCECC PRESENTS A RECOMMENDATION TO THE BOARD REGARDING THE TOTAL COMPENSATION PACKAGE FOR EACH OF THE AFFECTED EXECUTIVES, INCLUDING THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND KEY EMPLOYEES. THE FULL BOARD REVIEWS THE RECOMMENDATIONS AS WELL AS ALL RELEVANT COMPARABILITY DATA AND THE GOALS OF THE ORGANIZATION IN MAKING ITS FINAL DECISION. IN DOING SO IT RELIES ON THE CONSULTANT'S ANALYSIS TO DETERMINE THAT COMPENSATION IS REASONABLE AND WITHIN THE "BOUNDS OF COMPETITIVE PRACTICE". ALL DELIBERATIONS AND DECISIONS OF THE PCECC AND FULL BOARD ARE DOCUMENTED IN THE BOOKS AND RECORDS IN ACCORDANCE WITH GENERAL ADMINISTRATIVE PROVISIONS AND PROCEDURES WITHIN THE BYLAWS. THE PROCESS FOLLOWED BY THE PCECC AND THE FULL BOARD SATISFIES BEST GOVERNANCE PRACTICES AND ALSO MEETS THE REQUIREMENTS NECESSARY TO CREATE A REBUTTABLE PRESUMPTION OF REASONABLENESS WITHIN THE MEANING OF IRC SECTION 4958 AND THE TREASURY REGULATIONS THEREUNDER WITH RESPECT TO THE BOARD'S DECISION.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUATION OF INTEREST RATE SWAP AGREEMENTS 5,487,444. CHANGE IN BENEFICIAL INTEREST IN SCHS 36,636,098. TAX ADJUSTMENT FOR SUPPORT PAYMENT CORRECTION -1,000,000.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SEATTLE CHILDREN'S HOSPITAL

Employer identification number

91-0564748

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHILDREN'S CLINICALLY INTEGRATED NETWORK LLC PO BOX 5371 MS 818-FI SEATTLE, WA 981455005 91-0564748	ADMINISTRATION OF PEDIATRIC PHYSICIANS NETWORK	WA	2,497,581	1,662,931	SEATTLE CHILDREN'S HOSPITAL

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

See Additional Data Table

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 5371 MS 818-FI SEATTLE, WA 981455005 91-1250116	HEALTHCARE	WA	501(C)(3)	LINE 7	N/A		No
PO BOX 5371 MS 818-FI SEATTLE, WA 981455005 91-1156519	FUNDRAISING	WA	501(C)(3)	LINE 7	SEATTLE CHILDREN'S HEALTHCARE SYSTEM	Yes	
PO BOX 5371 MS 818-FI SEATTLE, WA 981455005 91-1394056	FUNDRAISING, CHILD ADVOCACY, AND PEDIATRIC HEALTH AWARENESS	WA	501(C)(3)	LINE 7	SEATTLE CHILDREN'S HEALTHCARE SYSTEM	Yes	
PO BOX 5371 MS 818-FI SEATTLE, WA 981455005 91-1998909	THRIFT STORES	WA	501(C)(3)	LINE 12A, I	SEATTLE CHILDREN'S HEALTHCARE SYSTEM	Yes	
4500 SANDPOINT WAY NE STE 100 SEATTLE, WA 98105 91-1336707	MEDICAL PRACTICE	WA	501(C)(3)	LINE 12A, I	N/A		No
PO BOX 5371 MS 818-FI SEATTLE, WA 981455005 91-1226716	PEDIATRIC HEALTHCARE SERVICES	WA	501(C)(3)	LINE 12A, I	SEATTLE CHILDREN'S HEALTHCARE SYSTEM	Yes	
PO BOX 5371 MS 818-FI SEATTLE, WA 981455005 85-2793713	CONSTRUCTION OF A HEALTHCARE CLINIC	WA	501(C)(3)	LINE 12C, III-FI	N/A		No
PO BOX 5371 MS 818-FI SEATTLE, WA 981455005 86-1448700	PEDIATRIC HEALTHCARE SERVICES	WA	501(C)(3)	LINE 10	SEATTLE CHILDREN'S HEALTHCARE SYSTEM	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER UNITRUSTS (3)	INVESTMENTS	WA	SEATTLE CHILDREN'S HOSPITAL					Yes	
CHARITABLE REMAINDER UNITRUSTS (7)	INVESTMENTS	WA	N/A						No
CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	AK	SEATTLE CHILDREN'S HOSPITAL					Yes	
CHARITABLE REMAINDER UNITRUSTS (3)	INVESTMENTS	CA	SEATTLE CHILDREN'S HOSPITAL					Yes	
CHARITABLE REMAINDER UNITRUST (1)	INVESTMENTS	FL	N/A						No
CHARITABLE REMAINDER ANNUITY TRUST (1)	INVESTMENTS	WA	N/A						No
CHARITABLE LEAD ANNUITY TRUST (1)	INVESTMENTS	WA	N/A						No
PERPETUAL TRUSTS (5)	INVESTMENTS	WA	SEATTLE CHILDREN'S HOSPITAL					Yes	
PERPETUAL TRUSTS (2)	INVESTMENTS	WA	N/A						No
POOLED INCOME FUND (1)	INVESTMENTS	WA	N/A						No