

## TAX RETURN FILING INSTRUCTIONS

### PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP 1000 Wilson Boulevard, Suite 1400 Arlington, VA 22209
Special Instructions	Returns should be signed and dated by the appropriate officer(s).  Exempt organizations are required to provide copies of their most recent Forms 990, and their Application for Recognition of Exemption (Form 1023 or 1024) for public inspection upon request. Charities must also make available Forms 990-T filed after August 17, 2006. Schedules, attachments, and supporting documents filed with Form 990-T that do not relate to the imposition of unrelated business income tax are not required to be made available for public inspection and copying (e.g. Form 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations</i> and Form 8886, <i>Reportable Transaction Disclosure Statement</i> ). Forms 990 and 990-T must be made available for the three-year period beginning on the last day prescribed for filing such return (determined with regard to any extension of time for filing). The names of any contributors should not be disclosed, so we have deleted them.
Application for Recognition of Exemption	The copy of the Application for Recognition of Exemption must include any papers submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.  An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	In the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, the organization must respond within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and posting. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$0.20 for each page.
What if we post Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	The IRS may impose significant monetary penalties on an organization that does not adhere to the disclosure requirements.

Cumulative e-File History 2016

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Federal

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**Tax Return**

4636EO

**Return Type**

990

**Taxpayer**Children's Hospital

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**Submitted Date** 2018-05-14 13:08:22

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**Acknowledgement Date** 2018-05-14 13:28:40

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**Status** Accepted

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**Submission ID** 54681420181345000000

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IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning 07/01, 2016, and ending 06/30, 2017

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2016

Department of the Treasury Internal Revenue Service

Name of exempt organization

CHILDREN'S HOSPITAL

Employer identification number

53-0196580

Name and title of officer

ALEC KING, CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, etc.). Row 1a is checked with amount 1173010568.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize GRANT THORNTON LLP to enter my PIN 16229 as my signature

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature [Signature] Date 5/11/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54681436605

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [Signature] Date 05/08/2018

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2016

**Open to Public Inspection**

**A** For the **2016** calendar year, or tax year beginning **07/01, 2016**, and ending **06/30, 2017**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHILDREN'S HOSPITAL</b>		<b>D</b> Employer identification number <b>53-0196580</b>
	Doing Business As		<b>E</b> Telephone number <b>(301) 572-3502</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>1,241,414,690.</b>
	<b>111 MICHIGAN AVENUE, NW</b>		
City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20010</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>KURT DOUGLAS NEWMAN, MD</b> <b>111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: ▶ <b>WWW.CHILDRENSNATIONAL.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1870</b>	<b>M</b> State of legal domicile: <b>DC</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE HEALTH OUTCOMES FOR CHILDREN; BE A LEADER IN CREATING INNOVATIVE SOLUTIONS TO PEDIATRIC HEALTHCARE PROBLEMS; AND EXCEL IN CARE, ADVOCACY, RESEARCH. SEE SCHEDULE O.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16.</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13.</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>7,850.</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1,513.</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,279,074.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-4,272.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	27,288,703.	87,200,911.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,045,077,116.	1,089,195,010.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,064,148.	2,764,801.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-12,194,542.	-6,150,154.
		<b>1,062,235,425.</b>	<b>1,173,010,568.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	603,898,678.	624,798,020.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	485,714,127.	432,580,911.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,089,612,805.	1,057,378,931.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-27,377,380.	115,631,637.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	1,305,368,482.	1,421,366,300.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	771,318,094.	794,934,106.
	534,050,388.	626,432,194.	

**COPY FOR PUBLIC INSPECTION**

## 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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>ALEC KING</b> Type or print name and title	<b>CFO</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARY TORRETTA</b>	Preparer's signature <i>Mary Torretta</i>	Date <b>05/08/2018</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00847851</b>
	Firm's name ▶ <b>GRANT THORNTON LLP</b>	Firm's EIN ▶ <b>36-6055558</b>		Phone no. <b>703-847-7500</b>	
	Firm's address ▶ <b>1000 WILSON BLVD, SUITE 1400 ARLINGTON, VA 22209</b>				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CHILDREN'S HOSPITAL	53-0196580
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	111 MICHIGAN AVENUE, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20010	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**CORPORATE OFFICERS**

• The books are in the care of ▶ 111 MICHIGAN AVENUE, N.W. WASHINGTON, DC 20010

Telephone No. ▶ 301 572-3502 Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 07/01, 2016, and ending 06/30, 2017.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

<b>Cumulative e-File History 2016</b>	
<b>FED</b>	
Locator:	4636EO
Taxpayer Name:	Children's Hospital
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	11/07/2017 13:04:48
Acknowledgement Date:	11/07/2017 13:28:02
Status:	Accepted
Submission ID:	54681420173115000008

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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 \$ 689,042,681. including grants of \$ ) (Revenue \$ 1,077,555,160. )

CHILDREN'S HOSPITAL OPERATES AN ACUTE CARE PEDIATRIC AND TEACHING FACILITY IN WASHINGTON, DC. THE HOSPITAL PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES. CHILDREN'S NATIONAL MEDICAL CENTER (CNMC) IS THE SOLE MEMBER OF THE HOSPITAL. CNMC AND ITS AFFILIATES PROVIDE HEALTHCARE SERVICES TO INFANTS, CHILDREN, AND YOUTH IN WASHINGTON, DC AND THE SURROUNDING METROPOLITAN AREA.

SEE SCHEDULE H, PART VI FOR COMPLETE FY17 COMMUNITY BENEFIT REPORT.

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

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

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

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

4e Total program service expenses ▶ 689,042,681.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 with various questions about organizational activities and financial reporting.



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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	X	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	X	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .	X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

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 columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (13), 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 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed DC,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
CORPORATE OFFICERS 111 MICHIGAN AVENUE, N.W. WASHINGTON, DC 20010 301-572-3502

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLYN A. THORNELL BOARD CHAIRMAN TO 12/2016	2.00 1.00	X		X				0.	0.	0.
(2) SCHONAY BARNETT-JONES BOARD CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(3) DAVID WHISTON, DDS BOARD SECRETARY/TREASURER	1.00 0.	X		X				0.	0.	0.
(4) KURT D. NEWMAN, MD PRESIDENT / CEO (CNMC)	45.00 10.00	X		X				2,266,277.	0.	298,687.
(5) DIEDRE ADKINS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) DARYL DAVIS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) ELIZABETH DUGGAL BOARD MEMBER TO 12/2016	1.00 0.	X						0.	0.	0.
(8) IVY WAFFORD DUKE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(9) M. FRANCES FITZGERALD BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(10) MAE H. GRENNAN BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(11) MARY GEN LEDECKY BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) ROSALIA MILLER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(13) KAREN SMITH, MD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) MARY HELEN THOMPSON BOARD MEMBER	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) CAROLINE VAN VLECK, MD BOARD MEMBER	1.00 0.	X					0.	0.	0.	
16) MICHAEL WILLIAMS BOARD MEMBER	1.00 4.00	X					0.	0.	0.	
17) DAVID WESSEL, MD BOARD MEMBER/CMO	53.00 2.00	X					1,057,323.	0.	171,107.	
18) DENICE CORA-BRAMBLE, MD BOARD MEMBER/CMO	53.00 2.00	X					1,038,554.	0.	166,402.	
19) ALEC KING EVP/CFO	49.00 6.00			X			381,281.	0.	19,617.	
20) MENDEL TUCHMAN, MD CHIEF RESEARCH OFFICER	1.00 54.00			X			704,235.	0.	116,875.	
21) CHARLES WEINSTEIN CHIEF REAL ESTATE OFFICER	54.00 1.00				X		340,914.	0.	8,925.	
22) ANTHONY SANDLER, MD SVP CENTER OF EXCELLENCE	42.00 13.00				X		1,166,704.	0.	131,800.	
23) ELIZABETH FLURY CHIEF STRATEGIC OFFICER	53.00 2.00				X		875,256.	0.	165,155.	
24) KATHLEEN CHAVANU GORMAN CHIEF OPERATING OFFICER	54.00 1.00				X		1,016,227.	0.	142,741.	
25) ROGER PACKER, MD SVP CENTER OF EXCELLENCE	36.00 19.00				X		916,299.	0.	141,807.	
<b>1b Sub-total</b>							2,266,277.	0.	298,687.	
<b>c Total from continuation sheets to Part VII, Section A</b>							21,581,799.	0.	2,602,657.	
<b>d Total (add lines 1b and 1c)</b>							23,848,076.	0.	2,901,344.	

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 **▶ 1695**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 192**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) MARY ANNE HILLIARD CHIEF LEGAL OFFICER	54.00 1.00				X			703,636.	0.	121,446.
( 27) BRIAN JACOBS, MD CHIEF INFORMATION OFFICER	54.00 1.00				X			559,572.	0.	79,813.
( 28) DARRYL VARNADO CHIEF PEOPLE OFFICER	54.00 1.00				X			629,808.	0.	113,140.
( 29) MARY OTTOLINI, MD, PHD VICE CHAIR MEDICAL EDUCATION	54.00 1.00				X			376,110.	0.	17,346.
( 30) LINDA TALLEY CHIEF NURSING OFFICER	54.00 1.00				X			388,785.	0.	23,315.
( 31) MICHELLE M. MCGUIRE VP & CHIEF OF STAFF	54.00 1.00				X			312,140.	0.	33,068.
( 32) MARK L. BATSHAW, MD EVP & CHIEF ACADEMIC OFFICER	28.00 27.00				X			1,310,915.	0.	363,306.
( 33) RICHARD JONAS, MD CHIEF OF CARDIOLOGY	52.00 3.00				X			2,209,001.	0.	171,679.
( 34) ROBERT KEATING, MD CHIEF OF NEUROSURGERY	55.00 0.					X		997,350.	0.	115,683.
( 35) PETER KIM, MD VP SHEIKH ZAYED INSTITUTE	51.00 4.00					X		970,729.	0.	35,253.
( 36) MATTHEW OETGEN, MD CHIEF OF ORTHO & SPORTS MED	55.00 0.					X		742,407.	0.	35,216.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 ► 1695

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) TIMOTHY KANE, MD CHIEF OF PEDIATRIC SURGERY	54.00 1.00					X		894,249.	0.	35,042.
( 38) JOHN MYSEROS, MD NEUROSURGEON	55.00 0.					X		827,477.	0.	34,386.
( 39) RAHUL K. SHAH, MD FORMER BOARD MEMBER TO 6/2014	0. 0.						X	506,586.	0.	14,857.
( 40) DAVID SPARKS FORMER VP FIN/CONTR. TO 6/2014	0. 0.						X	352,701.	0.	27,072.
( 41) DAVID STOCKWELL FORMER BOARD MEMBER TO 6/2016	0. 0.						X	193,110.	0.	6,065.
( 42) DOUGLAS MYERS FORMER CFO TO 12/2015	0. 0.						X	879,032.	0.	151,314.
( 43) GERARD MARTIN, MD FMR SVP CENTER OF EXCELLENCE	0. 1.00						X	506,880.	0.	94,603.
( 44) PAM KING SAMS FORMER CDO TO 06/2016	0. 0.						X	724,518.	0.	65,624.
<b>1b Sub-total</b> .....							▶			
<b>c Total from continuation sheets to Part VII, Section A</b> .....							▶			
<b>d Total (add lines 1b and 1c)</b> .....							▶			

**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 ▶ 1695

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>	17,278,912.					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	64,558,773.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	5,363,226.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		45,400,000.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			87,200,911.				
<b>Program Service Revenue</b>	<b>Business Code</b>							
	<b>2a</b> PATIENT REVENUE		621400	1,017,456,032.	1,017,456,032.			
	<b>b</b> ALL OTHER PROGRAM SERVICES		900099	71,738,978.	71,738,978.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .				1,089,195,010.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			2,946,140.			2,946,140.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.				
	<b>5</b> Royalties . . . . .			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d</b> Net rental income or (loss) . . . . .			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .			68,404,122.			
		<b>c</b> Gain or (loss) . . . . .			-181,339.			
		<b>d</b> Net gain or (loss) . . . . .			-181,339.			-181,339.
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		0.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	0.				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			0.			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		0.				
<b>b</b> Less: direct expenses . . . . .		<b>b</b>	0.					
<b>c</b> Net income or (loss) from gaming activities . . . . .				0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	0.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> PARKING		812930	4,210,622.			4,210,622.		
<b>b</b> LAB FEES		621500	1,279,074.		1,279,074.			
<b>c</b> EQUITY AND PARTNERSHIP LOSS		621110	-11,639,850.		-11,639,850.			
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .				-6,150,154.				
<b>12 Total revenue.</b> See instructions. . . . .				1,173,010,568.	1,077,555,160.	1,279,074.	6,975,423.	



**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	24,084,775.	15,414,256.	8,670,519.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	514,949,556.	329,601,350.	185,348,206.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,643,283.	11,931,701.	6,711,582.	
9 Other employee benefits . . . . .	31,734,312.	20,309,960.	11,424,352.	
10 Payroll taxes . . . . .	35,386,094.	22,647,100.	12,738,994.	
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	4,403,468.	2,818,220.	1,585,248.	
c Accounting . . . . .	1,009,785.		1,009,785.	
d Lobbying . . . . .	546,675.		546,675.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	72,135,777.	46,483,135.	25,652,642.	
12 Advertising and promotion . . . . .	5,479,671.	3,506,989.	1,972,682.	
13 Office expenses . . . . .	10,975,124.	7,024,079.	3,951,045.	
14 Information technology . . . . .	48,566,004.	31,082,243.	17,483,761.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	23,310,498.	14,918,719.	8,391,779.	
17 Travel . . . . .	3,539,107.	2,265,028.	1,274,079.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	1,095,278.	700,978.	394,300.	
20 Interest . . . . .	22,023,408.	14,094,981.	7,928,427.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	59,907,948.	38,341,087.	21,566,861.	
23 Insurance . . . . .	22,193,501.	14,203,841.	7,989,660.	
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 MEDICAL SUPPLIES	94,228,147.	60,306,014.	33,922,133.	
b BAD DEBT EXPENSE	37,239,025.	37,239,025.		
c REPAIRS AND MAINTENANCE	18,274,499.	11,695,679.	6,578,820.	
d OTHER EXPENSES	7,652,996.	4,458,296.	3,194,700.	
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,057,378,931.	689,042,681.	368,336,250.	
<b>26 Joint costs.</b> 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) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments	125,627,814.	<b>2</b>	133,413,285.
	<b>3</b> Pledges and grants receivable, net	6,703,912.	<b>3</b>	6,687,896.
	<b>4</b> Accounts receivable, net	163,175,659.	<b>4</b>	192,455,209.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	80,000.	<b>5</b>	40,000.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	8,867,399.	<b>8</b>	8,814,638.
	<b>9</b> Prepaid expenses and deferred charges	13,029,110.	<b>9</b>	42,120,937.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1210561474.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 680,209,518.	484,886,042.	<b>10c</b> 530,351,956.
	<b>11</b> Investments - publicly traded securities	168,789,111.	<b>11</b>	164,458,807.
	<b>12</b> Investments - other securities. See Part IV, line 11	39,386,824.	<b>12</b>	6,195,670.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	294,822,611.	<b>15</b>	336,827,902.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,305,368,482.	<b>16</b>	1,421,366,300.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	147,858,391.	<b>17</b>	145,157,604.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	7,137,079.	<b>19</b>	8,740,569.
	<b>20</b> Tax-exempt bond liabilities	406,330,452.	<b>20</b>	397,204,503.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	75,255,531.	<b>23</b>	75,105,304.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> 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	134,736,641.	<b>25</b>	168,726,126.
	<b>26 Total liabilities.</b> Add lines 17 through 25	771,318,094.	<b>26</b>	794,934,106.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	534,050,388.	<b>27</b>	626,432,194.
	<b>28</b> Temporarily restricted net assets	0.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets	0.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	534,050,388.	<b>33</b>	626,432,194.
	<b>34</b> Total liabilities and net assets/fund balances	1,305,368,482.	<b>34</b>	1,421,366,300.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,173,010,568.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,057,378,931.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	115,631,637.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	534,050,388.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	12,289,230.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	-35,539,061.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	626,432,194.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

CHILDREN'S HOSPITAL

Employer identification number

53-0196580

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

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

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

(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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2016

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2016; 15 Public support percentage from 2015 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2016; b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2016, 2015. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2016, 2015. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2016. 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

19b 33 1/3% support tests - 2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. Answer (a) and (b) below.	Yes	No
<b>a</b>	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>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	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>Provide details in Part VI.</i>		
<b>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:                   \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

**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.)

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**Schedule of Contributors**

**2016**

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CHILDREN 'S HOSPITAL

Employer identification number

53-0196580

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **CHILDREN'S HOSPITAL**

Employer identification number  
53-0196580

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 17,278,912.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,177,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 369,037.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 270,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 239,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 209,545.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> CHILDREN'S HOSPITAL	<b>Employer identification number</b> 53-0196580
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 187,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 174,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 157,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 143,173.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____	\$ 131,709.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____	\$ 126,298.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILDREN'S HOSPITAL

Employer identification number  
53-0196580

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ <u>92,063.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ <u>82,451.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ <u>81,354.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ <u>76,011.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ <u>57,220.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ <u>56,506.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CHILDREN'S HOSPITAL**

Employer identification number  
53-0196580

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 43,676.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 39,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 37,973.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 37,808.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 29,542.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> CHILDREN'S HOSPITAL	<b>Employer identification number</b> 53-0196580
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____	\$ 25,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____	\$ 24,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____	\$ 24,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____	\$ 21,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____	\$ 20,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> CHILDREN'S HOSPITAL	<b>Employer identification number</b> 53-0196580
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**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____	\$ 17,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____	\$ 17,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____	\$ 17,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____	\$ 12,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____	\$ 8,968.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____	\$ 8,268,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CHILDREN'S HOSPITAL**

Employer identification number  
53-0196580

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,274,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 2,312,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 1,734,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 504,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 467,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 220,399.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILDREN'S HOSPITAL

Employer identification number  
53-0196580

**Part I** Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	_____	\$ 186,473.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____	\$ 183,129.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____	\$ 7,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____	\$ 45,400,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILDREN'S HOSPITAL

Employer identification number

53-0196580

**Part II** Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
46	REAL ESTATE - COMMERCIAL	\$ 45,400,000.	11/01/2016

Name of organization CHILDREN'S HOSPITAL

Employer identification number

53-0196580

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

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

**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 organization CHILDREN'S HOSPITAL	Employer identification number 53-0196580
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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)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b> Other exempt purpose expenditures . . . . .														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<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 style="width: 65%;">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.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 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).

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

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."

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## VOLUNTEERS

SCHEDULE C, PART II-B, LINE 1A

COORDINATED THE PARTICIPATION OF THE PATIENT FAMILIES IN THE CHILDREN'S HOSPITAL ASSOCIATION FAMILY ADVOCACY DAY FOCUSED PRIMARILY ON PROTECTING HEALTH CARE SERVICES FOR CHILDREN.

## PAID STAFF OR MANAGEMENT

SCHEDULE C, PART II-B, LINE 1B

FOCUS PRIMARILY ON EFFORTS TO IMPROVE THE LEVEL OF FUNDING FOR SERVICES FOR CHILDREN IN PUBLIC HEALTH PROGRAMS.

## MAILING TO MEMBERS

SCHEDULE C, PART II-B, LINE 1D

CHILDREN'S NATIONAL PARTICIPATED IN AN ONLINE EMAIL CAMPAIGN SPONSORED BY THE CHILDREN'S HOSPITAL ASSOCIATION (CHA). WE INVITED OUR STAFF TO LOG ONTO A CHA WEB PORTAL THAT ALLOWED THE INDIVIDUAL TO SEND A MESSAGE TO THEIR CONGRESSIONAL REPRESENTATIVE ASKING THE REPRESENTATIVE TO PROTECT THE CHILDREN'S HEALTH INSURANCE PROGRAM.

## DIRECT CONTACT

SCHEDULE C, PART II-B, LINE 1G

THE LOBBYING ACTIVITIES ENGAGED IN BY CHILDREN'S HOSPITAL FOCUS PRIMARILY ON EFFORTS TO IMPROVE THE LEVEL OF FUNDING FOR SERVICES FOR CHILDREN IN PUBLIC HEALTH PROGRAMS. THOSE LOBBYING ACTIVITIES INCLUDE CONTINUAL MONITORING OF LEGISLATION VIA DISCUSSIONS WITH LEGISLATIVE STAFF, HOSTING EDUCATIONAL BRIEFING SESSIONS FOR MEMBERS OF CONGRESS, EXECUTIVE BRANCH,

**Part IV** Supplemental Information (continued)

STATE AND LOCAL OFFICIALS/STAFF REGARDING CHILD HEALTH ISSUES, AND COORDINATING THE SUBMISSION OF CORRESPONDENCE/WRITTEN COMMENTS ON PROPOSED LEGISLATION AND REGULATIONS, AS WELL AS THE PRESENTATION OF TESTIMONY BEFORE LEGISLATIVE COMMITTEES. CHILDREN'S HOSPITAL ALSO DEVELOPS POLICY POSITIONS IN RESPONSE TO PROBLEMS AND OPPORTUNITIES IN THE PUBLIC SECTOR.

## OTHER ACTIVITIES

SCHEDULE C, PART II-B, LINE 11

THE HOSPITAL IS A MEMBER OF THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS (NACH) AND DISTRICT OF COLUMBIA HOSPITAL ASSOCIATION (DCHA). NACH AND DCHA HAVE CHILD ADVOCACY AND LEGISLATIVE ADVOCACY PROGRAMS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

CHILDREN'S HOSPITAL

53-0196580

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

JSA 6E1268 1.000

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted 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
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

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

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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) DUE FROM AFFILIATES	312,407,671.
(2) DEFERRED COMPENSATION PLAN	24,420,231.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	336,827,902.

**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) RESERVE FOR CLAIMS	89,540,810.
(3) OTHER LIABILITIES	69,611,879.
(4) CAPITAL LEASE OBLIGATIONS	5,546,492.
(5) SETTLEMENTS TO THIRD PARTY PAY	2,832,279.
(6) DUE TO AFFILIATIES	1,194,666.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	168,726,126.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

**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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 3, 4a-4b, 4c, 5), and a final column for totals.

**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.

SEE PAGE 5

**Part XIII Supplemental Information** (continued)

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

SCHEDULE D, PART X, LINE 2

FIN 48 FINANCIAL STATEMENT FOOTNOTE FROM CHILDREN'S NATIONAL MEDICAL CENTER (MEDICAL CENTER), OF WHICH CHILDREN'S HOSPITAL IS A SUBSIDIARY, IS AS FOLLOWS:

THE MEDICAL CENTER IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. ON SUCH BASIS, THE EXEMPT ENTITIES WILL NOT INCUR ANY LIABILITY FOR FEDERAL INCOME TAXES, EXCEPT FOR POSSIBLE UNRELATED BUSINESS INCOME.

THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ("FASB") GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THE GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE COMBINED FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON TECHNICAL MERITS.

THE MEDICAL CENTER EVALUATES UNCERTAIN TAX POSITIONS USING A TWO-STEP APPROACH FOR RECOGNIZING AND MEASURING TAX BENEFITS TAKEN OR EXPECTED TO BE TAKEN IN AN UNRELATED BUSINESS ACTIVITY TAX RETURN AND DISCLOSURES REGARDING UNCERTAINTIES IN TAX POSITIONS. THERE WAS NO IMPACT ON THE MEDICAL CENTER'S FINANCIAL STATEMENTS DURING THE YEAR ENDED JUNE 30, 2017 AND 2016 AS THE MEDICAL CENTER HAS NO UNCERTAIN TAX POSITIONS.



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CHILDREN 'S HOSPITAL

Employer identification number

53-0196580

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the 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) MIDDLE EAST AND NORTH AFRICA		1.	PROGRAM SERVICES	PATIENTS REFFERALS	753,909.
(2) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	INSURANCE PREMIUMS	11,601,962.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .		1.			12,355,871.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)		1.			12,355,871.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2016

**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. X

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

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

3 Enter total number of other organizations or entities. . . . . ▶ \_\_\_\_\_

**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; do not 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; do not 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).

---

ACCOUNTING METHOD USED

SCHEDULE F, PART I, LINE 3, COLUMN F

THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE ACCRUAL BASIS OF  
ACCOUNTING.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHILDREN ' S HOSPITAL

Employer identification number

53-0196580

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> 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 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400.0000</u> %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> 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.		
<b>4</b> 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"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>5c</b> 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? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>6b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			9,562,260.		9,562,260.	.90
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			61,923,287.		61,923,287.	5.86
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .			71,485,547.		71,485,547.	6.76
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .		65486	6,728,895.	2,684,440.	4,044,455.	.38
<b>f</b> Health professions education (from Worksheet 5) . . . . .		3307	47,288,861.	6,567,171.	40,721,690.	3.85
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			7,061,774.		7,061,774.	.67
<b>h</b> Research (from Worksheet 7) . . . . .			4,652,603.		4,652,603.	.44
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .		3841	750,977.	4,025.	746,952.	.07
<b>j</b> Total. Other Benefits . . . . .		72634	66,483,110.	9,255,636.	57,227,474.	5.41
<b>k</b> Total. Add lines 7d and 7j. . . . .		72634	137,968,657.	9,255,636.	128,713,021.	12.17

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Schedule H (Form 990) 2016

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**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		8075	12,981.		12,981.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building		100	52,142.		52,142.	
7 Community health improvement advocacy			84,765.			.01
8 Workforce development		51	1,091,911.	26,136.	1,065,775.	.10
9 Other						
10 Total		8226	1,241,799.	26,136.	1,130,898.	.11

**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? . . . . .	X	
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. . . . .		
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 . . . . .		
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) . . . . .	2,008,057.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	2,120,476.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	-112,419.
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? . . . . .	X	
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 . . . . .	X	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

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

**Part V Facility Information**

**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year? 1

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

1 CHILDREN'S HOSPITAL  
111 MICHIGAN AVE, NW  
WASHINGTON DC 20010  
WWW.CHILDRENSNATIONAL.ORG  
HFD01-0208

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
X	X	X	X	X	X	X	X		



Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding hospital facility licensing, CHNA requirements, and implementation strategies.

**Part V Facility Information (continued)**

**Financial Assistance Policy (FAP)**

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	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):	X	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	X	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.CHILDRENSNATIONAL.ORG</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.CHILDRENSNATIONAL.ORG</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.CHILDRENSNATIONAL.ORG</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

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

		Yes	No
<b>17</b>	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? . . . . .	X	
<b>18</b>	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:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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):		
<b>a</b>	<input checked="" 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		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . .	X	
If "No," indicate why:			
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

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

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

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

		Yes	No
<b>22</b>	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.		
	<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	<b>b</b> <input checked="" type="checkbox"/> 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		
	<b>c</b> <input type="checkbox"/> 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		
	<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	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.		X
<b>24</b>	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.		X

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**Part V Facility Information** (continued)

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

SCHEDULE H, PART V, SECTION B, LINE 3

THE COMMUNITY HEALTH NEEDS ASSESSMENT ALSO INCLUDES ILLUSTRATIVE MAPS/FIGURES OF ASSETS AND VULNERABILITIES RELATED TO SPECIFIC HEALTH METRICS, INCLUDING BUT NOT LIMITED TO MAJOR OUTLET FAST FOOD LOCATIONS PER WARD OF THE DISTRICT, HOSPITALS AND PRIMARY CARE CENTERS IN THE DISTRICT, MEDICALLY UNDERSERVED AREAS IN THE DISTRICT, AND LOCATIONS OF PRIMARY CARE AND MENTAL HEALTH PROFESSIONALS SHORTAGE AREAS IN THE DISTRICT. PROVIDING THIS INFORMATION WILL ASSIST IN OVERALL DATA ANALYSIS, PROGRAM PLANNING AND INFORM DECISION MAKING ON IMPORTANT HEALTH RELATED ISSUES AFFECTING THE RESIDENTS OF WASHINGTON, DC.

SCHEDULE H, PART V, SECTION B, LINE 5

CHILDREN'S NATIONAL HEALTH SYSTEM (CHILDREN'S NATIONAL) SPEARHEADED THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) ON BEHALF OF THE DISTRICT OF COLUMBIA HEALTHY COMMUNITIES COLLABORATIVE (DCHCC), A GROUP OF WASHINGTON, DC HOSPITALS AND FEDERALLY QUALIFIED HEALTH CENTERS. THE DCHCC ALSO INCLUDES PARTICIPATION FROM THE DC PRIMARY CARE ASSOCIATION, THE DC HOSPITAL ASSOCIATION, AND THE DC DEPARTMENT OF HEALTH. CHILDREN'S NATIONAL ALSO LED THE RECRUITMENT OF THE FOCUS GROUPS TO ENSURE FULL REPRESENTATION OF THE COMMUNITY. INPUT WAS RECEIVED VIA SEVERAL KEY INFORMANT INTERVIEWS, FOCUS GROUPS, TOWN HALLS, AND ONLINE SURVEYS. THESE GROUPS CONSISTED OF COMMUNITY RESIDENTS, MEMBERS FROM THE LOCAL HEALTH CARE COMMUNITY, AND COMMUNITY AND GOVERNMENT AGENCIES REPRESENTING THE SOCIAL DETERMINANTS OF HEALTH SUCH AS THE DEPARTMENT OF HOUSING, ECONOMICS, DEPARTMENT OF HEALTH CARE FINANCE, DEPARTMENT OF

**Part V Facility Information** (continued)

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

TRANSPORTATION, AND THE DEPARTMENT OF BEHAVIORAL HEALTH. THE STAKEHOLDER INTERVIEWS TOOK PLACE WITHIN 60 ORGANIZATIONS AND INCLUDED 31 KEY INFORMANT INTERVIEWS, 113 ONLINE SURVEYS, 40 FOCUS GROUP PARTICIPANTS, 80 COMMUNITY FORUMS ATTENDEES, 6 COUNCIL MEMBERS, 11 GOVERNMENT AGENCIES, AND 15 HOSPITALS AND CLINICS. STAKEHOLDERS PROVIDED INPUT ON SEVERAL QUESTIONS RELATED TO OVERALL HEALTH AND THE COMPONENTS OF A HEALTHY COMMUNITY. PARTICIPANTS ALSO COMMENTED ON WAYS TO IMPROVE THE STATUS OF HEALTH IN THE CITY, DISCUSSED WHAT PROGRAMS/SYSTEMS WERE WORKING, AND PROVIDED INSIGHT INTO ADDITIONAL RESOURCES NEEDED TO ADVANCE HEALTH IN THE DISTRICT OF COLUMBIA. MEMBERS OF THE DCHCC CONDUCTED KEY INFORMANT INTERVIEWS WITH LOCAL CEO'S AS WELL AS DIRECTORS OF GOVERNMENT AGENCIES.

SCHEDULE H, PART V, SECTION B, LINES 6A & 6B

CHILDREN'S NATIONAL, THROUGH ITS MEMBERSHIP IN THE DC HEALTHY COMMUNITIES COLLABORATIVE (DCHCC), CONDUCTED THE CHNA IN PARTICIPATION WITH THREE ADDITIONAL NON-PROFIT HOSPITALS: HOWARD UNIVERSITY HOSPITAL, PROVIDENCE HOSPITAL, AND SIBLEY MEMORIAL HOSPITAL. THE DCHCC ALSO CONSISTS OF FOUR COMMUNITY HEALTH CENTERS: BREAD FOR THE CITY, COMMUNITY OF HOPE, MARY'S CENTER, AND UNITY HEALTH CARE, INC. THE DCHCC WORKS TO ELIMINATE HEALTH DISPARITIES AND CREATE HEALTH EQUITY FOR ALL COMMUNITIES IN DC TO REALIZE ONE HEALTHY CAPITAL CITY. WITH THE UNIQUE PERSPECTIVES OF EACH HOSPITAL AND COMMUNITY HEALTH CENTER, DCHCC MEMBERS PROVIDED GUIDANCE AND FEEDBACK RESPECTIVE TO POPULATIONS AND NEIGHBORHOODS SERVED.

**Part V Facility Information** (continued)

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

SCHEDULE H, PART V, SECTION B, LINE 7D

THE CHNA REPORT IS LOCATED ON THE HOSPITAL'S WEBSITE AND THE DCHCC'S DC HEALTH MATTERS WEB PORTAL. CHILDREN'S NATIONAL ALSO PARTICIPATED IN A PRESS BRIEFING AND ISSUED A PRESS RELEASE TO DISSEMINATE THE CHNA REPORT FINDINGS TO THE PUBLIC. IN ADDITION, SEVERAL SOCIAL MEDIA PLATFORMS WERE USED TO DISTRIBUTE THE FINDINGS FROM THE CHNA. EACH DCHCC MEMBER ORGANIZATION HAS AN ELECTRONIC COPY OF THE CHNA REPORT ON THEIR WEBSITE. CHILDREN'S NATIONAL PARTICIPATED IN SEVERAL COMMUNITY FORUMS TO DISCUSS THE RESULTS OF THE CHNA AND THE IMPLEMENTATION STRATEGY. COPIES OF THE CHNA WERE DISTRIBUTED TO FORUM ATTENDEES. PARTICIPANTS WERE ALSO REFERRED TO THE DC HEALTH MATTERS WEB PORTAL TO ACCESS THE CHNA ELECTRONICALLY.

CHILDREN'S NATIONAL, AS A MEMBER OF THE DC HEALTHY COMMUNITIES COLLABORATIVE, HAS MET WITH COMMUNITY STAKEHOLDERS, LIKE COMMUNITY HEALTH ALLIANCES, GOVERNMENT AGENCIES, AND FAITH-BASED ORGANIZATIONS, TO PROVIDE AN OVERVIEW OF THE CHNA AND THE FOUR PRIORITY NEEDS. IN ADDITION TO PROVIDING AN OVERVIEW THE CHNA, IT HAS ENGAGED NEW MEMBERS IN ITS COMMUNITY HEALTH IMPROVEMENT STRATEGIES. CHILDREN'S NATIONAL HAS ALSO PROVIDED NUMEROUS TRAININGS ON THE DC HEALTH MATTERS WEBSITE THAT INCLUDES THE COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN.

SCHEDULE H, PART V, SECTION B, LINE 8

CHILDREN'S HOSPITAL ADOPTED AN IMPLEMENTATION STRATEGY, REFERRED TO AS THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) THAT ADDRESSES FOUR OF THE

**Part V Facility Information** (continued)

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

SIX PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE CITYWIDE CHNA.

THE CHIP IS AVAILABLE ONLINE AT:

[HTTPS://CHILDRENSNATIONAL.ORG/ADVOCACY-AND-OUTREACH/CHILD-HEALTH-ADVOCACY-  
INSTITUTE/THE-DATA-LAB](https://childrensnational.org/advocacy-and-outreach/child-health-advocacy-institute/the-data-lab)

SCHEDULE H, PART V, SECTION B, LINE 11

THE DCHCC IS ADDRESSING THE FOLLOWING SIGNIFICANT NEEDS IDENTIFIED IN THE MOST RECENTLY CONDUCTED CHNA -MENTAL HEALTH, HEALTH LITERACY, PLACE-BASED CARE, AND CARE COORDINATION. WHILE THE COMMUNITY IDENTIFIED NINE HEALTH NEEDS, THE COLLABORATIVE SELECTED FOUR OF THE NINE PRIORITY NEEDS USING A STRUCTURED PRIORITIZATION PROCESS. THE PRIORITIZATION PROCESS SCORED EACH OF THE NEEDS ACCORDING TO 1) IMPORTANCE TO OUR COMMUNITY, 2) CAPACITY TO ADDRESS (AVAILABILITY OF FINANCIAL AND OTHER RESOURCES), 3) ALIGNMENT WITH ORGANIZATIONAL AND CITYWIDE MISSION AND 4) STRENGTH OF EXISTING INTERVENTION/COLLABORATIONS. A DESCRIPTION OF HOW CHILDREN'S NATIONAL AND DCHCC ARE ADDRESSING THE FOUR SELECTED NEEDS IS DETAILED IN OUR COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). IT IS IMPORTANT TO NOTE THAT THESE FOUR PRIORITIZED COMMUNITY NEEDS CUT ACROSS NEARLY ALL CLINICAL CONDITIONS AND OFTEN CONTRIBUTE TO POOR HEALTH OUTCOMES. THE QUANTITATIVE DATA PRESENTED IN THE REPORT HELPED GUIDE THE COLLABORATIVE IN DECIDING WHICH OF THE PRIORITY AREAS TO INVEST OUR RESOURCES FOR THE GREATEST IMPACT. FURTHERMORE, BECAUSE THE COLLABORATIVE IS COMPRISED OF HEALTH CARE ORGANIZATIONS, IT WAS IMPORTANT TO ALIGN THE PRIORITY AREAS ON HEALTH RELATED MATTERS VERSUS SOME OF THE NON-HEALTH AREAS IN ORDER TO BRING ABOUT THE GREATEST OPPORTUNITY TO AFFECT CHANGE.



**Part V Facility Information** (continued)

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

IN PREPARATION FOR DEVELOPING THE CHIP, CHILDREN'S NATIONAL ALONG WITH DCHCC MEMBERS PARTICIPATED IN AN EXTENSIVE TRAINING TO ASSESS CAPACITY AND ORGANIZATIONAL ABILITY TO ADDRESS THE PRIORITY AREAS. MEMBERS DEVELOPED LOGIC MODELS FOR EACH OF THE PRIORITY AREAS AND IDENTIFIED THOSE ORGANIZATIONS THAT WOULD LEAD, COLLABORATE, OR SERVE IN A SUPPORTIVE ROLE BASED ON ORGANIZATIONAL CAPACITY.

EACH DCHCC MEMBER ORGANIZATION RECEIVED APPROVAL OF THE CHIP BY THEIR BOARD OF DIRECTORS/TRUSTEES. CHILDREN'S NATIONAL RECEIVED APPROVAL BY ITS BOARD ON NOV. 15, 2016.

**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? 18

Name and address	Type of Facility (describe)
<b>1</b> CHILDREN'S OUTPATIENT CTR OF MONTGOMERY SHADY GROVE MEDICAL PARK ROCKVILLE MD 20850	REGIONAL OUTPATIENT CENTER
<b>2</b> CHILDREN'S OUTPATIENT CTR OF NORTHERN VA 8501 ARLINGTON BOULEVARD, STE 200 FAIRFAX VA 22031	REGIONAL OUTPATIENT CENTER
<b>3</b> CHILDREN'S OUTPATIENT CTR IN LAUREL 13922 BALTIMORE AVE LAUREL MD 20707	REGIONAL OUTPATIENT CENTER
<b>4</b> CHILDREN'S HEALTH CENTER - ADAMS MORGAN 1630 EUCLID STREET, NW WASHINGTON DC 20009	HEALTH CENTERS
<b>5</b> CHILDREN'S HEALTH CENTER - ANACOSTIA 2101 MARTIN LUTHER KING JR AVE, SE WASHINGTON DC 20020	HEALTH CENTERS
<b>6</b> CHILDREN'S OUTPATIENT CTR - UPR MARLBORO 9440 PENNSYLVANIA AVENUE UPPER MARLBORO MD 20772	REGIONAL OUTPATIENT CENTER
<b>7</b> MOBILE VAN - HEALTH CARE N/A N/A DC 20010	MOBILE HEALTH CARE
<b>8</b> CHILDREN'S OUTPATIENT CTR IN ANNAPOLIS 888 BESTGATE ROAD, STE 320 ANNAPOLIS MD 21401	REGIONAL OUTPATIENT CENTER
<b>9</b> CHILDREN'S HEALTH CENTER - SHAW 2220 11TH STREET, NW WASHINGTON DC 20001	HEALTH CENTERS
<b>10</b> CHILDREN'S OUTPATIENT CTR SPRING VALLEY 4900 MASSACHUSETTS AVENUE, NW WASHINGTON DC 20016	REGIONAL OUTPATIENT CENTER

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**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> CHILDREN'S NAT'L AMBULATORY SURGERY CTR 9850 KEY WEST AVENUE ROCKVILLE MD 20850	REGIONAL OUTPATIENT CENTER
<b>2</b> CHILDREN'S OUTPATIENT CTR IN FREDERICK 5910 FREDERICK CROSSING LANE, STE 100 FREDERICK MD 21704	REGIONAL OUTPATIENT CENTER
<b>3</b> MOBILE VAN - DENTAL N/A N/A DC 20010	MOBILE HEALTH CARE
<b>4</b> CHILDREN'S HEALTH CENTER AT THEARC 1901 MISSISSIPPI AVE, SE WASHINGTON DC 20020	HEALTH CENTERS
<b>5</b> CHILDREN'S OUTPATIENT CTR MONTGOMERY CTY 15245 SHADY GROVE ROAD, STE 350 ROCKVILLE MD 20858	REGIONAL OUTPATIENT CENTER
<b>6</b> CHILDREN'S OUTPATIENT CTR OF NORTHERN VA 3023 HAMAKER COURT, SUITE 300 FAIRFAX VA 22031	REGIONAL OUTPATIENT CENTER
<b>7</b> CHILDREN'S NATIONAL IMGAGING CENTER 9850 KEY WEST AVENUE, SUITE 110 ROCKVILLE MD 20850	REGIONAL OUTPATIENT CENTER
<b>8</b> CHILDREN'S NATIONAL SPECIALISTS OF VIRGI 3023 HAMAKER COURT, SUITE 500 FAIRFAX VA 22031	HEALTH CENTER
<b>9</b>  	
<b>10</b>  	

**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.

ELIGIBILITY FOR CHARITY CARE PROGRAM

SCHEDULE H, PART I, LINE 3C

CHILDREN'S NATIONAL USED THE FEDERAL POVERTY GUIDELINES TO DETERMINE  
ELIGIBILITY FOR ITS CHARITY CARE PROGRAM. ELIGIBILITY WAS INCOME BASED  
AND NOT ASSET BASED.

CHILDREN'S NATIONAL MEDICAL CENTER ANNUAL REPORT

SCHEDULE H, PART I, LINE 6

CHILDREN'S NATIONAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT. FOR MASS  
PUBLIC DISTRIBUTION, THE REPORT IS POSTED TO OUR WEBSITE AND HARD COPIES  
ARE MADE AVAILABLE AND DISTRIBUTED TO THE HOSPITAL'S KEY INTERNAL AND  
EXTERNAL STAKEHOLDERS.

COMMUNITY BENEFIT REPORT

CHILDREN'S NATIONAL IS DEDICATED TO FULFILLING ITS VISION OF SETTING THE  
STANDARD IN EXCELLENCE IN PEDIATRIC CARE, ADVOCACY, RESEARCH, AND  
EDUCATION, HERE IN THE NATION'S CAPITAL, AROUND THE COUNTRY, AND  
THROUGHOUT THE WORLD. AS PART OF OUR COMMITMENT TO OUR COMMUNITY, BELOW

**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.
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ARE SOME OF THE PROGRAMS AND ACTIVITIES THAT WERE CONDUCTED IN FY 2017.

- DC COLLABORATIVE FOR MENTAL HEALTH IN PEDIATRIC PRIMARY CARE AND DC MENTAL HEALTH ACCESS IN PEDIATRICS

FOUNDED IN 2012, THE DC COLLABORATIVE FOR MENTAL HEALTH IN PEDIATRIC PRIMARY CARE (DC COLLABORATIVE) AIMS TO IMPROVE THE INTEGRATION OF MENTAL HEALTH IN PEDIATRIC PRIMARY CARE FOR YOUTH IN THE DISTRICT OF COLUMBIA. THIS PUBLIC-PRIVATE PARTNERSHIP INCLUDES AN INTERDISCIPLINARY WORKING GROUP, A COMMUNITY ADVISORY BOARD AND A CHILDREN'S NATIONAL PROJECT TEAM. DURING THE COURSE OF THE REPORTING PERIOD, THE COLLABORATIVE HAS BEEN PARTICULARLY FOCUSED ON: 1) EDUCATING AND SUPPORTING PEDIATRIC PRIMARY CARE PROVIDERS (PPCPS) IN THE IMPLEMENTATION OF UNIVERSAL, ANNUAL MENTAL HEALTH SCREENING AT WELL-CHILD VISITS; 2) ENGAGING IN COMPREHENSIVE PLANNING PROCESS TO BRING A CHILD BEHAVIORAL HEALTH ACCESS PROGRAM TO THE DISTRICT OF COLUMBIA WHICH WOULD PROVIDE PPCPS WITH REAL-TIME PHONE CONSULTATION WITH CHILD MENTAL HEALTH EXPERTS; BRIEF, TIME-LIMITED FOLLOW-UP SERVICES; MENTAL HEALTH EDUCATION AND TRAINING; RESOURCE GUIDE MAINTENANCE; AND PSYCHOTROPIC MEDICATION REVIEWS FOR CHILDREN IN THE

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CITY'S SYSTEM OF CARE.

WITH THIS MISSION IN MIND, THE DC COLLABORATIVE FOR MENTAL HEALTH IN PEDIATRIC PRIMARY CARE CREATED THE DC MENTAL HEALTH ACCESS IN PEDIATRIC (DC MAP) PROGRAM. DC MAP WAS LAUNCHED IN THE DISTRICT IN 2015 (PILOTED IN MAY 2015, LAUNCHED CITY-WIDE IN SEPTEMBER 2015) FOLLOWING SEVERAL YEARS OF PLANNING BY STAKEHOLDERS. KEY TO PLANNING EFFORTS HAS BEEN THE DC COLLABORATIVE FOR MENTAL HEALTH IN PEDIATRIC PRIMARY CARE (DC COLLABORATIVE), A PUBLIC-PRIVATE PARTNERSHIP THAT INCLUDES CHILDREN'S NATIONAL HEALTH SYSTEM, MEDSTAR GEORGETOWN UNIVERSITY HOSPITAL, THE CHILDREN'S LAW CENTER, THE DC CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS AND THE DC DEPARTMENTS OF HEALTH, BEHAVIORAL HEALTH AND HEALTH CARE FINANCE, AS WELL AS A COMMUNITY ADVISORY BOARD WITH REPRESENTATION FROM MORE THAN 25 CHILD-SERVING ORGANIZATIONS, PARENTS AND COMMUNITY GROUPS. DC MAP IS MODELED AFTER A HIGHLY SUCCESSFUL PROGRAM STARTED IN MASSACHUSETTS (MASSACHUSETTS CHILD PSYCHIATRY ACCESS PROGRAM) AND IT JOINS A LONG LIST OF OTHER ACCESS PROGRAMS ACROSS THE COUNTRY THAT ARE PART OF THE NATIONAL NETWORK OF CHILD PSYCHIATRY ACCESS PROGRAMS. THESE

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PROGRAMS OFFER PEDIATRIC PRIMARY CARE PROVIDERS WITH INCREASED ACCESS TO CHILD MENTAL HEALTH EXPERTS AND HAVE LED TO SIGNIFICANT IMPROVEMENTS IN PROVIDERS FEELING BETTER ABLE TO ADDRESS THEIR PATIENT'S.

DC MAP PROVIDES THE FOLLOWING SERVICES: PRIMARY CARE CLINICIAN TELEPHONE CONSULTATION WITH CHILD MENTAL HEALTH SPECIALISTS, COMMUNITY RESOURCE REFERRALS AND FACE-TO-FACE CONSULTATIONS AS CLINICALLY INDICATED, MENTAL HEALTH EDUCATION AND TRAINING IN PRIMARY CARE, CHILD MENTAL HEALTH RESOURCE GUIDE MAINTENANCE, AND QUARTERLY MEDICATION REVIEWS FLAGGED BY THE PSYCHOTROPIC MONITORING GROUP.

DC MAP AIMS TO IMPROVE THE INTEGRATION OF MENTAL HEALTH IN PEDIATRIC PRIMARY CARE FOR CHILDREN IN THE DISTRICT OF COLUMBIA. WE ARE COMMITTED TO ADDRESSING THE MENTAL HEALTH NEEDS OF DIVERSE CHILDREN AND THEIR FAMILIES THROUGH CULTURALLY COMPETENT, FAMILY-FOCUSED INITIATIVES. WE ACKNOWLEDGE THAT THE UNMET MENTAL HEALTH NEEDS OF YOUNG CHILDREN, ESPECIALLY THOSE WHO HAVE NOT YET ENTERED SCHOOL, ARE GREAT. THUS, ALTHOUGH WE AIM TO ADDRESS THE MENTAL HEALTH NEEDS OF ALL CHILDREN AND

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YOUTHS, WE ARE PARTICULARLY FOCUSED ON INFANTS, TODDLERS, AND PRESCHOOLERS.

IN FY2017, DC MAP FIELDDED APPROXIMATELY 500 CALLS FROM PRIMARY CARE PROVIDERS IN THE DC METRO AREA, AN INCREASE OF 213% IN CALL VOLUME FROM LAST YEAR. ALL PRIMARY CARE PROVIDERS WHO UTILIZED THE DC MAP HOTLINE SERVICE WERE CONNECTED WITH A PSYCHIATRIST WITHIN ONE HOUR OF CALLING, TYPICALLY ALLOWING THEM EXPERT CONSULTATION WHILE PATIENTS WERE STILL IN THE OFFICE. ONE PEDIATRICIAN AT THE CHILDREN'S NATIONAL ARC SAID OF THE PROGRAM, "DC MAP EMPOWERS ME TO PROVIDE THE BEST CARE FOR MY PATIENTS. IT IS AN INTEGRAL PART OF MY MEDICAL PRACTICE."

- ENGAGING EAST END COMMUNITIES IN HEALTH OUTCOMES (E3CHO)  
THE ENGAGING EAST END COMMUNITIES IN HEALTH OUTCOMES (E3CHO) WORK GROUP SEEKS TO EXPLORE BOTH THE VIEWS OF PARENTS/CAREGIVERS WHO USE THE EMERGENCY DEPARTMENT (ED) FOR LOW ACUITY CONDITIONS AS WELL AS THE VIEWS OF CLINICAL STAFF IN ORDER TO DEVELOP ACTIONABLE ITEMS THAT WILL ENCOURAGE APPROPRIATE HEALTH CARE UTILIZATION AND IMPROVEMENT OF



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ACCESSIBLE HEALTH CARE SERVICES IN EAST END WASHINGTON, DC.

THE WORK GROUP MOST RECENTLY CONDUCTED FOCUS GROUPS WITH PARENTS/CAREGIVERS OF CHILDREN WHO HAVE USED THE CHILDREN'S NATIONAL EMERGENCY DEPARTMENT AT UNITED MEDICAL CENTER (UMC ED) 4 OR MORE TIMES BETWEEN JULY 2016 AND JUNE 2017 FOR LOW ACUITY CONDITIONS, AND WITH CLINICAL STAFF AT THE UMC ED AND THE TWO GOLDBERG CENTER PRIMARY CARE CLINICS IN WARDS 7 AND 8. THE TEAM CONDUCTED 5 FOCUS GROUPS FOR PARENTS/CAREGIVERS WITH 31 PARTICIPANTS AND 5 FOCUS GROUPS FOR CLINICAL STAFF, INCLUDING 48 PHYSICIANS, NURSES, PHYSICIAN EXTENDERS, AND OTHER CLINICAL STAFF.

THE WORK GROUP IS CURRENTLY REVIEWING AND COLLATING A REPORT OF FOCUS GROUPS FINDINGS. THE FINDINGS WILL BE USED TO UNDERSTAND WHY FAMILIES CHOOSE THE ED FOR LOW ACUITY CONDITIONS AND WHAT RESOURCES ARE NEEDED IN PRIMARY CARE TO MAKE PRIMARY CARE CLINICS MORE ACCESSIBLE. ADDITIONALLY, THE WORK GROUP WILL EVALUATE INTERVENTIONS THAT AIM TO INCREASE APPROPRIATE HEALTH CARE UTILIZATION FOR FAMILIES IN WARDS 7 AND 8 IN

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WASHINGTON, DC. SOME OF THESE INTERVENTIONS INCLUDE INCREASED HEALTH EDUCATION WITHIN THE ED, PROFESSIONAL EDUCATION FOR ED PROVIDERS, AND THE EXPANSION OF HOURS AND SERVICES FOR COMMUNITY CLINICS.

- SCHOOL BASED HEALTH CENTERS

APPROXIMATELY 18 PERCENT OF THE DC POPULATION IS COMPRISED OF CHILDREN AGES 0-17 AND 50 PERCENT LIVE IN WARDS 4, 7, AND 8, WHICH HAVE SOME OF THE GREATEST HEALTH DISPARITIES IN THE CITY. THESE HEALTH DISPARITIES ARE PERPETUATED BY THE SOCIAL DETERMINANTS OF HEALTH, CONDITIONS IN THE PLACES WHERE PEOPLE LIVE, LEARN, WORK, AND PLAY. ABOUT ONE THIRD OF DC CHILDREN LIVE BELOW THE FEDERAL POVERTY LEVEL, WHICH IS MORE PREVALENT AMONG BLACK CHILDREN AND EXACERBATES POOR HEALTH OUTCOMES. SCHOOL ATTENDANCE HAS ALSO BEEN A CHRONIC CHALLENGE IN DC PUBLIC SCHOOLS WITH 32 PERCENT OF ALL STUDENTS IN PRE-KINDERGARTEN THROUGH HIGH SCHOOL MISSING MORE THAN 10 DAYS WITHOUT A VALID EXCUSE IN 2014. GIVEN CHILDREN'S NATIONAL HEALTH SYSTEM'S PROVEN CAPACITY TO SERVE THE COMMUNITY VIA SCHOOL-HEALTH PROGRAMS, AND THE NECESSITY OF REACHING PEDIATRIC POPULATIONS IN SCHOOL, THERE IS AN IDENTIFIED NEED FOR COLLABORATION AND

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INTENTIONAL IN THE SCHOOL-SETTING.

CHILDREN'S NATIONAL'S SCHOOL-BASED HEALTH CENTERS PROVIDE A PRIMARY CARE HOME TO STUDENTS AT BALLOU, DUNBAR, AND COOLIDGE HIGH SCHOOLS IN WASHINGTON, D.C. DURING FY17, THESE SCHOOL-BASED HEALTH CENTERS STAFFED WITH RN'S, NURSE PRACTITIONERS, MEDICAL DOCTORS, AND MENTAL HEALTH EXPERTS, PROVIDED OVER 1,000 VISITS. A SBHC CAN SERVE AS A STUDENT'S PRIMARY HEALTH CARE PROVIDER OR SUPPLEMENT THE SERVICES THEY WOULD NORMALLY RECEIVE. EACH SBHC OFFERS MEDICAL, ORAL, SOCIAL AND MENTAL HEALTH SERVICES, AND EDUCATION TO ENROLLED STUDENTS AND TO THE CHILDREN OF ENROLLED STUDENTS. SBHC STAFF CAN ALSO PROVIDE REFERRALS TO SPECIALTY CARE, COMMUNITY PROVIDERS AND OTHER PROGRAMS TO ENSURE EVERY STUDENT RECEIVES THE CARE THEY NEED TO LEAD HEALTHIER LIVES.

- DISTRICT OF COLUMBIA HEALTHY COMMUNITIES COLLABORATIVE AND DC HEALTH MATTERS

CHILDREN'S NATIONAL IS A FOUNDING MEMBER AND ONGOING LEADER IN THE DISTRICT OF COLUMBIA HEALTHY COMMUNITIES COLLABORATIVE (DCHCC). THE DCHCC

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IS A DATA-DRIVEN COLLABORATIVE OF FOUR LOCAL DC HOSPITALS AND FOUR  
FEDERALLY-QUALIFIED HEALTH CENTERS THAT SHARE A COMMON GOAL OF REDUCING  
HEALTH DISPARITIES AND INCREASING HEALTHY EQUITY FOR THE MOST VULNERABLE  
DC POPULATIONS. THE MISSION OF THE DCHCC IS TO MERGE THE TWO FACES OF THE  
CAPITAL CITY INTO ONE HEALTHY AND THRIVING COMMUNITY THAT HOLDS THE SAME  
PROMISE FOR ALL RESIDENTS.

WITH THESE GOALS IN MIND, THE DCHCC LAUNCHED DC HEALTH MATTERS, AN ONLINE  
WEB RESOURCE THAT BRINGS NON-BIASED DATA, LOCAL RESOURCES, AND A WEALTH  
OF INFORMATION IN ONE, ACCESSIBLE, USER-FRIENDLY LOCATION. DC HEALTH  
MATTERS (WWW.DCHEALTHMATTERS.ORG) IS AN INNOVATIVE, COMMUNITY-DRIVEN  
HEALTH DASHBOARD THAT PROVIDES USEFUL DATA OF LOCAL HEALTH METRICS AND  
RELATED RESOURCES FOR THE WASHINGTON, DC COMMUNITY. THE INTENT IS TO GIVE  
OUR COMMUNITY THE TOOLS NEEDED TO READ, UNDERSTAND, AND ACT ON THE PUBLIC  
HEALTH INDICATORS THAT AFFECT THE HEALTH OF DC COMMUNITIES. THE TOOLS CAN  
ALSO HELP OUR COMMUNITIES SET GOALS AND EVALUATE PROGRESS. COMMUNITY  
GROUPS, SCHOOLS, HEALTH ASSOCIATIONS, CHAMBERS OF COMMERCE, TOURISM AND  
MANY OTHER ORGANIZATIONS CAN USE THIS INFORMATION TO SHOW THE GREAT

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BENEFITS OF LIVING IN DC AS WELL AS OPPORTUNITIES FOR IMPROVEMENT, WITH SPECIFIC INFORMATION. MASTER PLANNERS AND GOVERNMENT CAN USE THIS DATA TO ESTABLISH COMMUNITY GOALS ON A VARIETY OF PLATFORMS. THE DATA ARE UPDATED WHENEVER SOURCE DATA IS UPDATED PROVIDING THE MOST UP-TO-DATE INFORMATION OF ITS KIND. THE DC HEALTH MATTERS DASHBOARD TRACKS OVER 200 HEALTH AND RELATED INDICATORS SPECIFIC TO DC, OFFERS DATA ON A VAST NUMBER OF COMMUNITY-LEVEL INTERVENTIONS, PROVIDES LINKS TO FUNDING OPPORTUNITIES, AND CONTAINS RESOURCES ON HEALTH AND HEALTH-RELATED DOMAINS. IN ADDITION, DC HEALTH MATTERS PROVIDES THE FOUNDATION FOR OUR CITYWIDE COMMUNITY HEALTH NEEDS ASSESSMENT AND NOW HOUSES AND TRACKS PROGRESS OF THE COMMUNITY HEALTH IMPROVEMENT PLAN.

IN AN EFFORT TO INCREASE INTERDISCIPLINARY COLLABORATION AND UTILIZATION OF THE DCHCC WEB RESOURCES, OVER THE PAST FISCAL YEAR, TRAININGS ON DC HEALTH MATTERS TOOK PLACE. THESE TRAININGS TOOK PLACE INTERNALLY WITHIN THE DEPARTMENTS OF THE CHILD HEALTH ADVOCACY INSTITUTE (CHAI), DURING COMMUNITY HEALTH IMPROVEMENT WEEK, AND WERE ALSO PROVIDED TO ALL 2ND YEAR MEDICAL STUDENTS DURING THE 2017 GEORGE WASHINGTON UNIVERSITY SCHOOL OF

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MEDICINE & HEALTH SCIENCES OBESITY SUMMIT. THE TRAININGS HIGHLIGHTED THE PURPOSE AND LAYOUT OF DC HEALTH MATTERS AND HOW TO NAVIGATE AND STRATEGICALLY FIND AND COMPARE DATA. PRACTICAL SKILLS ON USING THE WEB PORTAL WERE ALSO PROVIDED TO ATTENDEES BY HIGHLIGHTING HEALTH AND DEMOGRAPHIC DATA PER WARD. THE TRAININGS SERVED AS A MECHANISM TO INCREASE TRANSPARENCY OF DC HEALTH MATTERS BOTH INTERNALLY AT CHILDREN'S NATIONAL AS WELL AS OUTWARD FACING AMONGST OUR EXTERNAL STAKEHOLDERS. THE TRAININGS ALSO EMPHASIZED THE CRITICAL ROLE THAT HEALTH INFORMATION TECHNOLOGY PLAYS IN ADDRESSING COMMUNITY HEALTH.

- EAST OF THE RIVER LACTATION SUPPORT CENTER  
BREASTFEEDING IS A BENEFIT TO MOTHER AND CHILD; HELPING TO REDUCE INFECTIONS AND ENSURE GROWTH AND DEVELOPMENT, ENABLES BONDING FOR MOTHERS AND BABIES, AND PROVIDES COMFORT AND RECOVERY FROM CHILDBIRTH. BREASTFEEDING IS ALSO A GREAT COST SAVINGS FOR FAMILIES BY REDUCING OR ELIMINATING THE NEED TO PURCHASE FORMULA. THE EAST OF THE RIVER LACTATION SUPPORT CENTER, A COLLABORATIVE BETWEEN CHILDREN'S NATIONAL (INCLUDING OUR WIC PROGRAM) AND THE DC BREASTFEEDING COALITION, AIMS TO HELP MOTHERS

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WHO CHOOSE TO BREASTFEED REACH THEIR BREASTFEEDING GOALS THROUGH PRENATAL BREASTFEEDING EDUCATION AND POST-PARTUM BREASTFEEDING SUPPORT. THE CENTER IS LOCATED IN WARD 8 WHERE THE MAJORITY OF MOTHERS ARE AFRICAN AMERICAN; DISPARITIES EXIST IN BREASTFEEDING RATES OF AFRICAN AMERICANS (55%) COMPARED TO NON-HISPANIC WHITES (97%) IN THE DISTRICT OF COLUMBIA.

DC BREASTFEEDING COALITION, IN PARTNERSHIP WITH DOH AND THE CHILDREN'S NATIONAL HEALTH PROVIDE PEER COUNSELOR SERVICES, PROVIDE LACTATION CONSULTS, BREASTFEEDING EDUCATION, AND SUPPORT AT THE EAST OF THE RIVER LACTATION SUPPORT CENTER. AN INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT (IBCLC), EMPLOYED BY THE DC WIC PROGRAM, TRAINS THE PEER COUNSELORS USING THE ACCLAIMED "LOVING SUPPORT TO GROW AND GLOW IN WIC" TRAINING PROGRAM. THE PROGRAM ADDRESSES BREASTFEEDING DISPARITIES AMONG AFRICAN AMERICAN INFANTS BY IMPROVING ACCESS TO LACTATION SUPPORT SERVICES FOR LOW-INCOME FAMILIES.

EAST OF RIVER LACTATION SUPPORT CENTER'S CLINIC SPACE, IT SUPPORT AND STAFF SUPERVISION IS PROVIDED BY CHILDREN'S NATIONAL HEALTH SYSTEM. A

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TOTAL OF 540 IN-PERSON LACTATION CONSULTS WERE CONDUCTED IN FY2017, AS COMPARED TO FY16'S 394. A TOTAL NUMBER OF 592 TELEPHONE CONSULTS WERE FACILITATED IN FY2017, AS COMPARED TO LAST YEAR'S 280.

## COSTING METHODOLOGY

- CHARITY AT COST

SCHEDULE H, PART I, LINE 7A

HOSPITAL AND PHYSICIAN CHARITY AMOUNTS REPORTED IN THE AUDITED FINANCIAL STATEMENTS WERE ADJUSTED TO COST USING THE COST TO CHARGE RATIO CALCULATION PER THE IRS INSTRUCTIONS.

- MEDICAID

SCHEDULE H, PART I, LINE 7B

HOSPITAL AND PHYSICIAN GROSS PATIENT REVENUE AND PAYMENT FROM FINANCIAL DECISION SUPPORT SYSTEMS WERE ADJUSTED TO COST USING THE COST TO CHARGES RATIO PER THE IRS INSTRUCTIONS. MEDICAID GRADUATE MEDICAL EDUCATION (GME) ADD-ON PAYMENTS WERE EXCLUDED AS THEY ARE REPORTED ON THE HEALTH EDUCATION LINE. CHILDRENS' NATIONAL GME INDIRECT MEDICAL EDUCATION (IME)



**Part VI** Supplemental Information

Provide the following information.

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PAYMENTS WERE INCLUDED AS PER 990 INSTRUCTIONS.

- HEALTH EDUCATION

SCHEDULE H, PART I, LINE 7F

THE HEALTH EDUCATION COST INCLUDES THE TOTAL COST OF INTERNS AND RESIDENTS FROM THE FY17 SUBMITTED MEDICARE COST REPORT AS WELL AS SPECIFIC MEDICAL STUDENT/TRAINING PROGRAMS THAT WERE IDENTIFIED BY THE GME OFFICE. THE SPECIFIC MEDICAL STUDENT/TRAINING PROGRAM COSTS WERE CALCULATED BASED ON THE HOURS REPORTED BY EACH DEPARTMENT AND THE WAGE RELATED COSTS OF THE STAFF WHO PROVIDED THE TRAINING. EDUCATION PAYMENTS AND RESIDENT FUNDING AMOUNTS OFFSET THE REPORTED EXPENSE. DC MEDICAID GME PAYMENTS WERE CALCULATED AND DEDUCTED FROM TOTAL MEDICAID PAYMENTS TO BE REPORTED ON THE LINE FOR HEALTH EDUCATION (PART I, LINE 7B).

- SUBSIDIZED HEALTH SERVICES

SCHEDULE H, PART I, LINE 7G

THE HOSPITAL AND PHYSICIAN COMBINED SERVICE LINES FOR PROGRAMS IN UNDERSERVED AREAS WITH LOSSES WERE REPORTED AS SUBSIDIZED HEALTH

**Part VI Supplemental Information**

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SERVICES. TOTAL CHARGES WERE ADJUSTED TO COST USING THE COST TO CHARGE RATIO BASED ON THE IRS INSTRUCTIONS. THE CLAIMS PAYMENTS WERE NETTED AGAINST THE COST.

COSTS ATTRIBUTABLE TO A PHYSICAL CLINIC AS DESCRIBED BY DEFINITION, SUBSIDIZED HEALTH SERVICES ARE CLINICAL PROGRAMS THAT ARE PROVIDED DESPITE A LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF CHARITY CARE, BAD DEBT AND MEDICAID SHORTFALLS. THE SERVICES ARE PROVIDED DESPITE THE FINANCIAL LOSS TO MEET THE IDENTIFIED AND UNMET NEEDS OF THE COMMUNITY. IF THE SERVICES WERE NOT PROVIDED, THEY WOULD NOT BE AVAILABLE TO THE AREA OR WOULD RESULT IN THE GOVERNMENT OR ANOTHER NOT-FOR-PROFIT ORGANIZATION PROVIDING THE SERVICES. THE SUBSIDIZED HEALTH SERVICES AMOUNT IN PART I, LINE 7G INCLUDES \$7,061,774 WHICH IS ATTRIBUTED TO THE PRIMARY CLINICAL SERVICES PROVIDED VIA CHILDREN'S HOSPITAL. CHILDREN'S HEALTH CENTERS PROVIDE PROGRAMS AND INITIATIVES INCLUDING COMPREHENSIVE AND HIGH QUALITY PREVENTIVE SERVICES, IMPROVEMENT OF IMMUNIZATION RATES, AND COORDINATION OF CARE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS. THE AMOUNT INCLUDES

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SALARY, FRINGE, DIRECT, AND INDIRECT COSTS EXPENDED TO PROVIDE THE  
CLINICAL SERVICES. OUR CHILDREN'S HEALTH CENTERS ARE ESTABLISHING BEST  
PRACTICES IN COMMUNITY HEALTH.

- OTHER BENEFITS

SCHEDULE H, PART I, LINES 7 E & I

IN CALCULATING THE AMOUNTS REPORTED IN THE TABLE IN PART I RELATING TO  
OTHER BENEFITS (E - I), WE USE AN ACCOUNTABILITY AND ELIGIBILITY SYSTEM  
BASED ON THE COMMUNITY BENEFIT DEFINITION AND GUIDELINES FOR DETERMINING  
WHERE PROGRAMS FIT INTO EACH COMMUNITY BENEFIT CATEGORY. TIME SPENT ON  
PROGRAMS/ACTIVITIES AND PROGRAM FUNDING IS PROVIDED BY PROGRAM STAFF.  
AVERAGE SALARY RATES ARE USED TO CALCULATE SALARY EXPENSES AND A FRINGE  
RATE IS ATTACHED AS NECESSARY. THE COMMUNITY BENEFIT STAFF ANALYZES THE  
FINANCIALS SUBMITTED TO ENSURE CONSISTENCY IN REPORTING AND CONFIRM WITH  
PROGRAM STAFF THE ACCURACY OF THE FINANCIALS. THE COMMUNITY BENEFIT STAFF  
ALSO WORKS WITH THE ACCOUNTING & FINANCE DEPARTMENT TO VERIFY THE  
ACCURACY OF SUBMITTED FINANCIALS.

**Part VI Supplemental Information**

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COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

COALITION BUILDING: AS PART OF OUR INJURY PREVENTION EFFORTS, THE DC INJURY PREVENTION ALLIANCE, CREATED IN 2016 HAS CONTINUED IN FY2017. THE ALLIANCE, COMPRISED OF VARIOUS COMMUNITY-BASED ORGANIZATIONS, PARTICIPATED IN A PRIORITIZATION PROCESS AND IDENTIFIED BULLYING AND CHILD ABUSE AS AREAS OF FOCUS.

ON MAY 30, 2017, IN RESPONSE TO INTENSE LOCAL AND NATIONAL ATTENTION REGARDING DC'S ALARMING RATE OF MISSING YOUTH, CHILDREN'S NATIONAL HEALTH SYSTEM'S CHILD HEALTH ADVOCACY INSTITUTE (CHAI) CONVENEED WARD 7 AND 8 RESIDENTS, PUBLIC OFFICIALS, AND HOSPITAL STAFF AT THE R.I.S.E. DEMONSTRATION CENTER TO BEGIN AN IMPORTANT CONVERSATION TO ADDRESS WASHINGTON D.C.'S MISSING YOUTH CRISIS. COMMUNITY CONVERSATIONS: D.C. MISSING YOUTH TOWN HALL, HOSTED BY DJ QUICKSILVA, WAS SPEARHEADED BY CHAI TO PRESENT SOLUTIONS ON HOW THE HOSPITAL CAN WORK COLLECTIVELY WITH RESIDENTS AND COMMUNITY-BASED ORGANIZATIONS TO KEEP YOUTH SAFE, ESPECIALLY DURING THE SUMMER MONTHS WHEN THEY ARE MOST AT RISK. THE

**Part VI Supplemental Information**

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EVENING CONSISTED OF A SERIES OF EXPERT LED PANELS/PRESENTATIONS RELATED TO INFORMATION, PREVENTION, AND POTENTIAL INTERVENTIONS SURROUNDING D.C.'S CURRENT MISSING YOUTH CRISIS.

CHILDREN'S NATIONAL IS ALSO A MEMBER OF THE DC EMERGENCY HEALTH AND MEDICAL COALITION, WHERE WE PARTICIPATE IN DISASTER PLANNING WITH THE CDC AND FEMA. AS PART OF ORAL HEALTH EFFORTS, CHILDREN'S NATIONAL LEADS THE DC PEDIATRIC ORAL HEALTH COALITION. THE COALITION PROVIDED ORAL HEALTH LITERACY TRAINING SESSIONS TO COMMUNITY BASED ORGANIZATION AND SAW AN INCREASE BY 10% IN KNOWLEDGE AMONG TRAINEES.

COMMUNITY HEALTH IMPROVEMENT ADVOCACY: OUR GOVERNMENT AFFAIRS TEAM SERVES AS A VOICE FOR CHILDREN AT THE LOCAL, STATE, AND FEDERAL LEVELS BY BRINGING ATTENTION TO AND RALLYING SUPPORT FOR PUBLIC POLICIES THAT PROTECT THE INTEREST OF CHILDREN'S HEALTH, AIM TO ELIMINATE HEALTH DISPARITIES, AND SUPPORT MEDICAL AND RESEARCH INNOVATION. IN 2017, THE TEAM EDUCATED POLICY MAKERS ON CHILDREN'S HEALTH ISSUES AND WORKED WITH EXPERT PHYSICIANS AND RESEARCHERS TO TESTIFY ON A BILL AND/OR PROVIDE

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WRITTEN STATEMENTS ON ISSUES SUCH AS EXPANSION OF CHIP/MEDICAID, SICKLE CELL DISEASE ADVOCACY, RESEARCH FUNDING FOR RARE DISEASES, THE EFFECTS OF THE OPIOID CRISIS ON INFANTS, AND LATER SCHOOL START TIME. THE TEAM ALSO COORDINATED ADVOCACY EFFORTS WITH OTHER COMMUNITY ORGANIZATIONS AND ADVOCATES ON A LOCAL AND NATIONAL LEVEL.

WORKFORCE DEVELOPMENT: CHILDREN'S NATIONAL IS DEDICATED TO ENGAGING IN AND PROVIDING OPPORTUNITIES OF LEARNING AND DEVELOPMENT TO STUDENTS WITH THE HOPE THAT STUDENTS WILL WANT TO SERVE LONG-TERM IN THE DISTRICT OF COLUMBIA LOCALITY. WE WORK WITH MANY LOCAL HIGH SCHOOLS, COLLEGES AND UNIVERSITIES TO PROVIDE LEARNING OPPORTUNITIES FOR STUDENTS INTERESTED IN HEALTH PROFESSIONS. THROUGH THE URBAN ALLIANCE INTERNSHIP PROGRAM, CHILDREN'S NATIONAL PROVIDES INTERNSHIPS TO LOCAL HIGH SCHOOL STUDENTS. INTERNS SPEND PART OF THEIR SCHOOL YEAR AND THE SUMMER INTERNING IN ONE OF THE DEPARTMENTS AT CHILDREN'S NATIONAL DEVELOPING PROFESSIONAL SKILLS, SUPPORTING DEPARTMENTAL EFFORTS, AND LEARNING ABOUT HEALTHCARE. STUDENTS ARE PAIRED WITH A MENTOR ENSURING THEIR SUCCESS. THE VAST MAJORITY OF YOUTH INTERNING AT CHILDREN'S NATIONAL THROUGH URBAN ALLIANCE ARE FROM

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DC'S MOST UNDER-RESOURCED NEIGHBORHOODS. CHILDREN'S NATIONAL ALSO SUPPORTS THE CHILD CARE TECHNICIAN PROGRAM WHICH ALLOWS UNIVERSITY STUDENTS INTERESTED IN NURSING TO SHADOW TWO PEDIATRIC NURSES DURING A SUMMER INTERNSHIP. THESE STUDENTS WORK CLOSELY WITH A PRECEPTOR AND SUPERVISOR LEARNING THE SKILLS AND TECHNIQUES OF A PEDIATRIC NURSE.

BAD DEBT EXPENSE

SCHEDULE H, PART III, LINES 2-4

THE HOSPITAL AND PHYSICIAN BAD DEBT WRITE-OFF REPORTED IN THE AUDITED FINANCIAL STATEMENTS WERE ADJUSTED TO COST USING THE COST TO CHARGE RATIO CALCULATION PER THE IRS INSTRUCTIONS. DISCOUNTS AND PAYMENTS REDUCE THE PATIENT'S ACCOUNT BALANCE PRIOR TO SENDING THE PATIENT A STATEMENT FOR ANY REMAINING BALANCES DUE TO CHILDREN'S HOSPITAL. FINANCIAL ASSISTANCE ELIGIBLE PATIENTS RECEIVE A 100% DISCOUNT ON THE BALANCE DUE. PAYMENT PLANS ARE ALSO AVAILABLE FOR PATIENT BALANCES DUE. ACCOUNTS ARE WRITTEN OFF TO BAD DEBT AFTER COLLECTION EFFORTS (BILLING STATEMENTS AND PHONE CALLS) ARE UNSUCCESSFUL.

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BAD DEBT IS NOT INCLUDED IN CHILDREN'S NATIONAL'S COMMUNITY BENEFIT. A DEMOGRAPHIC ANALYSIS BASED ON ZIP CODES WAS COMPLETED TO ESTIMATE THE AMOUNT OF BAD DEBT THAT COULD HAVE BEEN ATTRIBUTED TO PATIENTS WITH A LIKELIHOOD OF QUALIFYING FOR FINANCIAL ASSISTANCE HAD SUFFICIENT INFORMATION BEEN OBTAINED TO DETERMINE THEIR ELIGIBILITY. BASED ON THE ANALYSIS, APPROXIMATELY \$1.6M, OF BAD DEBT COULD HAVE BEEN ATTRIBUTED TO FINANCIAL ASSISTANCE ELIGIBLE PATIENTS. CHILDREN'S HOSPITAL REPORTS ITS APPLICABLE BAD DEBT (\$34.5 MILLION) AMOUNT ON PAGES 6 AND 8 OF THE AUDITED FINANCIAL STATEMENTS. THERE IS NO SPECIFIC FOOTNOTE FOR BAD DEBT IN THE STATEMENTS.

COSTING METHODOLOGY USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6 SCHEDULE H, PART III, LINE 8  
 MEDICARE SHORTFALLS ARE NOT INCLUDED AS A COMMUNITY BENEFIT AS ANY SHORTFALL DETERMINATION FROM THE MEDICARE COST REPORT IS EVENTUALLY PAID AS A SETTLEMENT.



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## COLLECTION PRACTICES

SCHEDULE H, PART III, LINES 9A AND 9B

CHILDREN'S HOSPITAL HAS A WRITTEN FINANCIAL ASSISTANCE POLICY. THE POLICY IS APPLIED UNIFORMLY TO ALL PATIENTS.

CHILDREN'S HOSPITAL IS COMMITTED TO PROVIDING QUALITY HEALTHCARE TO ALL PATIENTS WHILE MAINTAINING RESPONSIBLE AND EFFECTIVE FINANCIAL PROGRAMS WHICH ENSURE THAT THIS COMMITMENT CAN CONTINUE. CHILDREN'S HOSPITAL SUPPORTS FAMILIES IN CARRYING OUT THEIR RESPONSIBILITY FOR OBTAINING MEDICAL CARE FOR THEIR CHILDREN. CHILDREN'S HOSPITAL, THEREFORE WILL ASSIST FAMILIES IN VERIFYING THEIR ABILITY TO MEET THEIR FINANCIAL OBLIGATION TO THE HOSPITAL OR IN SECURING THE RESOURCES NECESSARY TO DO SO. THE PURPOSE OF THIS POLICY IS TO ESTABLISH GUIDELINES FOR THE EFFECTIVE AND RESPONSIBLE FISCAL PROGRAMMING, WHICH ASSURES THE FINANCIAL VIABILITY OF THE INSTITUTION AND MAINTAINS THE DIGNITY OF THE FAMILY.

COLLECTION EFFORTS ARE THEREFORE THE SAME FOR ALL PATIENTS. ONCE THE APPROVED CHARITY ADJUSTMENT HAS BEEN DETERMINED, THE ACCOUNT BALANCE IS

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WRITTEN OFF TO CHARITY AND COLLECTION EFFORTS CEASE. FOR PATIENT BALANCES THAT ARE NOT FINANCIAL ASSISTANCE ELIGIBLE, CHILDREN'S OFFERS PAYMENT PLANS. BILLING STATEMENTS WILL BE SENT TO GUARANTORS FOR OUTSTANDING BALANCES. ATTEMPTS TO CONTACT THE GUARANTORS VIA PHONE WILL ALSO OCCUR. ACCOUNTS WITH BALANCES AND NO RESPONSE FROM GUARANTORS AFTER REPEATED STATEMENTS AND PHONE CALLS WILL BE WRITTEN OFF TO BAD DEBT. AN EXTERNAL AGENCY WILL THEN ATTEMPT TO REACH THE PATIENT FOR PAYMENT. IF THE PATIENT SUBSEQUENTLY PAYS, THE BAD DEBT ADJUSTMENT WILL BE REVERSED AND PAYMENT POSTED TO THE PATIENT'S ACCOUNT. IF THE EXTERNAL AGENCY'S EFFORTS, PROVE TO BE INEFFECTIVE THE ACCOUNT WILL BE CLOSED WITH THE AGENCY AND THEIR EFFORTS WILL CEASE. CHILDREN'S HOSPITAL DOES NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIVITIES, E.G. CREDIT REPORTING, WAGE GARNISHMENTS, LIENS, ETC.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT

SCHEDULE H, PART VI, LINE 2

CHILDREN'S NATIONAL, IN CONJUNCTION WITH THE DC HEALTHY COMMUNITIES

COLLABORATIVE, CONDUCTS A COMMUNITY-WIDE CHNA EVERY THREE YEARS IN ORDER

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TO TRULY INVEST IN COMMUNITY HEALTH INITIATIVES THAT ADDRESS COMMUNITY NEEDS - WITH THE ULTIMATE GOAL OF CREATING A CULTURE OF HEALTH AND IMPROVING HEALTH AND WELLNESS.

IN ADDITION TO THE COMMUNITY-WIDE ASSESSMENT, THE HOSPITAL ALSO ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE THROUGH ADDITIONAL AND SPECIFIC EFFORTS LED ACROSS THE HOSPITAL ORGANIZATION. CHILDREN'S NATIONAL IS AWARE THAT CERTAIN SPECIALIZED, PEDIATRIC NEEDS EXIST IN THE COMMUNITY SERVED. TO ASCERTAIN THE NEEDS OF THOSE SPECIFIC POPULATIONS, ADDITIONAL COMMUNITY NEEDS ASSESSMENTS ARE CONDUCTED.

FOR EXAMPLE, THE CHILDREN'S NATIONAL ASTHMA PROGRAM CALLED IMPACT DC HAS ANALYZED ON AN ANNUAL BASIS EMERGENCY DEPARTMENT VISITS AND HOSPITAL ADMISSIONS FOR ASTHMA TO ALL NON-MILITARY HOSPITAL EMERGENCY DEPARTMENTS IN DC. THIS HAS ALLOWED THE HOSPITAL TO TRACK TRENDS OVER TIME AND ACROSS ZIP CODES IN DC. THE HOSPITAL ALSO HAS CONDUCTED A NUMBER OF STUDIES TO IDENTIFY BARRIERS TO CARE, INTERVENTION PREFERENCES, AND PARENT CONCERNS ABOUT ASTHMA. IN 2017-2018, THE HOSPITAL HAD FUNDING FROM THE NIH TO

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SPECIFICALLY CONDUCT A COMMUNITY NEEDS ASSESSMENT FOCUSED ON ASTHMA AND THE HOSPITAL WAS ABLE TO PRODUCE REPORTS USING BOTH QUANTITATIVE AND QUALITATIVE METHODS. THE HOSPITAL SUBSEQUENTLY SUBMITTED ANOTHER NIH GRANT TO REFINE AND STUDY AN ASTHMA INTERVENTION THAT IS HIGHLY RESPONSIVE TO THE FINDINGS.

SIMILARLY, THE HOSPITAL CONDUCTED A RESOURCE AND GAP ANALYSIS TO EXAMINE DC'S EARLY CHILDHOOD MENTAL HEALTH WORKFORCE CAPACITY AND TO DETERMINE HOW THE HOSPITAL-LED DC COLLABORATIVE FOR MENTAL HEALTH IN PEDIATRIC PRIMARY CARE AND CHILDREN'S NATIONAL CAN PLAY A ROLE IN IMPROVING THE ACCESS TO MENTAL HEALTH SERVICES FOR CHILDREN UNDER THE AGE OF 6. THE RESOURCE AND GAP ANALYSIS IS DIVIDED INTO FOUR SECTIONS: BACKGROUND, LANDSCAPE, OTHER STATE STRATEGIES AND POLICIES, AND RECOMMENDATIONS. FOR THE PURPOSE OF THIS ANALYSIS, DATA WAS GATHERED AND COLLECTED FROM A NUMBER OF SOURCES: INTERVIEWS, ANNUAL REPORTS, NATIONAL RESEARCH, AND LOCAL REPORTED STATISTICS.

THE ANALYSIS INCLUDED REVIEW OF LOCAL STATISTICS ABOUT THE POPULATION AT

**Part VI Supplemental Information**

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RISK, THE NUMBER OF LOCAL EDUCATION AND TRAINING PROGRAMS OFFERED FOR  
 INFANT AND TODDLER MENTAL HEALTH PROFESSIONALS, AND THE CAPACITY OF EARLY  
 CHILDHOOD MENTAL PROGRAMS AND SERVICES. MORE SPECIFICALLY, OUR RESEARCH  
 AND FINDINGS INCLUDED:

-CLINICAL PSYCHOLOGY, SOCIAL WORK AND CERTIFICATE PROGRAMS OFFERED AT  
 LOCAL UNIVERSITIES AND IF THEY OFFER INFANT MENTAL HEALTH  
 SPECIALIZATION;  
 -EARLY INTERVENTION PROFESSIONAL DEVELOPMENT OPPORTUNITIES WITHIN THE  
 SCHOOL SYSTEM;  
 -CAPACITY AND REACH OF EARLY CHILDHOOD MENTAL HEALTH CONSULTATION;  
 -OVERVIEW AND CAPACITY OF HOME VISITING PROGRAMS, SERVICES AVAILABLE FOR  
 YOUNG CHILDREN THROUGH THE DEPARTMENT OF BEHAVIORAL HEALTH,  
 SOCIAL-EMOTIONAL HEALTH EMPHASIS IN EARLY LEARNING THROUGH QUALITY  
 IMPROVEMENT NETWORKS, AND SERVICES AVAILABLE AT NEIGHBORHOOD  
 COLLABORATIVES.

FINALLY, TO SUPPORT CONTINUOUS ASSESSMENT OF THE NEEDS OF OUR COMMUNITY,  
 THE HOSPITAL HAS ESTABLISHED THE CHILD HEALTH DATA LAB WHERE DATA

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SCIENTIST USE EVIDENCE-BASED APPROACHES TO IDENTIFY AND TRACK TRENDS IN  
POPULATION HEALTH USING BIG DATA ANALYSIS, DEVELOPING INTERACTIVE MAPS,  
AND COLLECTING COMMUNITY INPUT.

ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

CHILDREN'S HOSPITAL HAS A FINANCIAL ASSISTANCE POLICY (FAP) THAT PROVIDES  
ELIGIBLE PATIENTS WITH DISCOUNTED EMERGENCY OR OTHER MEDICALLY NECESSARY  
HEALTHCARE SERVICES PROVIDED BY CHILDREN'S HOSPITAL. CHILDREN'S WILL  
PROVIDE, WITHOUT DISCRIMINATION, CARE FOR EMERGENCY MEDICAL CONDITIONS TO  
INDIVIDUALS REGARDLESS OF WHETHER THEY ARE ELIGIBLE FOR FINANCIAL  
ASSISTANCE. CHILDREN'S HOSPITAL PROHIBITS ANY ACTIONS THAT WOULD  
DISCOURAGE INDIVIDUALS FROM SEEKING EMERGENCY MEDICAL CARE. FINANCIAL  
ASSISTANCE INFORMATION, INCLUDING THE POLICY AND PLAIN LANGUAGE GUIDES,  
AND APPLICATION FORM, IS AVAILABLE ON CHILDREN'S PUBLIC WEBSITE AND A  
COPY OF THE FAP IS PROVIDED TO PATIENTS DURING INTAKE PROCEDURES.  
FINANCIAL ASSISTANCE COUNSELORS ARE AVAILABLE IN PERSON AND VIA PHONE.  
THE COUNSELORS CONTACT INFORMATION IS PUBLICIZED ON THE WEBSITE. CUSTOMER

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SERVICE CONTACT INFORMATION IS ALSO PROVIDED ON THE WEBSITE AS WELL AS BILLING STATEMENTS. SIGNAGE ALERTING PATIENTS TO THE AVAILABILITY OF FINANCIAL AID IS POSTED AT REGISTRATION AREAS AND APPLICATIONS ARE READILY AVAILABLE. CHILDREN'S ALSO WORKS WITH EXTERNAL VENDORS WHO ASSIST PATIENTS WITH THE FINANCIAL ASSISTANCE APPLICATION AS WELL AS APPLYING FOR STATE MEDICAID AND OTHER FEDERAL AND LOCAL PROGRAMS.

THE FOLLOWING PROCESSES TAKE PLACE FOR FAMILIES WHO DO NOT HAVE INSURANCE OR WHO CANNOT PAY.

1. THROUGH OUR CONTRACTED COMPANIES (MEDLAW AND DECO) WHO RESIDE IN OUR FINANCIAL INFORMATION CENTER (FIC), AN APPLICATION IS MADE FOR MEDICAL ASSISTANCE AND OUR FINANCIAL ASSISTANCE PROGRAM (FAP). ELIGIBILITY IS CONSIDERED FOR ALL APPROPRIATE PUBLIC PROGRAMS. IN AN EFFORT TO HAVE THIS PROCESS TO TAKE PLACE PRIOR TO THE MEDICAL VISIT. FAP APPLICATIONS ARE MAILED TO SELF-PAY PATIENTS WHEN THEY MAKE AN APPOINTMENT.

2. WHILE THE APPLICATION IS IN PROCESS, THE PATIENT IS REGISTERED AS

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MEDICAID PENDING AND THE MEDICAL VISIT TAKES PLACE (CITIZENS ONLY).

NON-CITIZENS ARE REGISTERED AS SELF-PAY.

3. IF THE PATIENT IS DETERMINED TO BE MEDICAID ELIGIBLE, THE PATIENT REGISTRATION IS CONVERTED TO THE MEDICAID PLAN.

4. IF NOT ELIGIBLE, THE PATIENT'S CHARITY CARE APPLICATION IS FURTHER EVALUATED FOR CHARITY CARE BY CHILDREN'S CUSTOMER SERVICE STAFF IN THE PIC.

5. IF FAP IS APPROVED, THE FAMILY IS NOTIFIED OF THEIR STATUS AND RESPONSIBILITY. THE ACCOUNTS ARE MANAGED BY CUSTOMER SERVICE STAFF. ONLY EXPECTED BALANCES REMAIN ON THE ACCOUNT AND FAMILIES RECEIVE STATEMENTS SHOWING THEIR RESPONSIBILITY.

6. IF FAP IS NOT APPROVED, THE FAMILY IS NOTIFIED OF THEIR STATUS AND RESPONSIBILITY. FAMILIES CAN SET UP PAYMENT PLANS TO RESOLVE THEIR ACCOUNT BALANCES.



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7. MEDICALLY INDIGENT STATUS CAN APPLY FOR INSURED FAMILIES. THIS STATUS CAN BE EVALUATED AT ANY TIME IF A FAMILY'S REMAINING BALANCE (EXCLUDING ANY DEDUCTIBLES) AFTER THIRD PARTY PAYER PAYMENT IS GREATER THAN 30% OF ANNUAL INCOME LESS HOUSING EXPENSES.

- WHENEVER APPLICABLE, IT IS ENCOURAGED THAT FAMILIES REVIEW THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE THE APPOINTMENT DATE. APPOINTMENTS ARE TYPICALLY MADE WITH THE FIC OFFICE WHEN FAMILIES MAKE THEIR MEDICAL APPOINTMENTS. THEY CAN GO DIRECTLY TO THE FIC OFFICE AT CHILDREN'S HOSPITAL AT ANY OTHER TIME.

- FAMILIES ARE ENCOURAGED TO COOPERATE WITH OUR STAFF BY SUPPLYING ALL NECESSARY INFORMATION FOR THE MEDICAID AND FAP APPLICATIONS.

DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

AS THE ONLY EXCLUSIVE PROVIDER OF PEDIATRIC CARE IN THE NATION'S CAPITAL,

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CHILDREN'S NATIONAL HAS THE PRIVILEGE OF SERVING A DIVERSE AND BROAD COMMUNITY, SPANNING FROM THE DISTRICT OF COLUMBIA TO MARYLAND AND VIRGINIA AND BEYOND. ACCORDING TO THE U.S. CENSUS BUREAU, POPULATION FIGURES FOR THE REGION ARE ESTIMATED AT 672,228 FOR THE DISTRICT OF COLUMBIA, NEARLY 6 MILLION IN MARYLAND, AND A LITTLE OVER 8 MILLION IN VIRGINIA. THE SOCIAL DEMOGRAPHICS FOR THE DISTRICT OF COLUMBIA, MARYLAND AND VIRGINIA, ACCORDING TO THE U.S. CENSUS, ARE AS FOLLOWS: DISTRICT OF COLUMBIA: ABOUT 48.3% BLACK; 44.1% WHITE; 10.6% LATINO; 4.2% ASIAN AND 0.6% AMERICAN INDIAN/ALASKA NATIVE; MARYLAND: APPROXIMATELY 60% WHITE; 31% BLACK; 10% HISPANIC; 6.5% ASIAN AND VIRGINIA 70.5% WHITE, 19.7% BLACK, 9.0% HISPANIC, 6.5% ASIAN, AND 0.5% AMERICAN INDIAN/ALASKA NATIVE. SINCE 2010, THE LARGEST POPULATION GROWTH OF 33% HAS BEEN IN THE HISPANIC GROUP WHILE THE PORTION OF BLACK POPULATION HAS BEEN DECREASING. IN THE DISTRICT OF COLUMBIA, CHILDREN 18 YEARS OLD AND YOUNGER MAKE UP ABOUT 18 PERCENT OF THE POPULATION WITH THE HIGHEST IN WARDS 7 AND 8, 3.14% AND 3.30% RESPECTIVELY. IN BOTH MARYLAND AND VIRGINIA ABOUT 23 PERCENT OF THE POPULATION IS CHILDREN 18 YEARS OLD AND YOUNGER. CHILDREN AGE FIVE AND YOUNGER MAKE UP APPROXIMATELY 6 PERCENT OF THE POPULATION IN THE DISTRICT

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OF COLUMBIA, MARYLAND, AND VIRGINIA. ACCORDING TO OUR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, THE DC POPULATION HAS GROWN 11% FROM 2010 TO 2015. THE LARGEST POPULATION GROWTH IS FROM CHILDREN (20% INCREASE) AND OLDER ADULTS (18% INCREASE). IN THE DISTRICT OF COLUMBIA AND MARYLAND, APPROXIMATELY 17 PERCENT OF THE POPULATION AGE FIVE AND OLDER REPORT SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME, WHILE IN VIRGINIA THE PERCENTAGE IS APPROXIMATELY 15. THE U.S. CENSUS REPORTS MEDIAN HOUSEHOLD INCOME AT APPROXIMATELY \$70,848 IN THE DISTRICT WITH THE HIGHEST INCOME IN WARD 3 AND LOWEST IN WARDS 7 AND 8. IN MARYLAND THE MEDIAN HOUSEHOLD INCOME IS \$74,551 AND THE MEDIAN HOUSEHOLD INCOME IN VIRGINIA IS \$65,015. THE PERCENTAGE OF PERSONS LIVING BELOW THE POVERTY LINE IS REPORTED AT 17.3% FOR THE DISTRICT OF COLUMBIA, 11.2% IN VIRGINIA, AND 9.7% IN MARYLAND. THE CENTERS OF MEDICARE AND MEDICAID SERVICES (CMS) REPORTS TOTAL MEDICAID AND CHIP ENROLLMENT FIGURES BASED ON ENROLLMENT DATA AS OF JUNE 2016 AT 73,467,427. THE BREAKDOWN FOR TOTAL MEDICAID AND CHIP ENROLLMENT BASED ON AUGUST FIGURES FROM THE CMS FOR THE DISTRICT OF COLUMBIA MEDICAID AND CHIP ENROLLMENT WAS 225,491; 1,240,791 IN MARYLAND; 970,438 IN VIRGINIA. IN 2014, THE PERCENTAGE OF HOSPITAL INPATIENTS

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RECEIVING MEDICAID WAS 76 PERCENT FROM THE DISTRICT OF COLUMBIA, 28 PERCENT FROM VIRGINIA, AND 31 PERCENT FROM THE STATE OF MARYLAND. THE DISTRICT OF COLUMBIA HAS 17 HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA) AND MEDICALLY UNDERSERVED AREA/POPULATION (MUA/P) DESIGNATIONS. THERE ARE A TOTAL OF 51 CENSUS TRACTS THAT ARE DESIGNATED AS PRIMARY CARE SHORTAGE AREAS, 7 CENSUS TRACTS THAT ARE MENTAL HEALTH SHORTAGE AREAS, AND 48 CENSUS TRACTS THAT ARE DESIGNATED AS DENTAL SHORTAGE AREAS.

SERVING CHILDREN FOR MORE THAN 145 YEARS, CHILDREN'S HOSPITAL IS A PROVEN LEADER IN DEVELOPING AND PROVIDING INNOVATIVE NEW TREATMENTS FOR CHILDHOOD ILLNESS AND INJURY. CHILDREN'S HOSPITAL IS LOCATED IN AN URBAN COMMUNITY WHERE THERE ARE SEVERAL LARGE ACADEMIC AND COMMUNITY HOSPITALS LOCATED. HOWEVER, WE SERVE A MAJORITY OF THE CHILDREN IN DC. WE CARE FOR MORE THAN 35,000 CHILDREN THROUGH OUR HEALTH CENTERS EACH YEAR, AS THE LARGEST NON-GOVERNMENT PROVIDER OF PRIMARY CARE IN THE DISTRICT OF COLUMBIA. MARYLAND RESIDENTS ACCOUNTED FOR 56% OF CHILDREN'S NATIONAL PATIENTS, AND CHILDREN'S NATIONAL IS THE LARGEST PROVIDER OF PEDIATRIC CARE FOR RESIDENTS OF NORTHERN VIRGINIA AS WELL. THE NEEDS OF THE

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POPULATION SERVED IN MD AND NORTHERN VIRGINIA ARE SIMILAR TO THE DISTRICT OF COLUMBIA. WE ALSO OFFER FAMILIES A LINK TO QUALITY PEDIATRIC CARE THROUGH OUR MOBILE MEDICAL PROGRAM AND AT COMMUNITY CENTERS. OUR TEAM AVERAGES MORE THAN 530,000 OUTPATIENT VISITS EACH YEAR AT HEALTH CLINICS IN THE DISTRICT OF COLUMBIA, AFFILIATED CENTERS IN MARYLAND AND VIRGINIA, AND AT THE SHEIKH ZAYED CAMPUS IN WASHINGTON, D.C. ON AVERAGE, THAT EQUALS NEARLY 1,400 PATIENT VISITS IN ONE DAY TO ONE OF CHILDREN'S NATIONAL'S 30 LOCATIONS IN THE DISTRICT OF COLUMBIA AND THROUGHOUT THE METROPOLITAN AREA. IN FISCAL YEAR 2017, WE PERFORMED 17,535 SURGICAL PROCEDURES, 123,911 DIAGNOSTIC IMAGING PROCEDURES, AND MORE THAN 1 MILLION LABORATORY TESTS.

PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

FOR MORE THAN 145 YEARS, CHILDREN'S NATIONAL HAS BEEN COMMITTED TO SERVING THE COMMUNITY BY PROMOTING AND IMPROVING THE HEALTH OF CHILDREN AND SUPPORTING THE HEALTH IMPROVEMENTS IN THEIR HOMES, SCHOOLS, NEIGHBORHOODS, AND BROADER COMMUNITY.

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AS A LEADER IN PEDIATRIC HEALTH IN THE REGION, CHILDREN COME TO CHILDREN'S NATIONAL WITH NUMEROUS HEALTH CHALLENGES, MANY OF WHICH ARE PREVENTABLE. IN ORDER TO ADVANCE OUR FOUR-PART "CARE" MISSION--TO IMPROVE HEALTH AND WELLNESS AND INCREASE HEALTH EQUITY THROUGH CLINICAL CARE, ADVOCACY, RESEARCH, AND EDUCATION--AND BE ADVOCATES FOR ALL CHILDREN, OUR EFFORTS NEED TO MOVE BEYOND THE WALLS OF THE HOSPITAL, TARGET THE SOCIAL DETERMINANTS OF HEALTH, AND BRIDGE EFFECTIVE PARTNERSHIPS. CHILDREN'S NATIONAL RECOGNIZES THAT TO CREATE A HEALTHIER SOCIETY WILL REQUIRE HEALTH PROFESSIONALS AND HEALTHCARE INSTITUTIONS TO COLLABORATE WITH OTHERS OUTSIDE OF THE TRADITIONAL MEDICAL COMMUNITY. TO FURTHER THE ADVOCACY PART OF THE CARE MISSION, CHILDREN'S NATIONAL FOUNDED THE CHILD HEALTH ADVOCACY INSTITUTE (CHAI) OVER TEN YEARS AGO. CHAI CHAMPIONS POLICIES THAT SAVE CHILDREN'S LIVES AND IMPROVE ACCESS TO QUALITY CARE. STAFF WORKS IN PARTNERSHIP WITH THE COMMUNITY TO ADVANCE POLICIES THAT IMPACT AND IMPROVE PEDIATRIC HEALTH OUTCOMES. THROUGH ADVOCACY, CHAI LOOKS FOR NEW IDEAS AND NEW WAYS OF SERVING ALL OF THE REGION'S CHILDREN, ESPECIALLY THOSE EXPERIENCING HEALTH INEQUITIES. CHAI LEADS INITIATIVES

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THAT IMPROVE THE HEALTH OF THE COMMUNITY, WITH A FOCUS ON PROGRAMS, POLICIES, AND SYSTEMS THAT IMPACT THE DETERMINANTS OF HEALTH AND POPULATIONS THAT EXPERIENCE HEALTH INEQUITIES. ADDITIONALLY, CHAI USES DATA AND EVIDENCE TO DEVELOP A COORDINATED APPROACH TO IMPROVING POPULATION AND HEALTH OUTCOMES.

CHILDREN'S NATIONAL IS COMMITTED TO BUILDING A BRIGHTER, HEALTHIER FUTURE FOR ALL CHILDREN, NOT JUST THE ONES WHO COME THROUGH OUR HOSPITAL DOORS. CHILDREN'S NATIONAL IS COMMITTED TO INVESTING IN THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE THROUGH PROVIDING COMMUNITY BENEFIT PROGRAMMING. THROUGH THE COMMUNITY BENEFIT PROGRAM FACILITATED BY CHAI, WE COLLABORATE WITH COMMUNITY-BASED ORGANIZATIONS, GOVERNMENT AGENCIES, AND OTHER PUBLIC HEALTH PROFESSIONALS TO IMPLEMENT PROGRAMS THAT ADDRESS THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). PARTNERSHIPS ARE VITAL TO THE SUCCESS OF OUR PROGRAMMING. WE PARTNER WITH THE COMMUNITY THROUGH COALITIONS AND ALLIANCES, SUCH AS OUR DC PEDIATRIC ORAL HEALTH COALITION AND INJURY PREVENTION ALLIANCE. ONE EXAMPLE OF OUR HOSPITAL-LED COMMUNITY

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- 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.

PARTNERSHIPS IS THE DC COLLABORATIVE FOR MENTAL HEALTH IN PEDIATRIC PRIMARY CARE ("THE COLLABORATIVE"). THE COLLABORATIVE AIMS TO IMPROVE THE INTEGRATION OF MENTAL HEALTH IN PRIMARY PEDIATRIC CARE FOR CHILDREN OF ALL AGES. SINCE 2001, CHILDREN'S NATIONAL HAS OPERATED THE DISTRICT OF COLUMBIA SCHOOL NURSES PROGRAM, HAS ENGAGED IN DOZENS OF SCHOOL-BASED PROGRAMS THROUGHOUT THE DC METROPOLITAN AREA, AND HAS ADVOCATED FOR POLICY CHANGES TO FOSTER HEALTHY SCHOOL ENVIRONMENTS.

CHILDREN'S NATIONAL FACULTY AND NURSING STAFF IS COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITY BY REPRESENTING CHILDREN'S NATIONAL ON A NUMBER OF BOARDS AND IN LOCAL ORGANIZATIONS. STAFF SUPPORTS BOARDS AND ORGANIZATIONS ON A CITY, STATE, AND NATIONAL LEVEL THAT FOCUS ON BREASTFEEDING, ADOLESCENT HEALTH, BEHAVIORAL HEALTH AND EYE DISEASE. THIS COMMITMENT TO THE COMMUNITY IS ALSO EVIDENCED THROUGH ITS GOVERNING BOARDS DEDICATED TO COMMUNITY HEALTH INITIATIVES, AND THE DEVELOPMENT OF DC HEALTHY COMMUNITIES COLLABORATIVE (DCHCC). CHILDREN'S NATIONAL, THE 501 (C)(3) NOT-FOR-PROFIT ORGANIZATION, IS GOVERNED BY BOARD OF DIRECTORS REPRESENTING THE DIVERSITY OF THE LOCAL, REGIONAL, NATIONAL, AND



**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.
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- 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.

INTERNATIONAL COMMUNITIES THAT WE SERVE. THE MAJORITY OF OUR BOARD OF DIRECTORS RESIDES WITHIN THE PRIMARY SERVICE AREA OF THE WASHINGTON, DC METROPOLITAN AREA, INCLUDING THE DISTRICT OF COLUMBIA, MARYLAND, AND VIRGINIA.

CHILDREN'S NATIONAL IS A PIONEER IN INNOVATIVE PROGRAMS THAT MOVE BEYOND AWARENESS TO TARGETED INTERVENTIONS THAT IMPROVE THE LIVES OF CHILDREN AND THEIR FAMILIES, LOCALLY, REGIONALLY, NATIONALLY, AND INTERNATIONALLY. THE CHILDREN'S NATIONAL ADVOCACY AND PUBLIC POLICY, INC. (CNAPPI) GOVERNS THE ADVOCACY COMPONENT OF OUR CARE, ADVOCACY, RESEARCH, AND EDUCATION (CARE) MISSION AS A CHARITABLE ORGANIZATION. THE CNAPPI IS COMPRISED OF LEADERS FROM THROUGHOUT THE REGION WITH EXPERIENCE IN POLICY, ADVOCACY, LEADERSHIP AND STRATEGIC PLANNING. WITH THIS CAPACITY, THE CNAPPI SERVES AS A PLATFORM FOR THE CHILDREN'S NATIONAL TO REACH BEYOND THE BOUNDARIES OF THE INSTITUTION; ADVOCATE FOR ALL CHILDREN REGARDLESS OF THEIR CIRCUMSTANCE OR LOCATION; AND PRIORITIZE AND GUIDE OFFICIAL POLICY STATEMENTS AND ACTION, GOVERNMENT RELATIONS, COMMUNITY BENEFIT OUTREACH AND OTHER RELEVANT ISSUES.

**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.
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- 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.

OVER THE PAST 20 YEARS, CHILDREN'S HEALTH BOARD HAS AWARDED APPROXIMATELY \$5 MILLION IN GRANTS TO MORE THAN 200 CHILDREN'S PROGRAMS. THE GRANTS HAVE TURNED EARLY IDEAS INTO PROVEN MODELS THAT HAVE ATTRACTED SUPPORT FROM LEADING INVESTORS IN IMPROVED HEALTH OUTCOMES FOR CHILDREN NATIONWIDE. THE COMMUNITY AFFAIRS DEPARTMENT ESTABLISHED A PARTNERSHIP WITH THE CHILDREN'S HEALTH BOARD, A SERVICE AFFILIATE OF CHILDREN'S NATIONAL, THAT WORKS TO ADVANCE THE HEALTH AND WELL-BEING OF CHILDREN IN THE WASHINGTON, DC METROPOLITAN COMMUNITY, ESPECIALLY THOSE MOST IN NEED, THROUGH ADVOCACY, EDUCATION, PREVENTION AND EARLY INTERVENTION. BEGINNING IN FY 2014, THE CHILDREN'S HEALTH BOARD IMPLEMENTED AN UPDATED GRANT MAKING STRATEGY WHICH INCLUDES THE COMMUNITY BENEFIT GRANT PROGRAM. THROUGH THE COMMUNITY BENEFIT GRANT PROGRAM THE CHILDREN'S HEALTH BOARD FOCUSES ITS GRANT MAKING ON SUPPORTING THE CHILDREN'S NATIONAL COMMUNITY HEALTH IMPROVEMENT PLAN (IMPLEMENTATION STRATEGY), IN AN EFFORT TO IMPROVE COMMUNITY HEALTH DEMONSTRATED BY MEASURABLE OUTCOMES. IN 2013, THE COMMUNITY BENEFIT TEAM WORKED WITH THE CHILDREN'S HEALTH BOARD TO ESTABLISH THIS NEW GRANT PROCESS AND HAS ENGAGED IN THE GRANT APPLICATION

**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.
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- 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.

REVIEW PROCESS TO REVIEW GRANT APPLICATIONS FOR COMMUNITY BENEFIT PROGRAM ALIGNMENT. GRANT AWARDEES ARE NOW REQUIRED TO REPORT THEIR PROGRAMS/INITIATIVES AS COMMUNITY BENEFIT AND WILL BE INCLUDED IN THE COMMUNITY BENEFIT REPORT. FOR THE 2017 GRANTS, PREFERENCE WILL BE GIVEN TO PROPOSALS DIRECTED TOWARDS THE CHNA PRIORITY AREAS - MENTAL HEALTH, PLACE-BASED CARE, CARE COORDINATION, AND HEALTH LITERACY.

AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

CHILDREN'S HOSPITAL IS PART OF AN AFFILIATED HEALTH CARE SYSTEM COMPRISED OF THE FOLLOWING TAX-EXEMPT ENTITIES:

- CHILDREN'S NATIONAL MEDICAL CENTER - 501(C)(3), OVERSIGHT AND FINANCIAL RESPONSIBLE FOR HEALTH CARE SYSTEM

- CHILDREN'S HOSPITAL FOUNDATION - 501(C)(3), FUNDRAISING

- CHILDREN'S RESEARCH INSTITUTE - 501(C)(3), CONDUCTING CLINICAL MEDICAL

**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.
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- 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.

## RESEARCH AND EDUCATION PROGRAMS

- SAFE KIDS WORLDWIDE - 501(C)(3), INJURY PREVENTION FOR CHILDREN

- BRAINY CAMPS ASSOCIATION - 501(C)(3), PROVISION OF CAMPS FOR CHILDREN

- CHILDREN'S NATIONAL ADVOCACY & PUBLIC POLICY INC. - 501(C)(3),

## ADVOCATING FOR CHILDREN'S HEALTH ISSUES

- CHILDREN'S HOSPITAL SELF-INSURANCE TRUST - 501(C)(3), PROVISION OF INSURANCE TO SYSTEM EACH ENTITY PARTICIPATES IN THE CHILDREN'S NATIONAL MEDICAL CENTER'S ABILITY TO DELIVER PEDIATRIC HEALTH CARE SERVICES ON AN INTEGRATED BASIS.

- CHILDREN'S SCHOOL SERVICES - 501(C)(3), SCHOOL NURSING SERVICES

**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.
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STATE FILING OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART VI, LINE 7

DC

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHILDREN 'S HOSPITAL

**Compensation Information**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

53-0196580

**Part I Questions Regarding Compensation**

**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.

- |   |  |
|---|--|
| <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 checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees                 |
| <input type="checkbox"/> Discretionary spending account                       | <input checked="" type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input 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 |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. . . . .

**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 . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1a</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>	X	
<b>9</b>	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

**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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KURT D. NEWMAN, MD PRESIDENT / CEO (CNMC)	(i)	1,088,989.	1,080,000.	97,288.	175,250.	123,437.	2,564,964.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DAVID WESSEL, MD BOARD MEMBER/CMO	(i)	560,842.	428,723.	67,758.	97,727.	73,380.	1,228,430.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 DENICE CORA-BRAMBLE, MD BOARD MEMBER/CMO	(i)	558,678.	423,670.	56,206.	97,730.	68,672.	1,204,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ALEC KING EVP/CFO	(i)	281,537.	75,000.	24,744.	0.	19,617.	400,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CHARLES WEINSTEIN CHIEF REAL ESTATE OFFICER	(i)	225,458.	115,000.	456.	0.	8,925.	349,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ANTHONY SANDLER, MD SVP CENTER OF EXCELLENCE	(i)	669,630.	454,588.	42,486.	66,000.	65,800.	1,298,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 GERARD MARTIN, MD FMR SVP CENTER OF EXCELLENCE	(i)	353,806.	143,848.	9,226.	49,300.	45,303.	601,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ELIZABETH FLURY CHIEF STRATEGIC OFFICER	(i)	497,063.	375,010.	3,183.	88,252.	76,903.	1,040,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 KATHLEEN CHAVANU GORMAN CHIEF OPERATING OFFICER	(i)	555,966.	405,457.	54,804.	94,099.	48,642.	1,158,968.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ROGER PACKER, MD SVP CENTER OF EXCELLENCE	(i)	463,736.	357,264.	95,299.	70,747.	71,060.	1,058,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 PAM KING SAMS FORMER CDO TO 06/2016	(i)	189,596.	335,335.	199,587.	45,324.	20,300.	790,142.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 MARY ANNE HILLIARD CHIEF LEGAL OFFICER	(i)	365,398.	278,722.	59,516.	69,500.	51,946.	825,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 BRIAN JACOBS, MD CHIEF INFORMATION OFFICER	(i)	406,498.	110,367.	42,707.	43,851.	35,962.	639,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 DARRYL VARNADO CHIEF PEOPLE OFFICER	(i)	320,021.	251,208.	58,579.	49,499.	63,641.	742,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 MARY OTTOLINI, MD, PHD VICE CHAIR MEDICAL EDUCATION	(i)	288,990.	78,773.	8,347.	13,250.	4,096.	393,456.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 LINDA TALLEY CHIEF NURSING OFFICER	(i)	291,061.	79,079.	18,645.	11,330.	11,985.	412,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHELLE M. MCGUIRE VP & CHIEF OF STAFF	(i)	243,705.	67,445.	990.	7,735.	25,333.	345,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MARK L. BATSHAW, MD EVP & CHIEF ACADEMIC OFFICER	(i)	665,941.	507,588.	137,386.	263,250.	100,056.	1,674,221.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 RICHARD JONAS, MD CHIEF OF CARDIOLOGY	(i)	1,465,308.	604,761.	138,932.	104,457.	67,222.	2,380,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBERT KEATING, MD CHIEF OF NEUROSURGERY	(i)	772,778.	154,158.	70,414.	91,218.	24,465.	1,113,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 PETER KIM, MD VP SHEIKH ZAYED INSTITUTE	(i)	669,209.	252,086.	49,434.	13,250.	22,003.	1,005,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MATTHEW OETGEN, MD CHIEF OF ORTHO & SPORTS MED	(i)	534,082.	191,440.	16,885.	13,250.	21,966.	777,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 TIMOTHY KANE, MD CHIEF OF PEDIATRIC SURGERY	(i)	630,121.	236,421.	27,707.	13,250.	21,792.	929,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JOHN MYSEROS, MD NEUROSURGEON	(i)	648,663.	126,131.	52,683.	13,250.	21,136.	861,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 RAHUL K. SHAH, MD FORMER BOARD MEMBER TO 6/2014	(i)	359,769.	98,924.	47,893.	13,250.	1,607.	521,443.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 DOUGLAS MYERS FORMER CFO TO 12/2015	(i)	0.	0.	879,032.	92,751.	58,563.	1,030,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DAVID SPARKS FORMER VP FIN/CONTR. TO 6/2014	(i)	241,642.	50,786.	60,273.	13,154.	13,918.	379,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 MENDEL TUCHMAN, MD CHIEF RESEARCH OFFICER	(i)	363,100.	267,986.	73,149.	67,997.	48,878.	821,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 DAVID STOCKWELL FORMER BOARD MEMBER TO 6/2016	(i)	182,667.	10,034.	409.	5,346.	719.	199,175.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**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.

## FIRST-CLASS OR CHARTER TRAVEL

SCHEDULE J, PART I, LINE 1A

THE CEO PER HIS EMPLOYMENT CONTRACT IS ENTITLED TO USE FIRST CLASS TRAVEL

(WHERE BUSINESS CLASS IS NOT AVAILABLE) FOR TRIPS OF MORE THAN 4 HOURS.

HOSPITAL POLICY PERMITS BUSINESS CLASS FOR INTERNATIONAL TRAVEL. THERE IS

NO CHARTER TRAVEL.

## TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

SCHEDULE J, PART I, LINE 1A

TWO KEY EMPLOYEES AND ONE FORMER KEY EMPLOYEE RECEIVED CERTAIN

SUPPLEMENTAL RETIREMENT BENEFITS, UPON APPROVAL OF THE COMPENSATION

COMMITTEE, ARE INCREASED BY A TAX EQUALIZATION AMOUNT, WHICH IS

SIGNIFICANTLY LESS THAN THE AMOUNT THAT WOULD BE DETERMINED BY A TAX

GROSS UP OR INDEMNIFICATION METHOD. THIS IS TREATED AS TAXABLE

COMPENSATION TO THE RECIPIENT.

## HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

SCHEDULE J, PART I, LINE 1A

**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.

HEALTH CLUB AND SOCIAL CLUB DUES REIMBURSEMENT IS NO LONGER OFFERED TO  
INCOMING EXECUTIVES.

## PERSONAL SERVICES

SCHEDULE J, PART I, LINE 1A

CERTAIN EXECUTIVES, THROUGH THEIR EMPLOYMENT AGREEMENTS, ARE REIMBURSED  
FOR TAX, FINANCIAL AND ESTATE PLANNING, AND HEALTH COSTS. THIS IS TREATED  
AS TAXABLE COMPENSATION TO THE RECIPIENT.

## SEVERANCE

SCHEDULE J, PART 1, LINE 4A

THE FOLLOWING FORMER OFFICERS AND KEY EMPLOYEES RECEIVED A SEVERENCE  
PAYMENT. THE SEVERENCE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II,  
COLUMN B(III) AS PART OF OTHER REPORTABLE COMPENSATION:

DOUGLAS MYERS - \$879,032

DAVID SPARKS - \$34,344

## SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

**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.

THE FOLLOWING OFFICERS AND KEY EMPLOYEES PARTICIPATED IN A SUPPLEMENTAL  
NON-QUALIFIED RETIREMENT PLAN. THE CONTRIBUTIONS TO THE SUPPLEMENTAL  
NON-QUALIFIED RETIREMENT PLAN ARE INCLUDED IN SCHEDULE J, PART II, COLUMN

(C) AS PART OF DEFERRED COMPENSATION:

MARK L. BATSHAW, MD	\$250,000
KURT D. NEWMAN, MD	\$162,000
RICHARD JONAS	\$ 91,207
DENICE CORA-BRAMBLE, MD	\$ 84,480
DAVID WESSEL, MD	\$ 84,477
KATHLEEN CHAVANU GORMAN	\$ 80,849
DOUGLAS MYERS	\$ 79,501
ROBERT KEATING	\$ 77,968
ELIZABETH FLURY	\$ 75,002
ANTHONY SANDLER, MD	\$ 66,000
ROGER PACKER, MD	\$ 57,497
MENDAL TUCHMAN, MD	\$ 54,747
DARRYL VARNADO	\$ 49,499

**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.

MARY ANNE HILLIARD	\$ 42,250
PAM KING SAMS	\$ 35,709
BRAIN JACOBS, MD	\$ 30,601
GERARD MARTIN, MD	\$ 26,350

## NON-FIXED PAYMENTS

## SCHEDULE J, PART I, LINE 7

THE ORGANIZATION ESTABLISHES QUANTITATIVE TARGETS FOR ITS OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES TO MEET. IF THE METRICS ARE MET, THEN A BONUS IS PAID TO THE INDIVIDUAL. BOTH THE DETERMINATION TO PAY A BONUS AND THE AMOUNT OF THE BONUS IS DETERMINED BY ESTABLISHED FORMULAS AND THE PAYMENT IS NOT CONTINGENT ON THE EXERCISE OF ANY PERSON'S DISCRETION. DUE TO EXTENUATING CIRCUMSTANCES, BONUSES WILL SOMETIMES BE AWARDED EVEN IF METRICS ARE NOT MET. HOWEVER, FOR THIS TO OCCUR, THERE IS A MULTI-LEVEL REVIEW PROCESS AND CONCURRENCE REGARDING THE APPROPRIATENESS OF THE PAYMENT.

## INITIAL CONTRACT EXCEPTION

## SCHEDULE J, PART I, LINE 8

**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.

CERTAIN INDIVIDUALS HIRED DURING THE YEAR HAVE EMPLOYMENT CONTRACTS WHICH  
MEET THE INITIAL CONTRACT EXCEPTIONS DESCRIBED IN THE TREASURY  
REGULATIONS.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHILDREN 'S HOSPITAL

Employer identification number

53-0196580

**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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	254764KB8	09/17/2015	413,728,662.	SEE PART IV		X		X		X
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired . . . . .								
2 Amount of bonds legally defeased . . . . .								
3 Total proceeds of issue . . . . .	413,728,662.							
4 Gross proceeds in reserve funds . . . . .								
5 Capitalized interest from proceeds . . . . .								
6 Proceeds in refunding escrows . . . . .	410,562,146.							
7 Issuance costs from proceeds . . . . .	3,166,515.							
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 . . . . .	2015							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . . .		X						
15 Were the bonds issued as part of 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? . . . . .		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Private Business Use (Continued)

DISTRICT OF COLUMBIA

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and bond-financed property usage.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and bond issue characteristics.

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X						
<b>7</b> 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 isn't available under applicable regulations?	X							

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

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

DESCRIPTION OF PURPOSE

SCHEDULE K, PART I, LINE A, COLUMN (F)

ADV REFUND BONDS ISSUED 10.26.05 & 4.10.08

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2016**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

CHILDREN 'S HOSPITAL

Employer identification number

53-0196580

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
			ATTACHMENT 1									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>						\$ 40,000.						

**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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

**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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

LOANS TO AND/OR FROM INTERESTED PERSONS

SCHEDULE L, PART II

THE HOUSING LOAN TO DR. WESSEL WAS APPROVED IN ADVANCE BY INDEPENDENT PERSONS SERVING ON THE BOARD OF DIRECTORS. THE LOAN IS DOCUMENTED BY A SIGNED WRITTEN AGREEMENT BETWEEN THE PARTIES, AND THE ORGANIZATION BELIEVES THE AGREEMENT MEETS THE INCOME TAX DEFINITION OF A LOAN. DR. WESSEL IS CURRENTLY IN COMPLIANCE WITH ALL TERMS OF THE AGREEMENT.

**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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

ATTACHMENT 1

SCHEDULE L, PART II

NAME DAVID WESSEL, MD  
 RELATIONSHIP WITH ORGANIZATION HOUSING LOAN - COMP  
 PURPOSE OF LOAN HOUSING LOAN - COMP  
 LOAN TO OR FROM THE ORG.? X YES NO  
 ORIGINAL PRINCIPAL AMOUNT 200,000.  
 BALANCE DUE 40,000.  
 IN DEFAULT? YES X NO  
 APPROVED BY BOARD OR COMMITTEE X YES NO  
 WRITTEN AGREEMENT? X YES NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

CHILDREN ' S HOSPITAL

Employer identification number

53-0196580

**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 . . . . .				
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 . . . . .	X	1.	45,400,000.	FMV
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 ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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**

	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? . . . . .		X
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? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

JSA

**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.

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NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, LINE 9, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

WALTER REED CONTRIBUTION

SCHEDULE M, PART I, LINE 16

IN NOVEMBER 2016, THE FEDERAL GOVERNMENT CONVEYED THROUGH QUITCLAIM DEED, CERTAIN LAND AND BUILDINGS TO CHILDREN'S NATIONAL WALTER REED TO BE USED FOR THE PROTECTION OF PUBLIC HEALTH, INCLUDING RESEARCH. THE PROPERTY, WHICH WAS RECORDED AS FEDERAL GRANTS IN THE SCHEDULE OF CONTRIBUTIONS AT FAIR MARKET VALUE DURING THE YEAR ENDED JUNE 30, 2017, CONSISTED OF LAND AND BUILDINGS VALUED AT \$11.9 MILLION AND \$33.5 MILLION, RESPECTIVELY.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHILDREN'S HOSPITAL

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

53-0196580

ORGANIZATION MISSION

FORM 990, PART I, LINE 1 AND PART III, LINE 1

AS THE NATION'S CHILDREN'S HOSPITAL, THE MISSION OF CHILDREN'S NATIONAL  
MEDICAL CENTER IS TO EXCEL IN CARE, ADVOCACY, RESEARCH AND EDUCATION. WE  
ACCOMPLISH THIS THROUGH:

- PROVIDING A QUALITY HEALTH CARE EXPERIENCE FOR OUR PATIENTS AND  
FAMILIES.
- IMPROVING HEALTH OUTCOMES FOR CHILDREN REGIONALLY, NATIONALLY, AND  
INTERNATIONALLY.
- LEADING THE CREATION OF INNOVATIVE SOLUTIONS TO PEDIATRIC HEALTH  
CHALLENGES.

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6, 7A AND 7B

CHILDREN'S NATIONAL MEDICAL CENTER ("CNMC") IS THE SOLE MEMBER OF  
CHILDREN'S HOSPITAL AND HAS THE RIGHT TO ELECT DIRECTORS OF CHILDREN'S  
HOSPITAL. THE ARTICLES AND BY-LAWS OF CHILDREN'S HOSPITAL DESCRIBE  
CERTAIN RIGHTS RESERVED TO THE SOLE MEMBER.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE RELEVANT COMMITTEES OF THE ORGANIZATION REVIEW APPLICABLE PORTIONS OF  
THE 990 (FOR EXAMPLE, THE CNAPPI BOARD REVIEWS THE PUBLIC BENEFIT  
SECTIONS). THE FORM 990 IS REVIEWED AND APPROVED BY THE CHAIRPERSON OF

Name of the organization CHILDREN'S HOSPITAL	Employer identification number 53-0196580
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THE AUDIT COMMITTEE OF CNMC, AS WELL AS, THE CHAIRMAN OF THE BOARD OF CNMC, PRIOR TO FILING WITH IRS. THE COMPLETED FORM 990 IS ALSO MADE AVAILABLE TO THE BOARD OF CHILDREN'S NATIONAL MEDICAL CENTER BEFORE FILING.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT  
FORM 990, PART VI, LINE 12C

CHILDREN'S HOSPITAL ASKS THAT EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE COMPLETE A CONFLICT OF INTEREST FORM AT LEAST EVERY YEAR. IN ADDITION EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE IS INSTRUCTED TO AMEND THE CONFLICT OF INTEREST FORM IMMEDIATELY UPON A CHANGE IN STATUS OF ANY OF THE QUESTIONS ON THE FORM. THESE FORMS ARE REVIEWED ANNUALLY BY THE CHIEF LEGAL OFFICER AND CONFLICTS AND INTERESTS ARE NOTED. THE CHILDREN'S HOSPITAL BOARD MAKES A DETERMINATION, BASED ON THE RECOMMENDATION OF THE CHIEF LEGAL OFFICER AS TO WHICH PERSONS SHOULD BE CONSIDERED "INTERESTED PARTIES" BASED ON THE CRITERIA SET FORTH IN THE BOARD'S GOVERNANCE POLICY.

GOVERNING POLICIES

FORM 990, PART VI, LINES 13 & 14

CHILDREN'S HOSPITAL IS GOVERNED BY THE POLICIES OF ITS PARENT, CHILDREN'S NATIONAL MEDICAL CENTER. THESE POLICIES INCLUDE A WRITTEN WHISTLEBLOWER POLICY AND A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A & 15B



Name of the organization CHILDREN'S HOSPITAL	Employer identification number 53-0196580
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THE EXECUTIVE COMPENSATION COMMITTEE OF THE CNMC BOARD OF DIRECTORS IS COMPRISED WHOLLY OF DISINTERESTED, INDEPENDENT BOARD MEMBERS. THE COMMITTEE HAS RETAINED INDEPENDENT OUTSIDE CONSULTANTS EXPERT ON COMPENSATION MATTERS. THE COMMITTEE DETERMINES ADJUSTMENTS IN COMPENSATION, INCLUDING BASE PAY, INCENTIVES, AND OTHER FORMS OF COMPENSATION FOR EACH PERSON DEEMED BY THE COMPENSATION COMMITTEE TO BE A "DISQUALIFIED PERSON" AS THAT TERM IS USED IN THE INTERMEDIATE SANCTIONS REGULATIONS OF THE IRS. THE COMMITTEE IS INFORMED IN ITS DECISION-MAKING BY COMPENSATION STUDIES AND COMPARISONS DONE BY THE INDEPENDENT CONSULTANT, AND RELIES UP "REASONABLENESS" OPINIONS FOR SUCH CONSULTANTS, PRIOR TO OR CONTEMPORANEOUS WITH MAKING COMPENSATION DECISIONS. THE COMMITTEE MEETS 4-6 TIMES PER YEAR TO CONSIDER SUCH MATTERS.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

CHILDREN'S HOSPITAL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE PROVIDED ON REQUEST.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CERNER CORPORATION 2800 ROCKCREEK PARKWAY N. KANSAS CITY, MO 64117	IT	38,875,968.
ATLANTIC SERVICES GROUP 2131 K STREET, NW STE. 200 WASHINGTON, DC 20037	SHUTTLE	3,566,292.
COLONIAL PARKING 1050 THOMAS JEFFERSON ST. NW, STE. 100 WASHINGTON, DC 20007	PARKING	3,367,821.

Name of the organization CHILDREN'S HOSPITAL	Employer identification number 53-0196580
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ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
RP3, LLC 7316 WISCONSIN AVENUE #450 BETHESDA, MD 20814	ADVERTISING	1,940,977.
QUEST DIAGNOSTICS CLINICAL LAB, INC. 1201 S. COLLEGEVILLE ROAD COLLEGEVILLE, PA 19426	LAB TEST WORK	1,640,936.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2016**

**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.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHILDREN'S HOSPITAL

Employer identification number

53-0196580

**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 NATIONAL SPECIALISTS OF VA 26-4571100 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	HEALTH CARE	DC	1,592,543.	0.	CH
(2) CHILDREN'S NATIONAL AT WALTER REED, LLC 38-3987350 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	HEALTH CARE	DC	0.	50,520,149.	CH
(3)					
(4)					
(5)					
(6)					

**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
(1) CHILDREN'S RESEARCH INSTITUTE 52-1654453 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	RESEARCH	DC	501(C)(3)	10	CNMC		X
(2) CHILDREN'S NATIONAL MEDICAL CENTER 52-1640403 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	HEALTH CARE	DC	501(C)(3)	12 TYPE II	N/A		X
(3) SAFE KIDS WORLDWIDE 52-1627574 1255 23RD STREET NW WASHINGTON, DC 20037	INJURY PRVNTN	DC	501(C)(3)	12 TYPE I	CNMC		X
(4) CHILDREN'S HOSPITAL SELF-INSURANCE TRUST 52-1640399 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	INSURANCE	DC	501(C)(3)	12-III FI	CH	X	
(5) CHILDREN'S HOSPITAL FOUNDATION 52-1640402 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	FUNDRAISING	DC	501(C)(3)	07	CNMC		X
(6) BRAINY CAMPS ASSOCIATION 27-1547370 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	CHILD CAMPS	DC	501(C)(3)	12 TYPE I	CH	X	
(7) CHILDREN'S NAT'L ADVOC. & PUBLIC POLICY 27-1564354 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	ADVOCACY	DC	501(C)(3)	12 TYPE II	CNMC		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

CHILDREN'S HOSPITAL

Employer identification number

53-0196580

**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)					
(2)					
(3)					
(4)					
(5)					
(6)					

**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
(1) CHILDREN'S SCHOOL SERVICES 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010 81-4291601	NURSING SVCS	DC	501(C)(3)	12 TYPE II	CNMC	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

**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	
(1) CPA 52-2072589 111 MICHIGAN AVE NW WASH., DC	HEALTH CARE	DC	N/A	RELATED	-1,105,311.	2,901,683.		X			X	50.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHILDREN'S NATIONAL HEALTH NETWORK 52-1996521 111 MICHIGAN AVENUE, NW WASHINGTON, DC 20010	HEALTH CARE	DC	N/A	C CORP					X
(2) BEARACUDA RE PO BOX 69 KY1-1102 GRANDCAYMAN, CJ	REINSURANCE	CJ	N/A	C CORP					X
(3)									
(4)									
(5)									
(6)									
(7)									

**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	X	
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	

**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) BRAINY CAMPS ASSOCIATION	Q	472,848.	COST
(2) BRAINY CAMPS ASSOCIATION	S	250,346.	COST
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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