	v	, i	l Ex	cempt Organization	Bus	siness Income	Tax Retu	rn. l	OMB No 1545-0687
	Form	, 990-T				der section 6033(206	
		3	For cale	ndar year 2018 or other tax year begin			• •		୭ଲ1ଛ
	Depar	tment of the Treasury		► Go to www.irs.gov/Form990	_				<u> </u>
		al Revenue Service	▶ Do	not enter SSN numbers on this form a				c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
	Ā	Check box if		Name of organization (Check be	ox if na	me changed and see instruction	s)		oyer identification number oyees' trust, see instructions)
		address changed						(611)	oyees trast, see instructions ;
	BExe	empt under section		CHILDREN'S HOSPITAL	OF	THE KING'S DAUGH	TERS	_	
	Х	501(C <u>)(1</u> 3)	Print	Number, street, and room or suite no	faPO	box, see instructions		⊢ —	506321
		408(e) 220(e)	Type						lated business activity code instructions)
		408A530(a)		601 CHILDREN'S LANE	_			,	,
		529(a)	4	City or town, state or province, countr	y, and 2	ZIP or foreign postal code			
		ok value of all assets end of year		NORFOLK, VA 23507				6215	00 713940
		•		up exemption number (See instruct			· · · · · · · · · · · · · · · · · · ·	1	
				ck organization type X 501				401(a)	
				nization's unrelated trades or busine	sses				y (or first) unrelated
		ade or business he							re than one, describe the
		· ·		end of the previous sentence, co	mpiete	Parts Fano II, complete a S	criedule W for ea	CIT additio	il idi
		ade or business, th		corporation a subsidiary in an affil	iated o	roup or a parent-subsidiary	controlled group?		X Yes No
₹	ı D	"Ves " enter the n	ame and	identifying number of the parent co	rnorati	on > ATCH 1	oontrolled group		
₹		he books are in care			porati	Telephon	ie number ▶ 75	7-668	-7000
)				or Business Income	_	(A) Income	(B) Exper		(C) Net
- •	1a								
5	b	Less returns and allowa		c Balance ▶	1c	497,765.			
	2	Cost of goods so	Id (Sched	ule A, line 7)	2				
Je J	3	Gross profit Sub	tract line	2 from line 1c	3	497,765.		•	497,765.
ු ද	4a	Capital gain net i	ncome (a	ttach Schedule D)	4a				
Ē	b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b				-
돯	С	Capital loss dedu	iction for t	rusts	4c				<u> </u>
✓ Batching Ogden	5			r an S corporation (attach statement)	5				
う	6				6				
	7			come (Schedule E)	7				
	8	•		ents from a controlled organization (Schedule F)					
	9			1(c)(7), (9), or (17) organization (Schedule G)	10		-		-
	10 11	•	•	ncome (Schedule I)	11		_		
	12	_	•	tions, attach schedule)	12				
	13			ough 12	$\overline{}$	497,765.			497,765.
		rt II Deductio	ns Not	Taken Elsewhere (See inst	ruction	ons for limitations on o	leductions.) (Except	for contributions,
				be directly connected with t				·	
	14	Compensation of	officers,	directors, and trustees (Schedule K)		RECEIVI	ED	14	
,	_15	Salaries and wage	es					15	
È	105 107 107 107	Repairs and main	tenance			. 18 · MAY 2.9 2	ივი - ෮	16	
		Bad debts						17	<u></u>
	₽ 18	Interest (attach s	chedule)	(see instructions)		 	····	18	00.000
_	2 19	Taxes and license	s			·······OGDEN	<u>.U I</u>]	<u>19</u>	
2	²⁰			See instructions for limitation rules)		1 1		20	-
	D 21			4562)					
F	22	•		on Schedule A and elsewhere on re				22t	
Ż	23								
Z	22 23 24 25 26			compensation plans					
S	26			s					
Ű,	27	•		chedule J)				. —	
	28			chedule)					405 015
	29			s 14 through 28				JB 29	
	30			le income before net operating					
	31			g loss arising in tax years beginning				. 31	
	32		-	e income Subtract line 31 from line				3\ 32	
				lotice, see instructions				- 4	Form 990-T (2018

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ែលឃ	₽98-1 <u>1</u> 2					ľajá i
Pai		Total Unrelated Business Texable Income			***************************************	
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (s	>0			
	Instruc	tions)	· • <u>33</u>	3	350,	255
34	Amour	ts paid for disallowed fringes	34			
35		ion for net operating loss arising in tax years beginning before January 1, 2018 (a				
	Instruc	tions), , , , , ,	. 35			
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the au	m			
	of lines	33 and 34	36	3	350,	255.
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)			1.,	000.
38	Unrela	ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	8. 2			
_		ne smaller of zero or line 38	3 38	3	49,	255.
		Tax Computation				
39		zations Texable as Corporations. Multiply line 38 by 21% (0.21).			73,	344.
40	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax of				
		ount on line 38 from: Tax rate schedule or Schedule D (Form 1041)				
41		ax. See Instructions				
42		tive minimum tex (trusts only)				
43 44		Noncompliant Facility Income. See Instructions				
Par		dd lines 41, 42, and 43 to line 39 or 40, whichever applies	45 44		73,	344.
-			,1 ,			
45 a		tax oredit (corporations ettech Form 1118; trusta attach Form 1118)				
		business credit. Attach Form 3800 (see instructions)				
		or prior year minimum tax (attach Form 8801 or 8827)]			
		redits. Add lines 45a through 45d	450			
48	Subtre	it line 45e from <u>line 44</u>	40	· · · · · · · · · · · · · · · · · · ·	73.	344.
47		xee. Check if from Form 4255 Form 8811 Form 8697 Form 8888 Other (ettech schedule			, , , ,	711.
48		x. Add lines 46 and 47 (see instructions)			73.	344.
49		at 965 tax liability paid from Form 965-A or Form 985-B, Part II, column (k), Ilne 2.				
		nts: A 2017 overpayment credited to 2018				
		stimated tax payments	0.			
c	Tex der	osited with Form 8888	o.			
		organizations: Tax paid or withheld at source (see instructions) 50d	⊣			
		withholding (see instructions)	7 [
f	Credit f	or small employer health insurance premiums (attach Form 8941) 50f	7 [
Ø	Otherc	edits, adjustments, and payments: Form 2439	_			
	L∐ F	orm 4138 Other Total ▶ 50g				
51		ryments. Add fines 50a through 50g		4	89,3	309.
52		ed tax penalty (see instructions). Check if Form 2220 is attached	52			
53		. If line 51 is less than the total of lines 48, 49, and 52, anter amount owed	▶ 68			
54			S 54			965.
55		semount of line 54 year want: Credited to 2019 estimated tex > 100,000, Refunded		3	15,9)65.
Par	_	Statements Regarding Certain Activities and Other Information (see instruct			 1	
56		time during the 2018 calendar year, did the organization have an interest in or a signature			Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization			ĺ	
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	e foreign	country		v
	here >					<u>x</u>
57		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trutt	?, , ₋		<u>X</u>
58	_ '.	see instructions for other forms the organization may have to file. e amount of tax-exempt interest received or acqued during the tax year ▶ \$				
		der pensities of perjury, I despery that I have examined this return, including accompanying schedules and statements, and to the	a heat of m	knowledge at	nd halk	J 11 12
Sign		e, correct, and complete. Decision of purpose (other than temperer) is toyed on all information of which preparer has any knowledge		,		-, -, 10
Hen				RS discuss		
• • •	· ·		on III III (1984) Sambania (1984)	preparer sho na)? X Yes	MU D	No.
-	<u> </u>	Print/Type preparer's name Preparer's standure Date		PTIN		100
Pald		SO MATTER	leck ∟!tf IFemstored	P0149	869	R
Prep	_	31-7/ZUZU 40		13-5565		
Use	Uniy			3-286-8		
JSA		160		Form 99		2018)
~~~					- • (	/

8X2741 1 000 4 9 4 3 3 0 2 5 0 2

Form 990-T (2018)									Page
Schedule A - Cost of Go	oods Sold. Er	ter method	of inventor	y valuation	<u> </u>				
1 Inventory at beginning of y						ar	6		
2 Purchases	2			7 Cost of	goods so	ld. Subtract line			
3 Cost of labor	3			6 from	line 5 En	ter here and in			
4a Additional section 263A co	osts			Part I, line	2		7		
(attach schedule)	4a		8	B Do the	rules of	section 263A (w	ith r	espect to	Yes No
<b>b</b> Other costs (attach schedu	ile) . <mark>4b</mark>				•	or acquired for			
5 Total. Add lines 1 through				to the org	anization? .	<u> </u>	<u></u>	<u></u>	X
Schedule C - Rent Income	(From Real P	roperty a	nd Persona	al Property	Leased V	Vith Real Proper	ty)		
(see instructions)									_
Description of property							_	_	
(1)							_		
(2)									
(3)									
(4)						1			
	2. Rent recei	ved or accru	ed						
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percent	age of rent for p	nd personal property (if the for personal property exceeds is based on profit or income)  3(a) Deductions directly connected with in columns 2(a) and 2(b) (attach so					
(1)	_								<u></u>
(2)	<del></del>								-
(3)	-								
(4)								· -	
Total		Total							
(c) Total income. Add totals of co	plumns 2(a) and 2(	b) Enter				(b) Total deduction Enter here and on		1	
here and on page 1, Part I, line 6						Part I, line 6, colum			
Schedule E - Unrelated De			e instruction	ns)					
		•		come from or	3 0	Deductions directly con			le to
1 Description of deb	t-financed property		allocable to	debt-financed	(a) Straigl	debt-financed property		(b) Other dedu	ictions
			pro	perty		ch schedule)	(attach schedule)		
(1)									
(2)									
(3)	<del></del>					_			
(4)									
4 Amount of average adjusted basis acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		ble to property					Allocable dec umn 6 x total o 3(a) and 3(	of columns	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
<del></del>					Enter her Part I, lin	re and on page 1, re 7, column (A)		er here and o t I, line 7, col	
T - 4 - 1 -				_	i .				

Total dividends-received deductions included in column 8 . . . . . .

Form 990-T (2018)				AL OF THE						506321 Page <b>4</b>
Schedule F-Interest, Ann	uities, Royalties						tions (see	einstruction	ons)	
1 Name of controlled organization	2 Employer identification numb		3 Net u	inrelated income see instructions)	4 Total	ons of specifier ents made	d included	of column 4 t I in the contr iion's gross ii	gnillo	6 Deductions directly connected with income , in column 5
(1)										
(2)										<del> </del>
(3)			_				<del> </del>			
Nonexempt Controlled Organi	~				L					<del></del>
7 Taxable Income	8 Net unrelated in (loss) (see instruc			9 Total of specific payments made		includ	art of column	ntrolling		Deductions directly nected with income in column 10
(1)	(, (					Organi	zation's gros	s income		column 10
(2)						<u> </u>				<del>,</del>
(3)										
(4)	,									
						Enter	columns 5 a here and on I, line 8, colu	page 1,	Ent	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Schedule G-Investment II				7) (0) 0= (47	<u>►</u>		. /222 : : : :		L	·
Schedule G-Investment II	come or a Sec	LION 5	01(0)(	7), (9), Of (17 3 Deduc		nization				5 Total deductions
1 Description of income	2 Amount of	income		directly cor (attach sch	nected			t-asides schedule)		and set-asides (col 3 plus col 4)
<u>(1)</u> (2)						-		_	-+	
(3)					-			-		
(4)					-					<del></del>
	Enter here and Part I, line 9, c					·		_		Enter here and on page 1 Part I, line 9, column (B)
Totals					<del></del>	<u> </u>	<del></del>			
Schedule I - Exploited Exe	empt Activity in	come,	Other	I han Advert	sing ir	ncome (	see instru	ictions)	_	<del></del>
1. Description of exploited activity	2 Gross unrelated business income from trade or business	di conne prod un	expenses irectly ected with fuction of irelated ess incomp	If a gain, co	ed trade (column umn 3) ompute	from ac	ss income ctivity that unrelated ss income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	· · · · ·				-					· -
(2)										
(3)										
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	here and on the 1, Part I, 0, col (B)			<u> </u>		-	-	Enter here and on page 1, Part II, line 26
Totals					. ——					1
Schedule J- Advertising Ir				a alidate d Des	.io	-	<u>-</u>	<del></del>	_	<del></del>
Part I Income From Per	iodicals Report	ea on	a Cons	solidated Bas	is	1		I		<del></del>
1 Name of periodical	2 Gross advertising income	-	Direct tising cost	4 Adverting gain or (los 2 minus con a gain, con cols 5 thro	s) (col ol 3) If mpute		culation come	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						Ĺ				
(2)								<u> </u>		]
(3)										
(4)										
Totals (carry to Part II, line (5))			_							Form <b>990-T</b> (2018)
										. 51111 1 (2010)

Total Enter here and on page 1, Part II, line 14...

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

z through / on a	ine-by-line basi	5.)	· · · · · · · · · · · · · · · · · · ·			<del></del>
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readershi, costs (column 6 minus column 5, bu not more than column 4)
(1)						
(2)						
(3)			_			
(4)						<u> </u>
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		.,		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)					`	
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti	ructions)		
1 Name		2 Title		3 Percent of time devoted to business	4 Compensation attributable to unrelated business	
(1)		***************************************		%		
(2)				%		
(3)				%		
(4)				%		

Form **990-T** (2018)

### SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, and ending  $\frac{06/30}{}$  , 20  $\frac{19}{}$ 

c Balance

1c

2

▶ Go to www.irs.gov/Form990T for instructions and the latest information ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

(A) Income

(C) Net

Name of organization

1a Gross receipts or sales

b Less returns and allowances

CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

54-0506321

(B) Expenses

Employer identification number

Unrelated business activity code (see instructions) ▶ 713940

2 Cost of goods sold (Schedule A, line 7).......

Gross profit Subtract line 2 from line 1c . . . . . . . . .

Describe t	he unrelated	trade or business	▶ FITNESS
------------	--------------	-------------------	-----------

Part I Unrelated Trade or Business Income

4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7	•		
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule) ATCH. 3.	12	87,713.		87,713.
13	Total. Combine lines 3 through 12	13	87,713.		87,713.
Pal	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the unit				uons,
14	Compensation of officers, directors, and trustees (Schedule K).			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules) .		, ,	20	- 1-
21	Depreciation (attach Form 4562)		21	] .	
22	Less depreciation claimed on Schedule A and elsewhere on ret	turn		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26_	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)		ATCH 4	28	143,227.
29	Total deductions Add lines 14 through 28			29	143,227.
30	Unrelated business taxable income before net operating			30	-55,514.
31	Deduction for net operating loss arising in tax years l	begin	ning on or after January 1, 2018 (see		
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 3	30 .		32	-55,514.
For P	aperwork Reduction Act Notice, see instructions			Sc	hedule M (Form 990-T) 2018

ATTACHMENT 1

# NAME AND FEIN OF PARENT CORPORATION

CHILDREN'S HEALTH SYSTEM 54-1278830

### ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DIRECT LAB EXPENSES TAX PREPARATION FEES 121,629. 3,588.

PART II - LINE 28 - OTHER DEDUCTIONS

125,217.

CHILDREN'S HO	OSPITAL OF	THE KIN	IG'S DAUGHTE	RS
---------------	------------	---------	--------------	----

ATTACHMENT	3	

### SCHEDULE M - LINE 12 - OTHER INCOME

FITNESS/PERFORMANCE TRAINING

LINE 12 - OTHER INCOME

87,713.

87,713.

54-0506321

ATTACHMENT 4

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

FITNESS TRAINING EXPENSES TAX PREPARATION FEES

139,639.

3,588.

PART II - LINE 28 - OTHER DEDUCTIONS

143,227.