

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
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 10-01-2021, and ending 09-30-2022

- 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

G Gross receipts \$ 2,265,198,882

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)	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	18
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	10,410
6 Total number of volunteers (estimate if necessary)	256
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,633,847
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	335,503

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	338,017,363	328,081,855
9 Program service revenue (Part VIII, line 2g)	1,556,019,483	1,752,360,003
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,251,710	65,104,509
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,470,823	27,218,019
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,003,759,379	2,172,764,386
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	54,048,276	72,064,587
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)	883,601,068	1,011,578,885
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)	885,315,249	981,210,303
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,822,964,593	2,064,853,775
19 Revenue less expenses. Subtract line 18 from line 12	180,794,786	107,910,611
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,612,881,884	4,728,107,319
21 Total liabilities (Part X, line 26)	1,393,375,725	1,701,535,815
22 Net assets or fund balances. Subtract line 21 from line 20	3,219,506,159	3,026,571,504

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 2023-08-03

SUZANNE BEITEL SENIOR VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2023-08-03	Check <input type="checkbox"/> 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.- 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 \$ 1,628,264,598 including grants of \$ 27,682,956) (Revenue \$ 1,688,398,628)
See Additional Data

4b (Code:) (Expenses \$ 319,965,079 including grants of \$ 44,381,631) (Revenue \$ 57,388,984)
See Additional Data

4c (Code:) (Expenses \$ 50,561,590 including grants of \$ 0) (Revenue \$ 8,438,890)
See Additional Data

(Code:) (Expenses \$ 4,760,113 including grants of \$ 0) (Revenue \$ 3,315,002)
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 \$ 4,760,113 including grants of \$ 0) (Revenue \$ 3,315,002)

4e Total program service expenses ▶ 2,003,551,380

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 4 columns: Question ID, Question Text, Answer Field, and Yes/No/Amount. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business income, foreign accounts, prohibited transactions, charitable contributions, and various organizational requirements.

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 columns: Question ID, Question Text, Answer Box, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Answer Box, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include 17, 18, 19, 20.

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 numerical values.

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 2,223

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 and CHILDREN'S UNIVERSITY MEDICAL GROUP.

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 451

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	118,640,962				
	e Government grants (contributions)	1e	170,175,506				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	39,265,387				
	g Noncash contributions included in lines 1a - 1f:\$	1g	15,542,761				
	h Total. Add lines 1a-1f			328,081,855			
Program Service Revenue	2a PATIENT SVC REVENUES	Business Code					
		622110	1,704,716,564	1,704,716,564			
	b OTHER HEALTHCARE SVCS	622110	46,570,651	44,936,804	1,633,847		
	c WHALE GIFT SHOP	453220	602,788			602,788	
	d INVESTMENT PROV CHILD	622110	470,000	470,000			
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		1,752,360,003					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		32,852,340			32,852,340	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		16,623,588			16,623,588	
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	10,944,801				
		b Less: rental expenses	6b	5,535,742			
	c Rental income or (loss)	6c	5,409,059				
	d Net rental income or (loss)			5,409,059		5,409,059	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a	119,149,623	1,300			
		b Less: cost or other basis and sales expenses	7b	86,228,515	670,239		
	c Gain or (loss)	7c	32,921,108	-668,939			
	d Net gain or (loss)			32,252,169		32,252,169	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a CAFETERIA	722212	3,939,777			3,939,777		
b PARKING	812930	1,241,724			1,241,724		
c UBI TAX REFUNDS	900099	3,871			3,871		
d All other revenue							
e Total. Add lines 11a-11d			5,185,372				
12 Total revenue. See instructions			2,172,764,386	1,750,123,368	1,633,847	92,925,316	

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	67,007,318	67,007,318		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,725,635	1,725,635		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	3,331,634	3,331,634		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,191,483		11,191,483	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,233,878	181,348	1,052,530	
7 Other salaries and wages	788,255,231	766,606,986	21,648,245	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	45,214,177	43,972,438	1,241,739	
9 Other employee benefits	103,725,005	100,876,354	2,848,651	
10 Payroll taxes	61,959,111	60,257,497	1,701,614	
11 Fees for services (non-employees):				
a Management				
b Legal	6,351,805	6,177,362	174,443	
c Accounting	407,241	396,057	11,184	
d Lobbying	448,548	448,548		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,178,758	2,118,922	59,836	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	212,467,028	206,631,940	5,835,088	
12 Advertising and promotion	2,931,400	2,850,894	80,506	
13 Office expenses	228,741,448	222,459,408	6,282,040	
14 Information technology	31,194,596	30,337,883	856,713	
15 Royalties				
16 Occupancy	58,090,443	56,495,076	1,595,367	
17 Travel	5,052,984	4,914,211	138,773	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,057,345	1,028,307	29,038	
20 Interest	19,438,318	18,904,474	533,844	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	143,373,478	139,435,941	3,937,537	
23 Insurance	12,140,984	11,807,550	333,434	
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	191,329,426	191,329,426		
b LICENSES AND TAXES	43,421,343	42,228,841	1,192,502	
c DUES AND MEMBERSHIPS	5,090,827	4,951,015	139,812	
d BAD DEBT EXPENSE	2,273,538	2,273,538		
e All other expenses	15,220,793	14,802,777	418,016	
25 Total functional expenses. Add lines 1 through 24e	2,064,853,775	2,003,551,380	61,302,395	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	51,824,448	1	38,869,127
	2 Savings and temporary cash investments	36,764,420	2	37,319,563
	3 Pledges and grants receivable, net	46,823,083	3	36,265,445
	4 Accounts receivable, net	344,341,038	4	420,160,516
	5 Loans and other receivables from 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	22,982,795	8	25,854,532
	9 Prepaid expenses and deferred charges	39,734,806	9	41,573,326
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,141,307,601		
	b Less: accumulated depreciation	10b 1,084,185,951	1,958,587,823	10c 2,057,121,650
	11 Investments—publicly traded securities	995,894,207	11	1,017,113,128
	12 Investments—other securities. See Part IV, line 11	665,219,397	12	639,411,325
	13 Investments—program-related. See Part IV, line 11	229,823,347	13	166,548,418
	14 Intangible assets	4,296,978	14	5,630,665
	15 Other assets. See Part IV, line 11	215,523,229	15	241,173,311
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,612,881,884	16	4,728,107,319	
Liabilities	17 Accounts payable and accrued expenses	278,964,883	17	323,674,873
	18 Grants payable		18	
	19 Deferred revenue	530,201	19	429,447
	20 Tax-exempt bond liabilities	519,043,209	20	507,595,205
	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	0	23	399,040,401
	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	594,837,432	25	470,795,889
	26 Total liabilities. Add lines 17 through 25	1,393,375,725	26	1,701,535,815
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	2,457,422,946	27	2,320,368,326
	28 Net assets with donor restrictions	762,083,213	28	706,203,178
	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	3,219,506,159	32	3,026,571,504	
33 Total liabilities and net assets/fund balances	4,612,881,884	33	4,728,107,319	

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	2,172,764,386
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,064,853,775
3	Revenue less expenses. Subtract line 2 from line 1	3	107,910,611
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,219,506,159
5	Net unrealized gains (losses) on investments	5	-269,043,359
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	-31,801,907
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,026,571,504

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
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.	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 91-0564748

Name: SEATTLE CHILDREN'S HOSPITAL

Form 990 (2021)

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 2022, SEATTLE CHILDREN'S MEDICAL TEAM TREATED KIDS OF ALL AGES DURING 391,653 PATIENT VISITS, INCLUDING 54,067 VISITS TO OUR EMERGENCY DEPARTMENT, 1,451 SHORT-STAY VISITS, AND 14,862 ADMISSIONS TO THE HOSPITAL. WE CARED FOR CHILDREN DURING 34,777 VISITS FOR BEHAVIORAL MEDICINE, 30,530 VISITS TO URGENT CARE, AND 255,966 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 \$74 MILLION IN RESEARCH DURING FISCAL YEAR 2022. 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 AGGRESSIVELY 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 83 PROGRAMS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), THREE PROGRAMS ACCREDITED BY THE AMERICAN DENTAL ASSOCIATION (ADA), AND SEVEN NON-ACGME ACCREDITED SUBSPECIALTY PROGRAMS ROTATED AT SEATTLE CHILDREN'S IN ACADEMIC YEAR 2021-2022. 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			
CONAN VIERNES TRUSTEE	1.00 0.00	X						375	0	0
SUSAN BETCHER CHAIR	10.00 0.00	X		X				0	0	0
KEN DENMAN TREASURER	2.00 0.00	X		X				0	0	0
JOEL FRENCH VICE CHAIR	15.00 0.00	X		X				0	0	0
RACQUEL RUSSELL SECRETARY	5.00 0.00	X		X				0	0	0
LOREN ALHADEFF TRUSTEE	2.00 0.00	X						0	0	0
JILL BRUBAKER MD TRUSTEE	2.00 0.00	X						0	0	0
ROY DIAZ PHD TRUSTEE	10.00 0.00	X						0	0	0
COLIN FOX JR PHD TRUSTEE	3.00 0.00	X						0	0	0
COLLEEN FUKUI-SKETCHLEY TRUSTEE	1.00 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			
TROY HUTSON TRUSTEE	3.00 0.00	X						0	0	0
DAN LEVITAN TRUSTEE	2.00 0.00	X						0	0	0
PATRICIA LOERA TRUSTEE	3.00 0.00	X						0	0	0
CANDY MARSHALL TRUSTEE	3.00 0.00	X						0	0	0
JUDITH PIERCE TRUSTEE	2.00 0.00	X						0	0	0
JOHN SCHOETTLER TRUSTEE	2.00 0.00	X						0	0	0
KURT SHINTAFFER TRUSTEE	2.00 0.00	X						0	0	0
MOYA VAZQUEZ TRUSTEE	3.00 0.00	X						0	0	0
ALVIN WINTERROTH TRUSTEE	4.00 0.00	X						0	0	0
JEFF SPERRING MD CEO/NON-VOTING EX-OFFICIO TRUSTEE	42.00 13.00			X				891,094	295,268	257,494

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			
SUZANNE BEITEL SENIOR VP & CHIEF FINANCIAL OFFICER	41.00 15.00			X				542,555	180,086	138,014
JAMES HENDRICKS PHD PRESIDENT - RESEARCH INSTITUTE	1.00 0.00				X			1,401,807	0	23,479
JEFFREY OJEMANN MD SR VP - CHIEF MEDICAL OFFICER	55.00 0.00				X			234,976	430,548	90,069
ZAFAR CHAUDRY MD SR VP - CHIEF INFORMATION OFFICER	55.00 0.00				X			548,402	0	92,145
MYRA GREGORIAN SR VP - CHIEF PEOPLE OFFICER	55.00 0.00				X			526,506	0	110,957
RUSSELL WILLIAMS SR VP-STRATEGY, CAPITAL, REG NETWORKS	55.00 1.00				X			523,141	0	112,142
JEFFREY AVANSINO MD VP - MEDICAL AFFAIRS	55.00 0.00				X			390,575	167,763	59,699
ERIC THAM MD SR VP & CHIEF RESEARCH OPS OFFICER	55.00 0.00				X			496,163	0	48,657
PAUL SHAREK MD VP - CHIEF QUALITY & SAFETY OFFICER	55.00 0.00				X			499,693	0	29,243
RUTH MCDONALD MD VP-CHIEF MEDICAL OPERATIONS OFFICER	55.00 0.00				X			486,577	0	29,011

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			
MADLYN MURREY SR VP - CHIEF CLINICAL & NURSING OFF	1.00 0.00				X			443,147	31,553	32,675
KIMBERLY BAGGETT VP - CENTER BUSINESS OPERATIONS	1.00 0.00				X			462,795	0	21,704
MICHAEL JENSEN MD VP-SC THERAPEUTICS, CHIEF THERAP OFF	55.00 0.00				X			413,994	0	45,480
ERIK LAUSUND VP - RESEARCH OPERATIONS & LOGISTICS	55.00 0.00				X			388,260	0	42,668
STANLEY RA CHIEF INVESTMENT OFFICER	55.00 0.00				X			392,300	0	36,895
JOHN SAAVEDRA VP - PEOPLE OPERATIONS	55.00 0.00				X			376,317	0	34,371
PRADIPTA KOMANDURI VP - CLINICAL SUPPORT SERVICES	55.00 0.00				X			371,148	0	31,964
TRINH PHAM-DEMBINSKI VP - THERAPEUTICS OPERATIONS	55.00 0.00				X			374,688	0	15,422
BONNIE FRYZLEWICZ SR VP & CHIEF NURSING OFFICER	55.00 0.00				X			331,137	0	46,255
VICTORIA CLEATOR VP-RES FACILITIES OPS, CAP PROJECTS	55.00 0.00				X			353,790	0	15,619

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			
JODI LONG VP & DEPUTY GENERAL COUNSEL	1.00 0.00				X			329,778	0	5,382
DOUGLAS PICHA PRESIDENT - FOUNDATION	5.50 49.50					X		63,799	861,355	37,940
MICHAEL ASTION MD PHD MEDICAL DIRECTOR - LABORATORIES	55.00 0.00					X		654,988	0	51,974
MARK EGBERT DDS CHIEF - ORAL & MAXILLOFACIAL SURGERY	55.00 0.00					X		544,389	0	53,370
CORY NOEL MD CARDIOLOGIST	55.00 0.00					X		515,372	0	48,184
KEVIN KOLLINS MD CARDIOLOGIST	55.00 0.00					X		474,166	0	44,752
WARREN HEWITT FORMER KEY EMPLOYEE	41.00 14.00						X	240,496	78,734	40,268
SCOTT BINGHAM FORMER KEY EMPLOYEE	55.00 0.00						X	284,367	0	36,536
PAMELA ROCK FORMER KEY EMPLOYEE	55.00 0.00						X	288,989	0	29,033
SUZANNE PETERSEN FORMER KEY EMPLOYEE	1.00 0.00						X	145,070	0	13,642

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			
CHRISTINE KESSLER FORMER KEY EMPLOYEE	1.00 0.00						X	125,855	0	13,849

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2021

Open to Public Inspection

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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	246,106,645	294,717,218	297,631,972	338,017,363	328,081,855	1,504,555,053
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	246,106,645	294,717,218	297,631,972	338,017,363	328,081,855	1,504,555,053
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.						1,504,555,053

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4. . .	246,106,645	294,717,218	297,631,972	338,017,363	328,081,855	1,504,555,053
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,689,382	73,111,110	50,818,939	47,499,657	60,420,729	287,539,817
9	Net income from unrelated business activities, whether or not the business is regularly carried on	64,447	330,013	612,837	1,371,193	308,154	2,686,644
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						1,794,781,514
12	Gross receipts from related activities, etc. (see instructions)					12	7,588,432,998

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 2021 (line 6, column (f) divided by line 11, column (f))	14	83.830 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	82.820 %

- 16a 33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	2		
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>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
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>		
	3c		
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>		
	4a		
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>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	4c		
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>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined on 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>		
	9b		
c	Did a disqualified person (as defined on 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>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on 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 on line 2a, above 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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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)

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.

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2021
Open to Public Inspection

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

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

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

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

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

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

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

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

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions _____

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	448,548	448,548												
c Total lobbying expenditures (add lines 1a and 1b)	448,548	448,548												
d Other exempt purpose expenditures	2,068,605,719	2,225,584,879												
e Total exempt purpose expenditures (add lines 1c and 1d)	2,069,054,267	2,226,033,427												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">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) 2018	(b) 2019	(c) 2020	(d) 2021	(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	485,351	496,099	432,212	448,548	1,862,210
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: 448,548 OTHER EXEMPT PURPOSE EXPENDITURES: 2,068,605,719 TOTAL EXEMPT PURPOSE EXPENDITURES: 2,069,054,267 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: 15,290,505 TOTAL EXEMPT PURPOSE EXPENDITURES: 15,290,505 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: 119,818,350 TOTAL EXEMPT PURPOSE EXPENDITURES: 119,818,350 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: 16,211,346 TOTAL EXEMPT PURPOSE EXPENDITURES: 16,211,346 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: 5,658,959 TOTAL EXEMPT PURPOSE EXPENDITURES: 5,658,959 NO 501(H) ELECTION WAS MADE

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

Supplemental Financial Statements

OMB No. 1545-0047 2021 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.

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 1-4 showing values for total number, aggregate value of contributions, grants, and end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property... 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with columns: Line number, Held at the End of the Year. Rows 2a-2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	700,156,000	533,143,000	454,809,000	444,625,000	409,859,000
b Contributions	13,084,000	37,085,000	37,952,000	6,140,000	12,310,000
c Net investment earnings, gains, and losses	-122,501,000	142,145,000	51,168,000	14,026,000	31,902,000
d Grants or scholarships					
e Other expenditures for facilities and programs	14,058,000	12,217,000	10,786,000	9,982,000	9,446,000
f Administrative expenses					
g End of year balance	576,681,000	700,156,000	533,143,000	454,809,000	444,625,000

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

- a** Board designated or quasi-endowment ▶ 60.080 %
- b** Permanent endowment ▶ 39.920 %
- 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

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		221,166,313		221,166,313
b Buildings		1,870,634,224	566,469,747	1,304,164,477
c Leasehold improvements		100,735,928	39,158,025	61,577,903
d Equipment		780,020,970	467,994,854	312,026,116
e Other		168,750,166	10,563,325	158,186,841
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,057,121,650

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	615,756,757	F
(B) INTEREST IN GENTIBIO INC	10,032,198	F
(C) INTEREST IN BE BIOPHARMA INC	1,895,342	F
(D) INTEREST IN UMOJA BIOPHARMA INC	5,675,042	F
(E) DEFERRED COMPENSATION PLANS	2,633,454	F
(F) OIL LEASES & MISC EQUITY INTERESTS	18,555	C
(G) LIFE INSURANCE	87,965	F
(H) INVESTMENT IN HCSA PROPERTIES LLC (H)	3,312,012	C
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	639,411,325	

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)RIGHT-OF-USE ASSETS, NET	140,323,150
(2)GRANTS AND CONTRACTS RECEIVABLE	50,411,482
(3)RECEIVABLE FROM AFFILIATE	5,955,459
(4)NEW MARKET TAX CREDIT LEVERAGE LOAN RECEIVABLE	24,560,875
(5)SAFETY NET ASSESSMENT	10,992,450
(6)RENTS RECEIVABLE	594,666
(7)OTHER ASSETS	8,335,229
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	241,173,311

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) SWAP MTM VALUE - BONDS	3,423,068
(3) DEFERRED COMPENSATION PLAN PAYABLE	2,633,454
(4) DEFERRED AND OTHER LIABILITIES	15,916,615
(5) PAYABLE TO AFFILIATE	293,255,315
(6) DUE TO BROKERS FOR SECURITIES PURCHASED	200,000
(7) OPERATING LEASE LIABILITIES	90,266,371
(8) FINANCE LEASE LIABILITIES	65,101,066
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	470,795,889

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

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
POOLED INVESTMENTS	615,756,757	F
INTEREST IN GENTIBIO INC	10,032,198	F
INTEREST IN BE BIOPHARMA INC	1,895,342	F
INTEREST IN UMOJA BIOPHARMA INC	5,675,042	F
DEFERRED COMPENSATION PLANS	2,633,454	F
OIL LEASES & MISC EQUITY INTERESTS	18,555	C
LIFE INSURANCE	87,965	F
INVESTMENT IN HCSA PROPERTIES LLC	3,312,012	C

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 2022 AND 2021, SCHS DID NOT RECORD ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

**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

2021

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.

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			372,538,230
b Total from continuation sheets to Part I	0	0			1,104,024
c Totals (add lines 3a and 3b)	0	0			373,642,254

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)
(1) See Add'l Data								
(2)								
(3)								
(4)								
5 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 ▶								2
3 Enter total number of other organizations or entities ▶								14
(7)							Schedule F (Form 990) 2021	
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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>PRINCIPAL INVESTIGATORS AT SEATTLE CHILDREN'S RESEARCH INSTITUTE, A DIVISION OF THE HOSPITAL, AND THEIR AFFILIATED CENTER BUSINESS OFFICE PERFORM QUARTERLY REVIEWS OF EACH SUBAWARD TO ENSURE THAT RECIPIENTS ARE MANAGING FUNDING IN ACCORDANCE WITH THE TERMS OF THE CONTRACT. THE OFFICE OF SPONSORED RESEARCH DEPARTMENT PERFORMS 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 PRINCIPAL 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 BY THE OFFICE OF SPONSORED RESEARCH, OFFICE OF RESEARCH FINANCE, AND THE CENTER BUSINESS OFFICE AS A PART OF THE SUBAWARD CLOSEOUT PROCESS. 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			INVESTMENTS		341,409,014
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		17,899,711

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			INVESTMENTS		7,831,178
NORTH AMERICA			INVESTMENTS		2,080,963

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,757,820
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,143,096

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		278,062
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		138,386

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		14,270
NORTH AMERICA	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES	436,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES	116,000
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES	50,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ESTIMATED PURCHASE OF MEDICAL SERVICES	50,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND MEETINGS	210,000

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
NORTH AMERICA	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND MEETINGS	62,000
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND MEETINGS	46,000

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	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND AID SITES	37,000
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	ESTIMATED TRAVEL TO MEDICAL CONFERENCES AND MEETINGS	5,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PEDIATRIC HEALTHCARE - GLOBAL HEALTH PATHWAY RESIDENCY PROGRAM	64,257
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PEDIATRIC EMERGENCY AND CRITICAL CARE - KENYA FELLOWSHIP TRAINING PROGRAM	13,497

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	RESEARCH GRANTS RECEIVED FROM ORGANIZATIONS IN THE REGION		
EUROPE (INCLUDING ICELAND & GREENLAND)	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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	723,392	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	596,401	WIRE TRANSFER	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	160,367	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	153,377	WIRE TRANSFER	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	82,894	WIRE TRANSFER	0		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	41,388	WIRE TRANSFER	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	336,949	WIRE TRANSFER	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	215,373	WIRE TRANSFER	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	171,277	WIRE TRANSFER	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	149,132	WIRE TRANSFER	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	125,494	WIRE TRANSFER	0		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	84,870	WIRE TRANSFER	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	AWARD IN SUPPORT OF RESEARCH PROJECT	60,000	WIRE TRANSFER	0		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	278,062	CHECK PAYMENT	0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	138,386	WIRE TRANSFER	0		
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD	9,100	WIRE TRANSFER	0		

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

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **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

OMB No. 1545-0047
2021
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>40000.0000000000</u> %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>59900.0000000000</u> %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a		No
b If "Yes," did the organization make it available to the public?	6b		

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	21,266	12,108,000	916,000	11,192,000	0.540 %
b Medicaid (from Worksheet 3, column a)	20	271,587	761,323,000	511,855,000	249,468,000	12.090 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	21	292,853	773,431,000	512,771,000	260,660,000	12.630 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	83		33,210,955	7,830,889	25,380,066	1.230 %
f Health professions education (from Worksheet 5)	93		50,561,590	11,678,055	38,883,535	1.890 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	7		275,949,638	199,713,001	76,236,637	3.700 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11		17,709,657	228,952	17,480,705	0.850 %
j Total. Other Benefits	194		377,431,840	219,450,897	157,980,943	7.670 %
k Total. Add lines 7d and 7j	215	292,853	1,150,862,840	732,221,897	418,640,943	20.300 %

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	7		727,286	36,478	690,808	0.030 %
4 Environmental improvements	1		21,492		21,492	0 %
5 Leadership development and training for community members						
6 Coalition building	1		2,500		2,500	0 %
7 Community health improvement advocacy						
8 Workforce development	10		3,288,688		3,288,688	0.160 %
9 Other	1		6,000		6,000	0 %
10 Total	20		4,045,966	36,478	4,009,488	0.190 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 1,030,198		
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 6,918,788
6 Enter Medicare allowable costs of care relating to payments on line 5	6 10,409,488
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -3,490,700
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				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
	a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
	b <input checked="" type="checkbox"/> Demographics of the community		
	c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input checked="" type="checkbox"/> How data was obtained		
	e <input checked="" type="checkbox"/> The significant health needs of the community		
	f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</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	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.SEATTLECHILDRENS.ORG/COMMUNITYHEALTHASSESSMENT</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</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.

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

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Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 2,273,538.

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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>

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES:</p>	<p>IN FISCAL YEAR 2022, AS PART OF OUR MISSION TO PROVIDE HOPE, CARE AND CURES, SEATTLE CHILDREN'S PROVIDED \$4 MILLION IN COMMUNITY BUILDING ACTIVITIES TO PROMOTE THE HEALTH OF THE COMMUNITY WE SERVE. EACH YEAR, 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 CONTINUE TO BUILD ON OUR LONG AND STRONG RECORD OF COLLABORATION WITH COMMUNITY GROUPS, BUSINESSES, ACADEMIC INSTITUTIONS AND GOVERNMENT ORGANIZATIONS WITH THE GOAL OF IMPROVING HEALTH OUTCOMES AND REDUCING HEALTH INEQUITIES FOR CHILDREN AND THEIR FAMILIES WITH AN EMPHASIS ON WORKING ALONGSIDE OUR COMMUNITIES TO ADDRESS SOME DETERMINANTS OF HEALTH. SOME EXAMPLES OF OUR COMMUNITY BUILDING ACTIVITIES INCLUDE THE FOLLOWING:- ODESSA BROWN CHILDREN'S CLINIC (OBCC) IS A COMMUNITY CLINIC OF SEATTLE CHILDREN'S. OBCC HAS LONG EMPLOYED A THRIVING COMMUNITY APPROACH FOR THEIR PATIENTS: CHILDREN FROM BIRTH THROUGH AGE 21 WHO RECEIVE CARE FROM A TEAM OF SPECIALLY TRAINED PEDIATRIC CARE PROVIDERS. OBCC HAS A RICH HERITAGE OF SERVING A DIVERSE COMMUNITY WITH A TEAM THAT REFLECTS THE COMMUNITY SERVED. THE CLINIC'S NEWEST LOCATION NEAR THE OTHELLO LINK LIGHT RAIL STATION OPENED IN MARCH 2022. THIS OTHELLO LOCATION IS CLOSER TO 75% OF FAMILIES SERVED BY OBCC WHO HAVE MOVED TO SOUTH SEATTLE AND SOUTH KING COUNTY FOR MORE AFFORDABLE HOUSING. THE CLINIC IS LOCATED WITHIN OTHELLO SQUARE, AN URBAN COMMUNITY CONCEPT ON 3.2 ACRES THAT OFFERS COMPLEMENTARY SERVICES, PARTNERS AND RESIDENCES. THESE INCLUDE AN ECONOMIC OPPORTUNITY CENTER, COMPUTER LAB, CHARTER SCHOOL, EARLY LEARNING CENTER AND MIXED-INCOME HOUSING. 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. OBCC HAS A MULTI-PRONGED AND MULTI-DISCIPLINARY APPROACH TO HEALTH: ONE THAT AIMS TO REDUCE THE NUMBER OF UNDER OR UNINSURED, PROMOTE ACCESS TO HEALTH CARE, IMPROVE CARE COORDINATION AND ENCOURAGE HEALTHY BEHAVIORS. - 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. 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. THEIR SKILLS TO ASSESS PEDIATRIC PATIENTS WILL HAVE A VALUABLE IMPACT IN CASE OF EMERGENCY RESPONSE DEPLOYMENT. IN LIGHT OF 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. - ANOTHER COMMUNITY BUILDING OFFERING IS OUR SCIENCE ADVENTURE LAB AND OUR HIGH SCHOOL STUDENT RESEARCH TRAINING PROGRAMS. THE SCIENCE ADVENTURE LAB IS A CUSTOM-BUILT, MOBILE SCIENCE LAB OUTFITTED WITH RESEARCH GRADE EQUIPMENT AND SPACE FOR UP TO 30 STUDENTS AT A TIME. THE MOBILE LAB TRAVELS TO SCHOOLS ACROSS WASHINGTON STATE TO PROVIDE INNOVATIVE, HANDS-ON SCIENCE CURRICULUM TO STUDENTS IN GRADES FOUR AND ABOVE. AT THIS STAGE OF THE PANDEMIC AND BEYOND, SAFETY IS OUR PRIORITY. WE CRAFTED NUMEROUS PRECAUTIONS IN FISCAL YEAR 2022 TO ALLOW OUR STAFF AND STUDENTS TO RETURN TO IN PERSON LEARNING INCLUDING DEPLOYING HEPA FILTRATION IN OUR MOBILE LAB WITH 15 AIR CHANGES PER HOUR (WHILE A STANDARD CLASSROOM IS REQUIRED TO HAVE 4-6). WE ALSO HAD FULLY VACCINATED INSTRUCTORS. OVER THE LAST YEAR WE INTERACTED WITH MORE THAN 2,458 STUDENTS AND THEIR TEACHERS THAT ENRICHED EXISTING CLASSROOM EDUCATION WHILE SERVING AN ADDITIONAL 2,552 STUDENTS IN VIRTUAL CLASSROOMS. IN ADDITION TO THE MOBILE AND VIRTUAL LABS, OUR SCIENCE EDUCATION DEPARTMENT HOSTS HIGH SCHOOL STUDENTS FOR EXPOSURE TO CAREERS IN BIOMEDICAL RESEARCH AND HEALTH CARE AND SERVED OVER 220 HIGH SCHOOLERS IN OUR RESEARCH TRAINING PROGRAM. WE CONTINUED OUR PROGRAMS WITH HIGHLINE SCHOOL DISTRICT AND HELPED DOZENS OF STUDENTS GAIN EXPOSURE TO BIOMEDICAL AND GLOBAL HEALTH CAREER PATHWAYS. ADDITIONALLY WE PARTICIPATED IN SOUND CAREERS IN HEALTHCARE WEEK AS WELL AS MANY OTHER 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</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	ORK. THESE GROUPS HAVE PARTNERED WITH COMMUNITY BASED ORGANIZATIONS TO DEVELOP AND SUPPORT PROGRAMMING LED BY LOCAL LEADERS AND TO 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 EDUCATION. WE 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.

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Form and Line Reference	Explanation
PART III, LINE 2:	<p>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.</p>

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Form and Line Reference	Explanation
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 PAGE 30 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.

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Form and Line Reference	Explanation
PART III, LINE 8:	<p>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.</p>

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Form and Line Reference	Explanation
PART III, LINE 9B:	<p>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.</p>

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Form and Line Reference	Explanation
PART VI, LINE 2:	IN ADDITION TO CONDUCTING ITS PEDIATRIC CHNA, SEATTLE CHILDREN'S COLLABORATES WITH OTHER HOSPITALS IN THE KING COUNTY REGION TO JOINTLY AUTHOR A SECOND AND MORE GEOGRAPHICALLY FOCUSED COMMUNITY HEALTH NEEDS ASSESSMENT. SEATTLE CHILDREN'S ALSO DEVELOPS AND AUTHORS A STRATEGIC PLAN THAT INVESTIGATES AND RESEARCHES THE CURRENT STATE OF SPECIALTY CARE ACCESS, MENTAL HEALTH AND EMERGENCY CARE ACCESS, AND SHORTAGE ISSUES INCLUDING BOTH SERVICES AND STAFFING. WE ALSO 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. FINALLY, NUMEROUS PROGRAMS AND DEPARTMENTS IN THE HOSPITAL CONDUCT ASSESSMENTS TO IDENTIFY HEALTH PROMOTION, HEALTH CARE AND HEALTH DISPARITIES THAT IMPACT THE HEALTH OF CHILDREN AND FAMILIES.

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Form and Line Reference	Explanation
PART VI, LINE 3:	<p>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. A STATEMENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE IS PROVIDED DURING THE ELECTRONIC CHECK-IN PROCESS THROUGH THE PATIENT PORTAL AND ALSO INCLUDED ON ALL HOSPITAL BILLS, 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.</p>

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Form and Line Reference	Explanation
PART VI, LINE 4:	<p>WITH A SERVICE AREA OF ALMOST ONE MILLION SQUARE MILES, 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 CHILDREN'S HEALTH INSURANCE PROGRAM (KNOWN AS CHIP OR APPLE HEALTH FOR KIDS IN WASHINGTON STATE). IN 2022, WE HAD 391,653 PATIENT VISITS. 17% OF OUR PATIENTS CAME FROM SEATTLE, 32% FROM KING COUNTY, 47% 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, RURAL, AND FRONTIER COMMUNITIES. DEMOGRAPHICALLY, 43.6% OF OUR PATIENTS IDENTIFY AS NON-HISPANIC WHITE, 19.2% IDENTIFY AS HISPANIC/LATINX, 11.9% AS AMERICAN INDIAN AND ALASKA NATIVE, 6.8% ARE UNKNOWN OR DID NOT ANSWER, 6.4% AS TWO OR MORE RACES, 6.1% AS BLACK OR AFRICAN AMERICAN, AND 5.1% AS ASIAN, NATIVE HAWAIIAN AND/OR OTHER PACIFIC ISLANDER. 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 AND 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 ONGOING 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 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>SEATTLE CHILDREN'S IS GOVERNED BY A BOARD OF TRUSTEES, CONSISTING OF BETWEEN 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)UNTIL APRIL 2022, THE SEATTLE CANCER CARE ALLIANCE, A WASHINGTON NONPROFIT CORPORATION AND 501(C)(3) ORGANIZATION, OFFERED A COMPREHENSIVE PROGRAM OF INTEGRATED CANCER CARE SERVICES. ITS MEMBERS WERE SEATTLE CHILDREN'S HEALTHCARE SYSTEM, UW, AND FRED HUTCHINSON CANCER RESEARCH CENTER. SCCA OPERATED AN AMBULATORY CANCER CARE SERVICES FACILITY AND A 20-BED LICENSED HOSPITAL INSIDE UWMC. IN APRIL 2022, THE MEMBERS OF SCCA COMPLETED A RESTRUCTURE OF THEIR PARTNERSHIP AND SEATTLE CHILDREN'S HEALTHCARE SYSTEM EXITED THE SCCA. THE RESTRUCTURE RESULTED IN THE FORMATION OF THE FRED HUTCHINSON CANCER CENTER. SEATTLE CHILDREN'S HOSPITAL CONTINUES TO COLLABORATE WITH THESE ORGANIZATIONS THROUGH INTEGRATED CANCER RESEARCH PROGRAMS AND PROVISION OF PEDIATRIC CANCER CARE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	SEATTLE CHILDREN'S HOSPITAL IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7:	BECAUSE THERE IS NO REQUIREMENT TO DO SO, SEATTLE CHILDREN'S HOSPITAL DOES NOT FILE A COMMUNITY BENEFIT REPORT IN WASHINGTON OR ANY OTHER STATE.

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 FOURTH COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2022 TO COVER THE FISCAL PERIOD ENDING 2022-2025 (TAX YEARS 2021-2024) 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 VILLAGE, YOUTHCARE, CENTER FOR CHILD AND YOUTH JUSTICE, UNITE D 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 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 OPPORTUNITY, AND- HEALTHY LIFESTYLES (HEALTHY EATING, ACTIVE LIVING AND FOOD SECURITY). OUR PRIORITIES HAVE BEEN APPROVED BY THE SEATTLE CHILDREN'S HOSPITAL GOVERNING BOARD OF TRUSTEES AND INCORPORATED INTO THE HOSPITAL'S OPERATING, COMMUNITY OUTREACH AND STRATEGIC INITIATIVES. THE COMMUNITY HEALTH NEEDS ASSESSMENT AND RESULTING COMMUNITY HEALTH IMPLEMENTATION STRATEGIES ARE AVAILABLE ON OUR WEBSITE: WWW.SEATTLECHILDRENS.ORG/COMMUNITYHEALTHASSESSM</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	ENT

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 5: IN THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (TAX YEARS 2021-2024), 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 ENGAGEMENT WITH 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 AS WELL AS CONDUCTED A SURVEY OF KEY INFORMANTS, STAKEHOLDERS AND PARENTS IN THE REGION. - WE REVIEWED RECENT REPORTS ON LOCAL AND STATE HEALTH NEEDS. - TO IDENTIFY COMMUNITY CONCERNS AND ASSETS, SEATTLE CHILDREN'S SURVEYED AND INTERVIEWED STAKEHOLDERS, CONSULTED RECENT COMMUNITY-BASED REPORTS AND PULLED INFORMATION FROM PREVIOUS HOSPITAL CHNAS FOR THE GEOGRAPHIC AREAS THEY WORKED IN FOR THE MONTH.- APPROXIMATELY 85% OF THE PARTICIPANTS TAKING PART IN THESE MEETINGS, LISTENING SESSIONS AND SURVEY RESPONDENTS 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 MODELS 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: SEATTLE CHILDREN'S 2022 CHNA 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 RESEARC H 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, G EOGRAPHY, BEING IN A RURAL OR URBAN AREA, SOCIOECONOMIC STATUS, ENVIRONMENTAL FACTORS, HEA LTH LITERACY AND DISABILITY:</p> <p>(1) MENTAL AND BEHAVIORAL HEALTH:THE UNITED STATES IS FACING A NATIONAL YOUTH MENTAL HEALTH CRISIS EXACERBATED BY THE COVID-19 PANDEMIC. THIS CRISIS IS FELT LOCALLY IN THE WAMI REGION. DATA PRIOR TO THE PANDEMIC INDICATES THAT THE PERCENTAGE OF YOUTH WHO EXPERIENCED A MAJOR DEPRESSIVE EPISODE HAD DOUBLED NATIONALLY OVER THE PAST D ECADE AND SUICIDE RATES AMONG YOUTH AGES 10-19 INCREASED STEADILY FROM 2007 TO 2016. THE Y OUTH MENTAL HEALTH CRISIS HAS WORSENE D DUE TO INCREASED NEED FOR SUPPORT AS WELL AS INCREA SING BARRIERS IN ACCESS TO CARE FOR MANY PATIENT POPULATIONS. WASHINGTON, ALASKA, MONTANA, AND IDAHO HAVE SOME OF THE HIGHEST RATES OF SUICIDE FOR ADOLESCENTS AND CONSISTENTLY RANK AS STATES WITH ABOVE AVERAGE RATES OF YOUTH MENTAL ILLNESS AND BELOW AVERAGE RATES OF ACC ESS TO CARE. LACK OF MENTAL HEALTH SERVICES, RESOURCES, AND UNDERSTANDING AS WELL AS CONTI NUED MENTAL HEALTH STIGMA WERE CONSISTENTLY EXPRESSED AS AREAS OF CONCERN. ADDITIONALLY, T HERE ARE HIDDEN BARRIERS AND OTHER DIFFICULTIES IN NAVIGATING THE MENTAL HEALTH SYSTEM AND FEW PROFESSIONALS WHO KNOW HOW TO NAVIGATE IT. IN ADDITION TO MAINTAINING OUR BED EXPANSI ON IN OUR PSYCHIATRY AND BEHAVIORAL MEDICINE UNIT, WE HAVE CONTINUALLY EXPANDED THE PARTNE RSHIP ACCESS LINE (PAL), A TELEPHONE-BASED CHILD MENTAL HEALTH CONSULTATION SYSTEM THAT AL LOWS PRIMARY CARE PROVIDERS, NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS TO TREAT KIDS WH ILE KEEPING THEM CLOSER TO HOME. CHILD PSYCHIATRISTS AFFILIATED WITH THE UNIVERSITY OF WAS HINGTON SCHOOL OF MEDICINE AND SEATTLE CHILDREN'S HOSPITAL PROVIDE RAPID CONSULTATION RESP ONSES 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 ALSO MAINTAINED THE WASHINGTON'S MENTAL HEALTH REFERRAL SERVICE FOR CHILDREN AND TEENS WH ICH 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 WASHI NGTON 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. IN 2021, SEATTLE CHILD</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>REN'S LAUNCHED AN ORGANIZATION-WIDE MENTAL HEALTH INITIATIVE TITLED GENERATION REACH, WHICH BRINGS TOGETHER A COALITION OF INTERNAL COLLEAGUES AND COMMUNITY PARTNERS TO COLLABORATE ON IMPROVING MENTAL AND BEHAVIORAL HEALTH. REACH IS AN ACRONYM OUTLINING THE FIVE PILLARS OF FOCUS AT SEATTLE CHILDREN'S: RESEARCH AND INNOVATION, ECOSYSTEM AND EQUITY, ACCESS, CAPITAL, AND HEALTHY FAMILIES AND COMMUNITIES. (2) SUICIDE AND INJURY PREVENTION: SUICIDE AND INJURY ARE ATTRIBUTED TO A VARIETY OF FACTORS. WHILE BOTH INTENTIONAL AND UNINTENTIONAL INJURIES ARE PREVALENT, MANY ARE PREVENTABLE. SEATTLE CHILDREN'S USES EVIDENCE-BASED AND EVIDENCE-INFORMED SUICIDE AND INJURY PREVENTION STRATEGIES TO SUPPORT THE HEALTH AND SAFETY OF CHILDREN AND TEENS. INJURIES, SUICIDE, AND HOMICIDE ARE LEADING CAUSES OF DEATH FOR CHILDREN AND TEENS IN THE UNITED STATES. BETWEEN 2016 AND 2020, UNINTENTIONAL INJURIES REMAINED THE OVERALL TOP LEADING CAUSE OF DEATH FOR CHILDREN AGES ONE TO 24 IN WASH. SUICIDE IS THE SECOND LEADING CAUSE OF DEATH FOR AGES 10-24 IN WASH. NOTABLY, AS OF 2019, NATIONWIDE FIREARM-RELATED INJURIES SURPASSED MOTOR VEHICLE CRASHES AS THE MOST COMMON CAUSE OF DEATH FROM INJURY IN CHILDREN AND ADOLESCENTS. PREVENTATIVE MEASURES WE CAN IMPLEMENT TO REDUCE HARM INCLUDE FIREARM SAFETY COUNSELING AND EDUCATION FROM HEALTHCARE PROVIDERS OR COMMUNITY ADVOCATES PAIRED WITH STORAGE DEVICE DISTRIBUTION TO PROMOTE SAFER FIREARM STORAGE AT HOME. INCORPORATING ANTI-RACIST AND TRAUMA-INFORMED APPROACHES TO PROMOTE HEALTHY AND SAFE NEIGHBORHOODS IS ESSENTIAL TO YOUTH VIOLENCE PREVENTION. PROMOTING SECURE MEDICINE STORAGE, SAFE MEDICINE DISPOSAL, EDUCATION ON SAFE USE OF OVER-THE-COUNTER AND PRESCRIPTION MEDICINES, AND INCREASING ACCESS TO NALOXONE ARE KEY STRATEGIES TO PREVENT MEDICINE MISUSE, SELF-HARM, POISONING AND OVERDOSE. PARENTAL SUPPORT FOR POSITIVE PARENTING, SKILLS TO PROMOTE HEALTHY CHILD DEVELOPMENT, AND STRENGTHENING ECONOMIC SUPPORT ARE EXAMPLES OF EFFORTS TO PREVENT CHILD ABUSE AND NEGLECT. ALSO, WE HAVE HELPED DEVELOP SUICIDE AND INJURY PREVENTION TACTICS WHERE WE TAILOR OUR MESSAGE ACCORDING TO THE DEVELOPMENTAL LEVEL, KNOWLEDGE, BELIEFS, AND BEHAVIORS OF EACH GROUP WE SERVE. IN ADDITION, WE CONTINUE TO SUPPORT AND OPERATE 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 TO SAFELY STORE FIREARMS AS A WAY TO PREVENT SUICIDE AND PROVIDE ONE MECHANISM FOR LETHAL MEANS RESTRICTION. 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</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>IP WITH MEMBERS OF THE STATEWIDE DROWNING PREVENTION NETWORK, PUBLIC HEALTH, SAFE KIDS, AND THROUGH COMMUNITY ORGANIZATIONS INCLUDING HEAD START.(3) HEALTHY LIFESTYLES:ESTABLISHING FOUNDATIONS FOR GOOD NUTRITION AND PHYSICAL ACTIVITY CAN HAVE IMPLICATIONS ON A CHILD'S M ENTAL AND PHYSICAL HEALTH. IT IS ESTIMATED THAT APPROXIMATELY ONE-THIRD OF CHILDREN AND AD OLESCENTS IN THE UNITED STATES WILL FACE CHALLENGES MAINTAINING A HEALTHY WEIGHT BY 2023. WEIGHT MANAGEMENT CHALLENGES IN CHILDREN ARE A MAJOR CONCERN DUE TO THEIR LONG-TERM EFFECT S. IN 2020, WASHINGTON STATE HAD A WEIGHT PROBLEM RATE OF 13.2% FOR CHILDREN AGES 10-17, R ANKING IT 40TH IN THE NATION, WITH THAT RATE HAVING RISEN 50% SINCE 2016. IT IS RECOMMENDE D THAT CHILDREN AND ADOLESCENTS PARTICIPATE IN AT LEAST 60 MINUTES OF PHYSICAL ACTIVITY MO ST DAYS OF THE WEEK, PREFERABLY DAILY. LESS THAN HALF OF CHILDREN IN WASHINGTON MET THAT L EVEL OF PHYSICAL ACTIVITY IN 2021 AND THIS FINDING WAS ECHOED IN LISTENING SESSIONS. FOOD INSECURITY POSES A SIGNIFICANT CHALLENGE TO ESTABLISHING A SOLID FOUNDATION FOR CHILDREN'S MENTAL AND PHYSICAL WELL-BEING. FOOD INSECURITY IS WHEN CONSISTENT ACCESS TO AFFORDABLE, NUTRITIOUS FOOD IS NOT AVAILABLE. IN 2021, 12.5% OF HOUSEHOLDS IN THE U.S. WITH CHILDREN U NDER THE AGE OF 18 EXPERIENCED FOOD INSECURITY. IN WASHINGTON, 20% OF CHILDREN LIVE IN HOU SEHOLDS EXPERIENCING FOOD INSECURITY. ACCORDING TO THE 2021 WASHINGTON HEALTHY YOUTH SURVE Y, 77% OF YOUTH CONSUME LESS THAN 5 SERVINGS OF FRUIT AND VEGETABLES PER DAY. BLACK AND HI SPANIC FAMILIES IDENTIFIED AS EXPERIENCING FOOD INSECURITY AT A MUCH HIGHER RATE THAN WHIT E FAMILIES. WHILE BENEFITS LIKE THE FEDERAL SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNA P) PROVIDE FAMILIES WITH ELECTRONIC BENEFITS USED MUCH LIKE A DEBIT CARD TO PURCHASE BREAD S, CEREALS, FRUITS, VEGETABLES, MEAT, AND DAIRY PRODUCTS FROM PARTICIPATING STORES, MANY C OMMUNITIES DO NOT EVEN HAVE A GROCERY STORE ACCESSIBLE IN THEIR IMMEDIATE NEIGHBORHOOD. HA LF OF SNAP BENEFICIARIES ARE CHILDREN. FAMILIES REPORTED THEY OFTEN HAVE TO MAKE DECISIONS BETWEEN FOOD AND OTHER BASIC NEEDS, SUCH AS HOUSING. FAMILIES SHARED MANY CONCERNS ABOUT NUTRITION AND ACCESS TO HEALTHY AFFORDABLE FOODS. THE COST OF FOOD, INCLUDING PRODUCE, HAS INCREASED, ADDING MORE CHALLENGES TO FAMILIES ALREADY STRUGGLING TO ACQUIRE NUTRITIOUS FO ODS. ALTHOUGH THERE IS NO SINGULAR OR SIMPLE SOLUTION, SEATTLE CHILDREN'S IS COMMITTED TO PROMOTING HEALTHY LIFESTYLES AND INCREASING ACCESS TO HEALTHY FOODS AS A PORTION OF ITS RE SOURCE INVESTMENT. THESE STRATEGIES ARE FOUNDATIONAL IN CREATING FAIR AND EQUITABLE HEALTH CARE OUTCOMES FOR ALL IN THE REGION. (CONTINUED ON FUTURE PAGE)</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 FOURTH COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2022 TO COVER THE FISCAL PERIOD ENDING 2022-2025 (TAX YEARS 2021-2024). IN THIS CHNA, WE LOOKED AT AND ANALYZED OVER 150 INDICES 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 OPPORTUNITY 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 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 11:	<p>(CONTINUED FROM PRIOR PAGE)(4) ECONOMIC OPPORTUNITY: APPROXIMATELY 30% OF CHILDREN IN THE UNITED STATES LIVE IN POVERTY OR NEAR POVERTY AND ONE IN THREE U.S. CHILDREN SPEND ONE YEAR OR MORE LIVING IN A HOUSEHOLD THAT IS BELOW THE POVERTY LINE BEFORE THEIR 18TH BIRTHDAY. THE POVERTY LEVEL IS SET BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) AND IS THE SAME FOR A FAMILY IN SEATTLE AS IT IS FOR A FAMILY IN WAPATO. EVEN THOUGH WASHINGTON IS AMONG THE TOP FIVE STATES WITH THE MOST ROBUST ECONOMY, 14% OF CHILDREN IN WASHINGTON LIVE IN HOUSEHOLDS THAT FALL UNDER THE POVERTY THRESHOLD, WHICH IS SET AT AN ANNUAL INCOME OF \$24,860 OR LESS FOR A FAMILY OF THREE. CHILDREN IN WASHINGTON WHO IDENTIFY AS "OTHER" RACE ARE AT AN EVEN HIGHER PERCENTAGE: 22.5%. THE LONG-TERM EFFECTS OF LIVING UNDER ECONOMIC INSECURITY MANIFEST IN SEVERAL WAYS AND ARE LINKED TO POORER HEALTH OUTCOMES. REDUCING CHILD POVERTY AND PROMOTING ECONOMIC SECURITY AND MOBILITY NOT ONLY IMPROVES WELL-BEING FOR CHILDREN AND THEIR FAMILIES, BUT ALSO HAS LONG-TERM NET BENEFITS FOR SOCIETY, SUCH AS HIGHER TAXES PAID, LOWER HEALTH CARE COSTS, AND LESS CRIME. INVESTING IN THE HEALTH AND WELL-BEING OF OUR CHILDREN -- OUR NATION'S FUTURE COMMUNITY MEMBERS AND LEADERS -- IS CRITICAL TO EFFECTIVELY MAINTAIN AND CULTIVATE A THRIVING REGION. BECAUSE THE RELATIONSHIP BETWEEN WEALTH, LOCATION AND HEALTH HAS BEEN WELL-ESTABLISHED, SEATTLE CHILDREN'S SEEKS TO INTENTIONALLY LEVERAGE OUR ASSETS TO ACHIEVE HEALTH EQUITY BY IMPROVING ECONOMIC VITALITY AND ADDRESSING OTHER SOCIAL DETERMINANTS OF HEALTH. INVESTING IN TRANSPORTATION AND HOUSING AFFORDABILITY, EDUCATION (INCLUDING EARLY CHILDHOOD EDUCATION), AND EMPLOYMENT ARE SOME AVENUES SEATTLE CHILDREN'S WILL TARGET TO IMPROVE ECONOMIC SECURITY IN COMMUNITIES ACROSS WAMI. 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 AND 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, 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>

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 OLIVE LAB 1100 OLIVE WAY STE 100 SEATTLE, WA 98101	PEDIATRIC RESEARCH
4 5 - RESEARCH INSTITUTE WEST 8TH 2001 EIGHTH AVE STE 400 SEATTLE, WA 98121	PEDIATRIC RESEARCH
5 6 - BELLEVUE CLINIC & SURGERY CENTER 1500 116TH AVE NE BELLEVUE, WA 98004	CLINIC, SUB SPECIALTY SERVICES, URGENT CARE AND SURGERY CENTER
6 7 - SEATTLE CHILDREN'S HOME CARE SERVICES 2525 220TH STREET SE STE 101 BOTHELL, WA 98201	PEDIATRIC HOME CARE SERVICES THAT SUPPORT HOSPITAL
7 8 - SEATTLE CHILDREN'S SOUTH CLINIC 34920 ENCHANTED PARKWAY S FEDERAL WAY, WA 98003	AMBULATORY CLINIC PROVIDING PRIMARY, CARDIOLOGY AND SUB SPECIALTY CARE
8 9 - SEATTLE CHILDREN'S NORTH CLINIC 1815 13TH ST EVERETT, WA 98201	CLINIC, SUB SPECIALTY SERVICES, AND URGENT CARE
9 10 - SEATTLE CHILDREN'S AT OVERLAKE 1231 116TH AVE NE STE 385 BELLEVUE, WA 98004	SUB SPECIALTY CARE
10 11 - SEATTLE CHILDREN'S FETAL CARE CLINIC 4540 SAND POINT WAY NE BLDG 1 STE 32 SEATTLE, WA 98105	FETAL CARE AND TREATMENT CENTER
11 12 - SEATTLE CHILDREN'S AUTISM CENTER 4909 25TH AVE NE SEATTLE, WA 98105	AUTISM CLINIC
12 13 - ODESSA BROWN CLINIC CENTRAL DIST 2101 E YESLER WAY SEATTLE, WA 98122	AMBULATORY CLINIC PROVIDING PRIMARY AND SUB SPECIALTY CARE
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 - ODESSA BROWN CLINIC OTHELLO 3939 S OTHELLO ST STE 101 SEATTLE, WA 98118	AMBULATORY CLINIC PROVIDING PRIMARY AND SUB SPECIALTY CARE
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 - SEATTLE CHILDREN'S TRI-CITIES CLINIC 8232 W GRANDRIDGE BLVD KENNEWICK, WA 99336	AMBULATORY CLINIC PROVIDING PRIMARY AND SUB SPECIALTY CARE
7 23 - SEATTLE CHILDREN'S WENATCHEE CLINIC 526 N CHELAN AVE STE B WENATCHEE, WA 98801	PEDIATRIC MEDICAL CLINIC
8 24 - PEDIATRIC CARDIOLOGY OF ALASKA 3841 PIPER ST STE T345 ANCHORAGE, AK 99508	CARDIOLOGY 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

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

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SEATTLE CHILDREN'S HOSPITAL

Employer identification number 91-0564748

Part I General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 167
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. PRINCIPAL INVESTIGATORS AT SEATTLE CHILDREN'S RESEARCH INSTITUTE, A DIVISION OF THE HOSPITAL, AND THEIR AFFILIATED CENTER BUSINESS OFFICE PERFORM QUARTERLY REVIEWS OF EACH SUBAWARD TO ENSURE THAT RECIPIENTS ARE MANAGING FUNDING IN ACCORDANCE WITH THE TERMS OF THE CONTRACT. THE OFFICE OF SPONSORED RESEARCH DEPARTMENT PERFORMS 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 PRINCIPAL 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 BY THE OFFICE OF SPONSORED RESEARCH, OFFICE OF RESEARCH FINANCE, AND THE CENTER BUSINESS OFFICE AS A PART OF THE SUBAWARD CLOSEOUT PROCESS. 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
ACCESS TO ADVANCED HEALTH INSTITUTE 1616 EASTLAKE AVE E STE 400 SEATTLE, WA 98102	91-1608978	501(C)(3)	6,263	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
ASCENSION SETON PO BOX 204242 DALLAS, TX 753204242	74-1109643	501(C)(3)	14,291	0			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
AHS HOSPITAL CORPORATION PO BOX 48328 NEWARK, NY 07101	52-1958352	501(C)(3)	18,445	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
AIDS HEALTHCARE FOUNDATION 6255 W SUNSET BLVD 21ST FL LOS ANGELES, CA 90028	95-4112121	501(C)(3)	35,792	0			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)	93,609	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
AMERICAN ACADEMY OF PEDIATRICS 141 NORTHWEST POINT BLVD ELK GROVE, IL 60007	36-2275597	501(C)(3)	8,500	0			SPONSORSHIP OF NEWSLETTER AND EVENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	10,000	0			SPONSORSHIP OF ALASKA HEART RUN AND WALK
ANGEL FLIGHT WEST INC 3161 DONALD DOUGLAS LOOP S SANTA MONICA, CA 90405	95-3956297	501(C)(3)	24,400	0			SPONSORSHIP OF ENDEAVOR AWARDS EVENT

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
ALLEN INSTITUTE 615 WESTLAKE AVE N SEATTLE, WA 98109	91-2155317	501(C)(3)	12,046	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
ANN AND ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 EAST CHICAGO AVE BOX 205 CHICAGO, IL 60611	36-2170833	501(C)(3)	143,279	0			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
ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 852876011	86-0196696	GOVERNMENT	300,744	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE INC 1 CHILDRENS WAY LITTLE ROCK, AR 722023591	71-0694931	501(C)(3)	27,284	0			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
ASHLEY HOUSE 33811 9TH AVE S FEDERAL WAY, WA 98003	94-3080307	501(C)(3)	200,000	0			GIFT IN SUPPORT OF PEDIATRIC TRANSITIONAL CARE FACILITY
ASSOCIATION OF ALASKA SCHOOL BOARDS 1111 W 9TH ST JUNEAU, AK 99801	92-0098760	501(C)(3)	19,000	0			GRANT FOR CREATION AND DISTRIBUTION OF ACADEMIC LEARNING RESOURCES TO FAMILIES

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
BAYLOR COLLEGE OF MEDICINE 6701 FANNIN ST STE 1040 HOUSTON, TX 77030	74-1613878	501(C)(3)	380,790	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON 1201 NINTH AVE SEATTLE, WA 981012795	91-0653422	501(C)(3)	798,369	0			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
BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215	04-2103881	501(C)(3)	753,539	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CAREERWORKS INC 601 UNION ST STE 3030 SEATTLE, WA 98101	82-2896556	501(C)(3)	10,000	0			GRANT IN SUPPORT OF CAREERWORK\$ MEDICAL 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
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE NORD HALL CLEVELAND, OH 44106	34-1018992	501(C)(3)	80,275	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CATHOLIC UNIVERSITY OF AMERICA 620 MICHIGAN AVE NE WASHINGTON, DC 20064	53-0196583	501(C)(3)	11,693	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR MULTICULTURAL HEALTH 1120 EAST TERRACE ST STE 200 SEATTLE, WA 98122	91-0983698	501(C)(3)	6,000	0			HEALTHY KING COUNTY COALITION PROGRAM AND SUMMIT SPONSORSHIPS
CHILDREN'S ALLIANCE 718 6TH AVE S SEATTLE, WA 98104	91-0982879	501(C)(3)	7,500	0			SPONSORSHIP OF VOICES FOR CHILDREN EVENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HEALTHCARE OF ATLANTA INC 1575 NORTHEAST EXPRESSWAY ATLANTA, GA 30329	58-2367819	501(C)(3)	24,387	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CHILDREN'S HOSPITAL OF PHILADELPHIA PO BOX 8500 LOCKBOX 1457 PHILADELPHIA, PA 191781457	23-1352166	501(C)(3)	146,758	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD MS97 LOS ANGELES, CA 90027	95-1690977	501(C)(3)	694,561	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CHILDREN'S HOSPITAL OF ORANGE COUNTY 1201 W LA VETA AVE ORANGE, CA 92868	95-2321786	501(C)(3)	13,281	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL & RESEARCH CENTER AT OAKLAND 747 52ND STREET OAKLAND, CA 94609	94-0382330	501(C)(3)	44,464	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 022414413	04-2774441	501(C)(3)	245,187	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MINNESOTA 2525 CHICAGO AVE S MINNEAPOLIS, MN 55404	38-3384800	501(C)(3)	31,353	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW STE 5400 WASHINGTON, DC 20010	52-1640403	501(C)(3)	145,433	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S UNIVERSITY MEDICAL GROUP 4500 SANDPOINT WAY NE STE 100 SEATTLE, WA 98105	91-1336707	501(C)(3)	7,885,506	0			INSURANCE SUPPORT
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVE MLC4900 CINCINNATI, OH 452293039	31-0833936	501(C)(3)	172,555	0			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
COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 805232002	84-6000545	GOVERNMENT	538,978	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
COLUMBIA UNIVERSITY PO BOX 29789 GPO NEW YORK, NY 100879789	13-5598093	501(C)(3)	99,669	0			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
CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON ST HARTFORD, CT 06106	06-0646755	501(C)(3)	47,045	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
COOK CHILDREN'S MEDICAL CENTER 801 SEVENTH AVE FORT WORTH, TX 76104	75-2051646	501(C)(3)	24,476	0			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
CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 148510022	15-0532082	501(C)(3)	122,616	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
CRAIG WAVERUNNERS SWIM CLUB PO BOX 877 CRAIG, AK 99921	47-1501279	501(C)(3)	7,262	0			GRANT FOR PURCHASE OF TRAINING EQUIPMENT FOR SWIM TEAM

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
CRISIS CONNECTIONS 2901 THIRD AVE STE 100 SEATTLE, WA 98121	91-0773187	501(C)(3)	5,750	0			SPONSORSHIP OF SUICIDE PREVENTION CURRICULUM
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	0			CHAPTER COMMUNITY PARTNER SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON RD BETHESDA, MD 20814	13-1930701	501(C)(3)	11,992	0			SPONSORSHIPS OF BREATH OF LIFE CELEBRATIONS
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BP451 BOSTON, MA 02215	04-2263040	501(C)(3)	1,014,184	0			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
DAYTON CHILDREN'S HOSPITAL ONE CHILDRENS PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	6,974	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 311935084	58-0566256	501(C)(3)	1,291,024	0			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
FIREWEED DANCE GUILD PO BOX 6325 SITKA, AK 99835	81-5034267	501(C)(3)	7,500	0			GRANT TO SUPPORT MARKETING MATERIALS, SPACE RENTAL, AND DANCE CLOTHES TO SUPPORT ACTIVE LIVING AND CREATIVE ARTS FOR YOUTH
FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH ST MIAMI, FL 33199	65-0177616	GOVERNMENT	267,555	0			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
FORTERRA NW PO BOX 4189 SEATTLE, WA 98194	94-3112461	501(C)(3)	21,492	0			CONTRIBUTION TOWARD THE PLANTING OF TREES IN ORDER TO SEQUESTER CARBON
FRED HUTCHINSON CANCER CENTER PO BOX 19024 SEATTLE, WA 98109	91-1935159	501(C)(3)	3,590,800	0			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
FRIENDS OF THE THORNE BAY LIBRARY PO BOX 19328 THORNE BAY, AK 99919	32-0126334	501(C)(3)	20,000	0			GRANT IN SUPPORT OF THORNE BAY LIBRARY CHILDREN'S ROOM
GEORGIA REGENTS UNIVERSITY PO BOX 945552 ATLANTA, GA 303945552	58-1418202	501(C)(3)	16,199	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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

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GIRLS ON THE RUN OF PUGET SOUND 1404 E YESLER WAY STE 201 SEATTLE, WA 98122	84-1618574	501(C)(3)	8,000	0			PROGRAM SPONSORSHIP
HACKENSACK MERIDIAN HEALTH INC 40 PROSPECT AVE RM 212 HACKENSACK, NJ 07601	22-1487576	501(C)(3)	5,866	0			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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HOPELINK 10675 WILLOWS RD NE STE 275 REDMOND, WA 98052	91-0982116	501(C)(3)	7,000	0			REACHING OUT LUNCHEON SPONSORSHIPS
HYDROCEPHALUS ASSOCIATION 4340 EAST WEST HIGHWAY NO 905 BETHESDA, MD 20814	94-3000301	501(C)(3)	10,000	0			SPONSORSHIPS OF WALKS TO END HYDROCEPHALUS

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

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ICAHN SCHOOL OF MEDICINE 1111 AMSTERDAM AVE NEW YORK, NY 10019	13-5564934	501(C)(3)	18,995	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 482780867	35-6001673	GOVERNMENT	146,154	0			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
INSTITUTE FOR SYSTEMS BIOLOGY 401 TERRY AVE N SEATTLE, WA 981095263	91-2003593	501(C)(3)	392,853	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
JOHNS HOPKINS ALL CHILDREN'S HOSPITAL INC 501 6TH AVE S ST PETERSBURG, FL 33701	59-0683252	501(C)(3)	46,997	0			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
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR CHICAGO, IL 60693	52-0595110	GOVERNMENT	197,420	0			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)	40,000	0			GRANTS IN SUPPORT OF CANOE TRAIL AND INTERPRETIVE WALKING TOUR AND FOR RENOVATION OF ANGOON TEEN CENTER

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
LAWRENCE BERKELEY NATIONAL LABORATORY PO BOX 884240 LOS ANGELES, CA 90088	94-2951741	GOVERNMENT	35,299	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION PO BOX 41817 MEMPHIS, TN 38174	62-1872938	501(C)(3)	11,738	0			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
LOUISIANA STATE UNIVERSITY 433 BOLIVER ST NEW ORLEANS, LA 701122256	72-6087770	GOVERNMENT	152,659	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
LYSSNIO INC 4209 NE 70TH ST SEATTLE, WA 981156042	83-3320512		23,078	0			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
MAINE MEDICAL CENTER 1 DANA COURT WESTBROOK, ME 04092	01-0238552	501(C)(3)	14,325	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DR LEBANON, NH 03756	02-0222140	501(C)(3)	115,893	0			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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MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)(3)	51,447	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA 1 SOUTH PARK CIRCLE CHARLESTON, SC 29407	57-6000722	GOVERNMENT	134,796	0			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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MEMORIAL HEALTH SERVICES 17360 BROOKHURST ST FOUNTAIN VALLEY, CA 92708	95-1643381	501(C)(3)	39,066	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
MEMORIAL HEALTHCARE SYSTEM PO BOX 538514 ATLANTA, GA 303538514	59-6014973	GOVERNMENT	7,039	0			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
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD RM 2 EAST LANSING, MI 488241048	38-6005984	GOVERNMENT	135,610	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
MONMOUTH MEDICAL CENTER INC 300 SECOND AVE STE SH 013 LONG BRANCH, NJ 07740	22-3452412	501(C)(3)	8,538	0			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
NATIONAL JEWISH HEALTH 1400 JACKSON ST M216 DENVER, CO 80206	74-2044647	501(C)(3)	100,350	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE RD VALHALLA, NY 10595	13-1099420	501(C)(3)	39,411	0			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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NORTHWESTERN UNIVERSITY 633 CLARK G-547 EVANSTON, IL 60208	36-2167817	501(C)(3)	35,687	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVE FORT LAUDERDALE, FL 33314	59-1083502	501(C)(3)	10,937	0			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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OBCC OTHELLO QALICB PO BOX 5371 MS 818-FI SEATTLE, WA 981455005	85-2793713	501(C)(3)	16,466,133	0			CONTRIBUTION SUPPORTING THE CONSTRUCTION OF A NEW INTEGRATED HEALTHCARE CLINIC LOCATED WITHIN A LOW-INCOME, MEDICALLY UNDERSERVED COMMUNITY
OHIO STATE UNIVERSITY PO BOX 772398 DETROIT, MI 482772398	31-6025986	GOVERNMENT	434,405	0			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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OREGON HEALTH AND SCIENCE UNIVERSITY PO BOX 3003 PORTLAND, OR 972083003	93-1176109	GOVERNMENT	4,954,969	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
PACIFIC SCIENCE CENTER FOUNDATION 200 SECOND AVE N SEATTLE, WA 981094895	91-0750867	501(C)(3)	8,000	0			SUPPORT FOR CAMP SCHOLARSHIPS

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

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PENNSYLVANIA STATE UNIVERSITY PO BOX 8500 LOCKBOX 1457 HERSHEY, PA 17033	24-6000376	GOVERNMENT	94,894	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
PLYMOUTH HOUSING 2113 THIRD AVENUE SEATTLE, WA 981212321	91-1122621	501(C)(3)	6,000	0			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 ALASKA MEDICAL CENTER PO BOX 35143 SEATTLE, WA 981245143	92-0016429	501(C)(3)	10,643	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
PUBLIC HEALTH SEATTLE & KING COUNTY 401 5TH AVE STE 1300 SEATTLE, WA 98104	91-6001327	GOVERNMENT	95,196	0			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 C/O BNY MELLON BOX 223131 PITTSBURGH, PA 152512131	38-6006309	GOVERNMENT	140,443	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO PO BOX 748872 LOS ANGELES, CA 900744872	94-6036493	501(C)(3)	110,250	0			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 MINNESOTA NW 5957 PO BOX 1450 MINNEAPOLIS, MN 554855957	41-6007513	GOVERNMENT	220,032	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
REGENTS UNIVERSITY OF CALIFORNIA LOS ANGELES PO BOX 748872 LOS ANGELES, CA 900744872	95-6006143	501(C)(3)	491,574	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 122010009	14-1368361	501(C)(3)	83,386	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL PO BOX 78000 DEPT 781653 DETROIT, MI 482781653	31-6056230	501(C)(3)	435,698	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD AND AWARD FOR HIRSCHSPRUNG DISEASE RESEARCH PROJECT

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
RONALD MCDONALD HOUSE CHARITIES OF WESTERN WASHINGTON & ALASKA 5130 40TH AVE NE SEATTLE, WA 98105	91-1061043	501(C)(3)	583,409	0			SUPPORT FOR HOUSING PROGRAMS AND GALA SPONSORSHIP
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY 33 KNIGHTSBRIDGE RD PISCATAWAY, NJ 08854	46-2354111	GOVERNMENT	471,881	0			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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SACRED HEART MEDICAL CENTER LP 1130 PO BOX 35143 SEATTLE, WA 98124	51-0216586	501(C)(3)	9,564	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
SALK INSTITUTE FOR 10010 N TORREY PINES RD LA JOLLA, CA 92037	95-2160097	501(C)(3)	886,214	0			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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SEALASKA HERITAGE INSTITUTE 105 S SEWARD ST STE 201 JUNEAU, AK 99801	92-0081844	501(C)(3)	19,920	0			GRANT IN SUPPORT OF LIBRARY PROGRAM PRIORITIZING EDUCATIONAL AND DEVELOPMENTAL ENRICHMENT FOR CHILDREN AND YOUTH
SEATTLE COLLEGES FOUNDATION 1500 HARVARD AVE SEATTLE, WA 98122	83-0551671	501(C)(3)	20,018	0			SUPPORT FOR HEALTHCARE IT MICRO-CREDENTIAL SCHOLARSHIP AWARDS

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
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH 1325 4TH AVE W STE 1310 SEATTLE, WA 98101	91-1452438	501(C)(3)	66,597	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
SITKA CONSERVATION SOCIETY 201 LINCOLN ST STE 4 SITKA, AK 99835	92-0096633	501(C)(3)	20,000	0			GRANT TO CONSTRUCT A CYCLE CLUB PUMP TRACK AND EXPAND YOUTH BICYCLE EDUCATION 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
SITKA SOUND SCIENCE CENTER 834 LINCOLN ST STE 200 SITKA, AK 99835	26-1253086	501(C)(3)	18,177	0			GRANT IN SUPPORT OF EARTH GUARDIANS SCIENCE EDUCATION PROJECT
SITKA YOUTH SOCCER INC 204 JEFF DAVIS ST SITKA, AK 99835	86-2072856		15,000	0			GRANT TO LAUNCH PROGRAM TO FACILITATE AND ENCOURAGE PHYSICAL FITNESS FOR CHILDREN AND YOUTH

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
SOLID GROUND WASHINGTON 1501 N 45TH ST SEATTLE, WA 98103	23-7421892	501(C)(3)	10,000	0			SUPPORT FOR SAND POINT HOUSING CAMPUS PROGRAM
SPECTRUM HEALTH SYSTEM 100 MICHIGAN ST NE MC 038 GRAND RAPIDS, MI 49503	38-1360529	501(C)(3)	189,531	0			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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ST FRANCIS MEDICAL CENTER 1420 W PIONEER PKWY PEORIA, IL 61615	37-0662569	501(C)(3)	23,829	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
ST LOUIS UNIVERSITY 221 N GRAND BLVD ST LOUIS, MO 63108	43-0654872	501(C)(3)	10,700	0			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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ST LUKE'S REGIONAL MEDICAL CENTER PO BOX 1663 BOISE, ID 837011663	82-0161600	501(C)(3)	18,422	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	234,782	0			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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SYRACUSE UNIVERSITY 119 BROWNE HALL SYRACUSE, NY 132441140	15-0532081	501(C)(3)	92,751	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
TAKSHANUK WATERSHED COUNCIL HC PO BOX 2008 HAINES, AK 99827	33-1069246	501(C)(3)	10,006	0			GRANT FOR RADIO SHOW/PODCAST TO FOSTER ENVIRONMENTAL CONSERVATION TO PROMOTE SCIENCE EDUCATION AMONG YOUTH AND FAMILIES

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
TEMPLE UNIVERSITY PO BOX 22432 NEW YORK, NY 100872432	23-1365971	501(C)(3)	533,350	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
TEXAS BIOMEDICAL RESEARCH INSTITUTE PO BOX 760549 SAN ANTONIO, TX 78245	74-1109630	501(C)(3)	10,320	0			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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THE CHILDREN'S MERCY HOSPITAL PO BOX 803852 KANSAS CITY, MO 641803852	44-0605373	501(C)(3)	93,170	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
THE CLEVELAND CLINIC FOUNDATION PO BOX 931531 CLEVELAND, OH 44193	34-0714585	501(C)(3)	63,465	0			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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THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH PO BOX 95000-7515 PHILADELPHIA, PA 191957515	11-2673595	501(C)(3)	49,499	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
THE MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	102,268	0			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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THE MEMORIAL FOUNDATION 2701 TIETON DR YAKIMA, WA 98902	91-1022358	501(C)(3)	104,500	0			SUPPORT FOR EXPANSION OF CHILDREN'S VILLAGE FACILITY WHICH SERVES CHILDREN WITH SPECIAL HEALTHCARE NEEDS AND THEIR FAMILIES THROUGHOUT CENTRAL WASHINGTON AND SPONSORSHIP FOR PASSION FOR THE VILLAGE EVENT
THE NEMOURS FOUNDATION 10140 CENTURION PKWY N JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	113,174	0			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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THE ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK, NY 10065	13-1624158	501(C)(3)	86,888	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	1,556,376	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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THE TRUST FOR PUBLIC LAND 101 MONTGOMERY ST STE 900 SAN FRANCISCO, CA 94104	23-7222333	501(C)(3)	8,360	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
TOLEDO HOSPITAL 2142 N COVE BLVD TOLEDO, OH 43606	34-4428256	501(C)(3)	9,509	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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TRUDEAU INSTITUTE INC 154 ALGONQUIN AVE SARANAC LAKE, NY 12983	14-1401413	501(C)(3)	14,447	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
TULANE UNIVERSITY 1555 POYDRAS ST STE 805 8711 NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	50,541	0			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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U C B BIOSCIENCES INC 8010 ARCO CORPORATE DR RALEIGH, NC 27617	58-2415667		565,670	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY HOSPITALS CLEVELAND MEDICAL CENTER PO BOX 781887 DETROIT, MI 482781887	34-1567805	501(C)(3)	115,166	0			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 ARIZONA PO BOX 41867 TUCSON, AZ 85717	74-2652689	GOVERNMENT	8,984	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 W MARKHAM ST SLOT 545 LITTLE ROCK, AR 72205	71-6046242	GOVERNMENT	17,613	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF CINCINNATI 231 ALBERT SABIN WAY RM 6053 CINCINNATI, OH 452670564	31-1435820	501(C)(3)	14,912	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF COLORADO DENVER PO BOX 910238 DENVER, CO 802910238	84-6000555	GOVERNMENT	884,157	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF FLORIDA PO BOX 100219 GAINESVILLE, FL 32610	59-6002052	GOVERNMENT	76,869	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF IOWA 2410 UCC IOWA CITY, IA 52242	42-6004813	GOVERNMENT	174,690	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF KANSAS FOR RESEARCH INC 2385 IRVING HILL RD LAWRENCE, KS 66045	48-0680117	501(C)(3)	252,560	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE S BIRMINGHAM, AL 352940109	63-6005396	GOVERNMENT	439,237	0			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)	162,787	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 138 LEADER AVE RM 244 LEXINGTON, KY 40508	61-6033693	501(C)(3)	46,736	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION 501 E BROADWAY STE 210 LOUISVILLE, KY 40202	61-1029626	501(C)(3)	43,396	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF MASSACHUSETTS 333 S ST STE 450 SHREWSBURY, MA 01545	04-3167352	501(C)(3)	24,044	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 303845803	59-0624458	GOVERNMENT	6,242	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF NEBRASKA MEDICAL CENTER 985100 NEBRASKA MEDICAL CENTER OMAHA, NE 681985100	47-0049123	501(C)(3)	19,493	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF NORTH CAROLINA 130 MASON FARM RD CB 7020 CHAPEL HILL, NC 27599	56-6001393	GOVERNMENT	444,613	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES PO BOX 26901 SCB 228 OKLAHOMA CITY, OK 731260901	73-6017987	GOVERNMENT	16,496	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 191785541	23-1352685	501(C)(3)	172,042	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 152517220	25-0965591	501(C)(3)	143,118	0			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 RM 11120B ROCHESTER, NY 146428777	16-0743209	501(C)(3)	14,194	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF SOUTH FLORIDA PO BOX 947687 ATLANTA, GA 303947687	59-3102112	GOVERNMENT	61,289	0			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 SOUTHERN CALIFORNIA 3500 S FIGUEROA ST STE 102 LOS ANGELES, CA 900898001	95-1642394	501(C)(3)	5,695	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER PO BOX 841753 DALLAS, TX 752841753	75-6001354	GOVERNMENT	164,717	0			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 TEXAS MED BRANCH GALVESTON 301 UNIVERSITY BLVD GALVESTON, TX 77555	74-6000949	GOVERNMENT	94,377	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF TEXAS SOUTHWEST MEDICAL CENTER PO BOX 841765 DALLAS, TX 752841765	75-6002868	GOVERNMENT	157,797	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF UTAH 201 S PRESIDENTS CIRCLE RM 406 SALT LAKE CITY, UT 84112	87-6000525	GOVERNMENT	134,600	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE 85 S PROSPECT ST BURLINGTON, VT 05405	03-0179440	501(C)(3)	133,366	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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UNIVERSITY OF VIRGINIA 1001 N EMMET ST CHARLOTTESVILLE, VA 229044270	54-6001796	501(C)(3)	136,559	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	91-6001537	GOVERNMENT	10,245,018	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD AND OTHER VARIOUS AWARDS FOR GRADUATE EDUCATION PROGRAMS AND RESEARCH PROJECTS

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

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UNIVERSITY OF WISCONSIN 800 UNIVERSITY BAY DR STE 210 MADISON, WI 537056507	39-6006492	GOVERNMENT	253,183	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
UPOWER PO BOX 21866 SEATTLE, WA 98111	46-4220284	501(C)(3)	10,850	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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VANDERBILT UNIVERSITY MEDICAL CENTER PO BOX 121236 DALLAS, TX 753121236	35-2528741	501(C)(3)	29,042	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
VIKING SWIM CLUB INC PO BOX 1257 PETERSBURG, AK 99833	92-0077641	501(C)(3)	12,500	0			GRANT FOR PURCHASE OF STARTING BLOCKS FOR AQUATIC CENTER TO SUPPORT FITNESS AND HEALTHY LIFESTYLES FOR CHILDREN AND YOUTH

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

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VIRGINIA COMMONWEALTH UNIVERSITY 800 E LEIGH ST STE 3100 RICHMOND, VA 23219	54-6001758	GOVERNMENT	50,495	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	19,000	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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WASHINGTON ALLIANCE FOR BETTER SCHOOLS 18560 1ST AVE NE SHORELINE, WA 98155	91-1698851	501(C)(3)	25,000	0			DONATION FOR HEALTHCARE INDUSTRY LEADERSHIP TABLE STUDENT EXPERIENCE PACKAGE
WASHINGTON POISON CENTER 155 NE 100TH ST STE 100 SEATTLE, WA 98125	94-3214597	501(C)(3)	20,000	0			COMMUNITY BENEFIT CONTRIBUTION

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

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WASHINGTON STATE DEPARTMENT OF CHILDREN YOUTH AND FAMILIES PO BOX 40975 OLYMPIA, WA 985040975	91-6001093	GOVERNMENT	113,441	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
WASHINGTON STATE UNIVERSITY PO BOX 641025 PULLMAN, WA 991641025	91-6001108	GOVERNMENT	289,681	0			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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WASHINGTON UNIVERSITY 700 ROSEDALE AVE BOX 1034 ST LOUIS, MO 631121408	43-0653611	501(C)(3)	139,466	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
WAYNE STATE UNIVERSITY PO BOX 02788 DETROIT, MI 48202	38-6028429	GOVERNMENT	100,865	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD

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(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
WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE 9TH FLOOR NEW YORK, NY 10022	13-1623978	501(C)(3)	519,741	0			PEDIATRIC MEDICAL RESEARCH GRANT SUBAWARD
WEST VIRGINIA UNIVERSITY RESEARCH 886 CHESTNUT RIDGE RD MORGANTOWN, WV 265066845	55-0665758	GOVERNMENT	34,355	0			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
WITHINREACH 155 NE 100TH ST STE 500 SEATTLE, WA 98125	91-1443685	501(C)(3)	18,000	0			CONTRIBUTION IN SUPPORT OF MENTAL HEALTH SERVICES AND RESOURCES
YALE UNIVERSITY PO BOX 208087 NEW HAVEN, CT 065208087	06-0646973	501(C)(3)	67,372	0			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
YEAR UP INC 45 MILK ST 9TH FLOOR BOSTON, MA 02110	04-3534407	501(C)(3)	9,730	0			SPONSORSHIP OF PUGET SOUND PROFESSIONAL OLYMPICS LUNCHEON

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

SUPPORT TO PATIENT FAMILIES FOR TEMPORARY HOUSING AND RENTAL ASSISTANCE	506		774,402	ACTUAL COST	PAYMENTS TO HOUSING AND RENTAL COMPANIES
SUPPORT TO PATIENT FAMILIES FOR TEMPORARY HOUSING AND RENTAL ASSISTANCE	506		774,402	ACTUAL COST	PAYMENTS TO HOUSING AND RENTAL COMPANIES
SUPPORT TO PATIENT FAMILIES FOR UTILITY PAYMENTS	26		22,481	ACTUAL COST	PAYMENTS TO UTILITY COMPANIES
SUPPORT TO PATIENT FAMILIES FOR FUNERAL EXPENSES	61		13,509	ACTUAL COST	PAYMENTS TO FUNERAL HOMES
SUPPORT TO PATIENT FAMILIES FOR TRANSPORTATION TO APPOINTMENTS	88		11,444	ACTUAL COST	PAYMENTS TO TRANSPORTATION COMPANIES
SUPPORT TO PATIENT FAMILIES FOR MEDICAL EQUIPMENT	13		3,442	ACTUAL COST	PAYMENTS TO MEDICAL EQUIPMENT PROVIDERS

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

SUPPORT TO PATIENT FAMILIES TO PURCHASE GAS FOR TRANSPORTATION TO APPOINTMENTS	1639		129,300	MARKET VALUE	GAS CARDS
SUPPORT TO PATIENT FAMILIES TO PURCHASE GAS FOR TRANSPORTATION TO APPOINTMENTS	1639		129,300	MARKET VALUE	GAS CARDS
SUPPORT TO PATIENT FAMILIES WHO LACK THE FINANCIAL RESOURCES TO PURCHASE FOOD	1352		90,546	MARKET VALUE	MEAL VOUCHERS TO CAFETERIA AND STARBUCKS GIFT CARDS
SUPPORT TO PATIENT FAMILIES TO PURCHASE GROCERIES	832		64,640	MARKET VALUE	GROCERY GIFT CARDS
SUPPORT TO PATIENT FAMILIES TO MEET VARIOUS OTHER NEEDS	521	40	29,534	MARKET VALUE	GIFT CARDS, FURNITURE, AND OTHER ITEMS
SUPPORT TO PATIENTS AND FAMILIES WHO ARE ADMITTED ON AN EMERGENT / URGENT BASIS	64		2,059	MARKET VALUE	CLOTHING

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

SUPPORT TO PATIENT FAMILIES WHO LACK THE FINANCIAL RESOURCES TO PURCHASE FOOD	4		75	MARKET VALUE	FOOD BAGS
SUPPORT TO PATIENT FAMILIES WHO LACK THE FINANCIAL RESOURCES TO PURCHASE FOOD	4		75	MARKET VALUE	FOOD BAGS
SUPPORT TO EMPLOYEES EXPERIENCING ECONOMIC HARDSHIP DUE TO CERTAIN EMERGENCY SITUATIONS	144	333,413			
SUPPORT TO PATIENT FAMILIES AT THE OBCC OTHELLO CLINIC	7500		250,000	MARKET VALUE	BASIC NECESSITIES AND COMFORT ITEMS FOR FAMILIES SUCH AS FOOD AND FORMULA, CLOTHING AND SHOES, DIAPERS AND HYGIENE SUPPLIES, BOOKS AND SCHOOL SUPPLIES, CAR SEATS AND STROLLERS, MEDICAL SUPPLIES AND MORE.
SCHOLARSHIPS FOR CLASSES AND ACTIVITIES AT THE ALYSSA BURNETT CENTER TO SUPPORT FAMILIES AND ADULTS WHO DEMONSTRATE FINANCIAL NEED	4	750			

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2021

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
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 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, LINES 4A-B	<p>THE FOLLOWING EMPLOYEES PARTICIPATED IN, OR RECEIVED PAYMENT FROM, A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: JEFF SPERRING MD - \$217,067 EMPLOYER CONTRIBUTIONS DOUGLAS PICHA - \$37,786 EMPLOYER CONTRIBUTIONS, \$371,964 TAXABLE PAYMENT SUZANNE BEITEL - \$94,661 EMPLOYER CONTRIBUTIONS JEFFREY OJEMANN MD - \$23,448 EMPLOYER CONTRIBUTIONS ZAFAR CHAUDRY MD - \$69,208 EMPLOYER CONTRIBUTIONS MYRA GREGORIAN - \$65,797 EMPLOYER CONTRIBUTIONS RUSSELL WILLIAMS - \$60,082 EMPLOYER CONTRIBUTIONS MADLYN MURREY - \$3,481 EMPLOYER CONTRIBUTIONS, \$31,553 TAXABLE PAYMENT THE FOLLOWING RECEIVED A SEVERANCE PAYMENT: JAMES HENDRICKS PHD - \$1,378,057 MADLYN MURREY - \$153,283 KIMBERLY BAGGETT - \$314,868 JODI LONG - \$266,338</p>

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 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: DOUGLAS PICHA - \$334,178 MADLYN MURREY - \$28,072

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, 1099-MISC compensation, and/or 1099-NEC			(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)	880,631	0	10,463	11,141	19,180	921,415	0
	(ii)	293,543	0	1,725	220,780	6,393	522,441	0
1JAMES HENDRICKS PHD PRESIDENT - RESEARCH INSTITUTE	(i)	15,895	0	1,385,912	259	23,220	1,425,286	0
	(ii)	0	0	0	0	0	0	0
2DOUGLAS PICHA PRESIDENT - FOUNDATION	(i)	51,903	0	11,896	1,492	2,302	67,593	0
	(ii)	467,130	0	394,225	13,433	20,713	895,501	334,178
3SUZANNE BEITEL SENIOR VP & CHIEF FINANCIAL OFFICER	(i)	531,673	0	10,882	8,196	24,319	575,070	0
	(ii)	177,225	0	2,861	97,392	8,107	285,585	0
4JEFFREY OJEMANN MD SR VP - CHIEF MEDICAL OFFICER	(i)	230,719	0	4,257	10,954	1,180	247,110	0
	(ii)	0	430,548	0	73,975	3,960	508,483	0
5MICHAEL ASTION MD PHD MEDICAL DIRECTOR - LABORATORIES	(i)	602,392	49,126	3,470	20,057	31,917	706,962	0
	(ii)	0	0	0	0	0	0	0
6ZAFAR CHAUDRY MD SR VP - CHIEF INFORMATION OFFICER	(i)	533,232	5	15,165	10,738	12,200	571,340	0
	(ii)	0	0	0	69,207	0	69,207	0
7MYRA GREGORIAN SR VP - CHIEF PEOPLE OFFICER	(i)	511,478	9	15,019	10,902	34,258	571,666	0
	(ii)	0	0	0	65,797	0	65,797	0
8RUSSELL WILLIAMS SR VP-STRATEGY, CAPITAL, REG NETWORK	(i)	515,585	0	7,556	17,078	34,982	575,201	0
	(ii)	0	0	0	60,082	0	60,082	0
9JEFFREY AVANSINO MD VP - MEDICAL AFFAIRS	(i)	384,701	0	5,874	13,725	30,875	435,175	0
	(ii)	167,763	0	0	15,099	0	182,862	0
10MARK EGBERT DDS CHIEF - ORAL & MAXILLOFACIAL SURGERY	(i)	522,299	1,300	20,790	20,300	33,070	597,759	0
	(ii)	0	0	0	0	0	0	0
11CORY NOEL MD CARDIOLOGIST	(i)	443,239	64,000	8,133	14,500	33,684	563,556	0
	(ii)	0	0	0	0	0	0	0
12ERIC THAM MD SR VP & CHIEF RESEARCH OPS OFFICER	(i)	446,916	40,885	8,362	14,701	33,956	544,820	0
	(ii)	0	0	0	0	0	0	0
13PAUL SHAREK MD VP - CHIEF QUALITY & SAFETY OFFICER	(i)	490,712	32	8,949	10,746	18,497	528,936	0
	(ii)	0	0	0	0	0	0	0
14KEVIN KOLLINS MD CARDIOLOGIST	(i)	421,410	51,000	1,756	14,500	30,252	518,918	0
	(ii)	0	0	0	0	0	0	0
15RUTH MCDONALD MD VP-CHIEF MEDICAL OPERATIONS OFFICER	(i)	472,373	0	14,204	14,433	14,578	515,588	0
	(ii)	0	0	0	0	0	0	0
16MADLYN MURREY SR VP - CHIEF CLINICAL & NURSING OFF	(i)	266,047	0	177,100	19,705	12,970	475,822	0
	(ii)	0	0	31,553	0	0	31,553	28,072
17KIMBERLY BAGGETT VP - CENTER BUSINESS OPERATIONS	(i)	145,928	0	316,867	9,187	12,517	484,499	0
	(ii)	0	0	0	0	0	0	0
18MICHAEL JENSEN MD VP-SC THERAPEUTICS, CHIEF THERAP OFF	(i)	405,405	0	8,589	14,500	30,980	459,474	0
	(ii)	0	0	0	0	0	0	0
19ERIK LAUSUND VP - RESEARCH OPERATIONS & LOGISTICS	(i)	380,025	0	8,235	14,713	27,955	430,928	0
	(ii)	0	0	0	0	0	0	0

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
21STANLEY RA CHIEF INVESTMENT OFFICER	(i)	340,588	51,400	312	19,203	17,692	429,195	0
	(ii)	0	0	0	0	0	0	0
1JOHN SAAVEDRA VP - PEOPLE OPERATIONS	(i)	347,689	0	28,628	6,847	27,524	410,688	0
	(ii)	0	0	0	0	0	0	0
2PRADIPTA KOMANDURI VP - CLINICAL SUPPORT SERVICES	(i)	363,924	0	7,224	8,417	23,547	403,112	0
	(ii)	0	0	0	0	0	0	0
3TRINH PHAM-DEMBINSKI VP - THERAPEUTICS OPERATIONS	(i)	344,657	25,024	5,007	10,110	5,312	390,110	0
	(ii)	0	0	0	0	0	0	0
4BONNIE FRYZLEWICZ SR VP & CHIEF NURSING OFFICER	(i)	297,690	30,000	3,447	15,842	30,413	377,392	0
	(ii)	0	0	0	0	0	0	0
5VICTORIA CLEATOR VP-RES FACILITIES OPS, CAP PROJECTS	(i)	346,549	0	7,241	13,846	1,773	369,409	0
	(ii)	0	0	0	0	0	0	0
6WARREN HEWITT FORMER KEY EMPLOYEE	(i)	232,997	4	7,495	11,550	18,651	270,697	0
	(ii)	77,666	0	1,068	3,850	6,217	88,801	0
7JODI LONG VP & DEPUTY GENERAL COUNSEL	(i)	60,861	8	268,909	2,717	2,665	335,160	0
	(ii)	0	0	0	0	0	0	0
8SCOTT BINGHAM FORMER KEY EMPLOYEE	(i)	252,349	30,953	1,065	18,750	17,786	320,903	0
	(ii)	0	0	0	0	0	0	0
9PAMELA ROCK FORMER KEY EMPLOYEE	(i)	283,148	0	5,841	16,102	12,931	318,022	0
	(ii)	0	0	0	0	0	0	0
10SUZANNE PETERSEN FORMER KEY EMPLOYEE	(i)	138,364	0	6,706	7,663	5,979	158,712	0
	(ii)	0	0	0	0	0	0	0
11CHRISTINE KESSLER FORMER KEY EMPLOYEE	(i)	122,743	0	3,112	6,941	6,908	139,704	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

▶ 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

2021

**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	5,320,000		275,000		2,660,000		46,185,000	
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	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 2020, a current refunding issue)?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X	X		X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?								
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: THE LAST ARBITRAGE COMPUTATION REVIEW WAS PERFORMED ON APRIL 19, 2022. 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 JUNE 21, 2022. COLUMN D, LINE 2C: THE SERIES 2012C AND SERIES 2012D BONDS MET THE SIX-MONTH EXPENDITURE EXCEPTION. THE LAST ARBITRAGE COMPLIANCE REVIEW WAS PERFORMED ON NOVEMBER 29, 2022. 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

2021

**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	93978HAN5	09-02-2010	46,669,601	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	37,250,000			
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 2020, 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 2020, 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?								
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						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?								
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)

Transactions with Interested Persons

OMB No. 1545-0047

2021

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
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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.

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

2 Enter the amount of tax incurred by 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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JULIE MARTINA	FAMILY MEMBER OF ALVIN WINTERROTH, TRUSTEE	96,214	EMPLOYMENT		No
(2) SARAH BOWDEN	FAMILY MEMBER OF WARREN HEWITT, FORMER KEY EMPLOYEE	90,255	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

2021

▶ **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	41	14,673,497	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 ▶ (MEDICAL EQUIPMENT)	X	2	677,612	MARKET VALUE
26 Other ▶ (3RD PARTY SVCS)	X	1	182,987	MARKET VALUE
27 Other ▶ (AIRLINE MILES)	X	2	6,325	MARKET VALUE
28 Other ▶ (GIFT CARDS)	X	72	2,340	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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization 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 - 41 DONATIONS OF VARIOUS AMOUNTS OF SECURITIES; LINE 25 - TWO DONATIONS OF MEDICAL EQUIPMENT; LINE 26 - DONATIONS OF SERVICES FROM ONE DONOR; LINE 27 - DONATIONS OF AIRLINE MILES FROM TWO DONORS; LINE 28 - DONATIONS OF 72 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)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**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 2022, 237 VOLUNTEERS, AFTER COMPLETING A THOROUGH INTERVIEW AND TRAINING PROCESS, LOGGED 21,226 HOURS OF SERVICE AT THE RESEARCH INSTITUTE, THE ALYSSA BURNETT CENTER, AND IN VARIOUS AREAS OF THE HOSPITAL INCLUDING THE GIFT SHOP, THE CHILD LIFE DEPARTMENT, AND THE EMERGENCY DEPARTMENT. IN ADDITION, 19 UNCOMPENSATED TRUSTEES SERVED ON THE SEATTLE CHILDREN'S HOSPITAL BOARD DURING FISCAL YEAR 2022. 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, TROY HUTSON, DAN LEVITAN, PATRICIA LOERA, CANDY MARSHALL, JUDITH PIERCE, RACQUEL RUSSELL, JOHN SCHOETTLER, KURT SHINTAFFER, MOYA VAZQUEZ, CONAN VIERNES, 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, TROY HUTSON, DAN LEVITAN, PATRICIA LOERA, CANDY MARSHALL, JUDITH PIERCE, RACQUEL RUSSELL, JOHN SCHOETTLER, KURT SHINTAFFER, MOYA VAZQUEZ, CONAN VIERNES, AND ALVIN WINTERROTH.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT REVIEWS THE FORM 990 WITH THE GOVERNANCE, 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 GOVERNANCE, 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 OFFICERS, BOARD MEMBERS AND MEMBERS OF BOARD COMMITTEES 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 SCHS, ACTING UNDER THE OVERSIGHT AND BOARD DELEGATED AUTHORITY OF THE SCHS GOVERNANCE, AUDIT AND COMPLIANCE COMMITTEE (PREVIOUSLY THE AUDIT AND COMPLIANCE COMMITTEE), 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 OR COMMITTEE 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 SCHS GOVERNANCE, AUDIT AND COMPLIANCE COMMITTEE OR THE APPROPRIATE OFFICER MAY, IN THE DISCRETION OF THE SCHS GOVERNANCE, 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 10,317,373. CHANGE IN BENEFICIAL INTE REST IN SCHS -43,020,279. RECOVERY OF PRIOR YEAR GRANTS 900,999.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**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	3,315,002	2,920,900	SEATTLE CHILDREN'S HOSPITAL

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

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

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.

(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
See Additional Data Table									

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)	Yes	
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
(1) SEATTLE CHILDREN'S HEALTHCARE SYSTEM	E	293,255,315	ACTUAL PAYABLE
(2) SEATTLE CHILDREN'S HEALTHCARE SYSTEM	K	868,237	ACTUAL RENT
(3) SEATTLE CHILDREN'S HEALTHCARE SYSTEM	Q	1,165,886	ACTUAL REIMBURSEMENTS

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

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	SEATTLE CHILDREN'S HOSPITAL	Yes	
PO BOX 5371 MS 818-FI SEATTLE, WA 981455005 91-1156519	FUNDRAISING	WA	501(C)(3)	LINE 7	SEATTLE CHILDREN'S HEALTHCARE SYSTEM		No
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		No
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		No
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		No
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		No

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 TRUSTS (2)	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