<sup>3</sup> <b>990-T</b>	Ex	empt Organi							ОМ	IB No 1545-0047
roill OOO I	For calen	and p) dar year 2019 or other t			der sectio 07/01, 201			100G	4	2 <b>01</b> 0
Department of the Treasury	ŀ	► Go to www.irs.g							۷ ۲	50 IJ
Internal Revenue Service	▶Do	not enter SSN numbers						01(c)(3)	Open to 501(c)(	o Public Inspection for (3) Organizations Only
A Check box if address changed		Name of organization (			me changed and s	<del></del>		D Emp	loyer ident	tification number , see instructions )
B Exempt under section	] [	CHILDREN'S H	OSPITAL	OF	THE KING'	S DAUGH	ITERS			
X 501( C )( <b>O</b> 3)	Print	Number, street, and roo	m or suite no I	faPO	box, see instructi	ons		54-0	50632	1
408(e) 220(e	Туре								lated busi	ness activity code
408A530(a	) . [	601 CHILDREN							,	
529(a)	.	City or town, state or pr		/, and 2	ZIP or foreign posta	al code		6015		
C Book value of all assets at end of year	<u> </u>	NORFOLK, VA			> > 7 / D			6215	500	···································
-		ip exemption number								•
		ck organization type		• -		501(c	c) trust	401(a		Other trust
H Enter the number of	_		des or busine:	sses				ribe the onl		
trade or business he						•	•			ne, describe the
•		end of the previous s	entence, con	nplete	Parts I and II, c	omplete a S	Schedule M for	each addition	onal	
trade or business, th		1.1			<del></del>					VIVITE
		orporation a subsidia					controlled grou	p <sup>γ</sup>	<b>►</b> (	X Yes No
J The books are in car		dentifying number of t	ne parent cor	poration	on P AIC	Tolonbo	ne number 🕨	757-668	-7000	
Part I Unrelated	,				(A) Inco				- 7000 . T	(C) Not
1a Gross receipts or			16		(A) IIICC	nne	(B) Exp	Denses		(C) Net
·			. D.J	4.	50	4,660.				1.
		la A. lina 7)	c Balance	1 c 2		4,000.	-	-/-	<del></del>	
<del>-</del>		le A, line 7) I from line 1c		3	50	4,660.	<del> </del>	<del>/</del>	<del>                                     </del>	594,660.
		tach Schedule D)		4a	- 33	1,000.	<del> /</del>			
		Part II, line 17) (attach Fo		4a 4b						
•		usts		4b			//		<del> </del>	<del></del>
				5						
		an S corporation (attach state		6					+	
		ome (Schedule E)		7						
		ts from a controlled organizat	i				_		+	
		(c)(7), (9), or (17) organization		9					<u> </u>	
		come (Schedule I)		10						
	•	ile J)		11						
		ions, attach schedule)	- 1	12						
		ugh 12			59	4,660.	<del> </del>			594,660.
Part Deductio	ns Not T	aken Flsewhere	(See instr	uctio	ns for limitat		deductions )	(Deduct	ions mil	•
		e unrelated busin			and for infines		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Doddor	.0110 1110	or bo uncomy
		lirectors, and trustees (						14		· · · · · · · · · · · · · · · · · · ·
					1 131	CEIV	/ED:I	. 15		
16 Repairs and main	tenance						iol	16		
17 Bad debts		/	<b>/</b>			4Y 2 8	161	17		
18 Interest (attach s	chedule) (s	see instructions).			2  "'		2021	18		
19 Taxes and license	s	see instructions)	<b></b>					19		25,404.
20 Depreciation (atta	sch Form 4	1562)			<b> </b> Q(	3D EN	, UI		_	
21 Less depreciation	claimed o	on Schedule A and els	ewhere on re	turn		21a		211	5	
22 Depletion					<i>.</i>			22		
		ompensation plans .								
		<i>[.</i>								
25 Excess exempt ex	penses (S	zhedule I)						25		
26 Excess readership	costs (Sc	hedule J)						26		
		hedule)								170,258.
		14 through 27								195,662.
		e income before ne								398,998.
30 Deduction for net	operating	loss arising in tax ye	ars beginnin	g on o	r after January 1	, 2018 (see	e instructions)	30		7.0
		income Subtract line								398,.998.
For Paperwork Reduct									۶	orm <b>990-T</b> (2019)
JSA 740 1 000 494330 250	)2			V 1	9-8.3F	L	106452 -			PAGE 12

	Pa	ri ill	Total Unrelated Business Taxable Income			
	32	Total	of unrelated business taxable income computed from all unrelated trades or businesses	(see	1	
		instruct	ctions)	<b>j</b> . <u>3</u>	2	398,998.
	33	Amoun	nts paid for disallowed fringes , ,	3	3	
	34	Charita	able contributions (see instructions for limitation rules)	3	4	
	35	Total (	unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract	line.		
		34 from	m the sum of lines 32 and 33	. 5   3	5	398,998
	36		tion for net operating loss arising in tax years beginning before January 1, 2018			
			tions)		6	
	37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		7	398,998.
	38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	W)		1,000.
n	39		ted business taxable income. Subtract line 38 from line 37 If line 38 is greater than line			
11			ne smaller of zero or line 37		9	397,998.
	Pa	1827	Tax Computation		<del> </del>	
	40		zations Taxable as Corporations. Mulliply line 39 by 21% (0 21)	. ▶ 41	0	83,580.
	41		Taxable at Trust Rates. See instructions for tax computation income tax			
	•		ount on line 39 from Tax rate schedule or Schedule D (Form 1041),	11	1	
	42		tax. See instructions			
	43	-	itive minimum tax (trusts only).			
١,	44		Noncompliant Facility Income. See instructions			
U	45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies			83,580.
			Tax and Payments	4.17		
	46 a		tax credit (corporations attach Form 1118, trusts attach Form 1116), 46a		7	
		•	credits (see instructions)	_		
			Il business credit Attach Form 3800 (see instructions)	<b>─</b>   }	3	
	d		for prior year minimum tax (attach Form 8801 or 8827)		` <b>.</b>	
			redits. Add lines 46a through 46d	46	اها	
	47		ct line 46e from line 45		<del></del>	83,580
	48		ixes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (atlach schedu			
	49		ex. Add lines 47 and 48 (see instructions)			83,580.
	50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3,			
	51 a		nts A 2018 overpayment credited to 2019		<u> </u>	·
	b	2010 00	stimated tax payments	70 1 1	.	
	c		posited with Form 8868	- 1		
		-	organizations Tax paid or withheld at source (see instructions)	, }		
	đ		withholding (see instructions)	<b>─</b> ┤‡	. 1	
	e f		or small employer health insurance premiums (atlach Form 8941)	;1.	53	
					i)	
	g		redits, adjustments and payments Form 2439 Other Total ▶ 51g	134	3	
	52			j	. ]	115,000
			ayments Add lines 51a through 51g	1 1 1 1 1		
	53 54			. ► 54		<del></del>
	54 55		e If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	55		31,420
١ 、	აა 56		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	- <del>- 1</del>		31,420
,	100		e amount of line 55 you want			
	Par					ty Yes No
	57	-	time during the 2019 calendar year, did the organization have an interest in or a signature financial account (bank, securities, or other) in a foreign country? If "Yes," the organization			" <del></del>
			Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	•		1 1 1
		here ▶	Form 114, Report of Poteign Bank and Financial Accounts in Fes, enter the hame of	me rore	ign count	''   '' ×
	58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	30	_	· · ·	oreign in	usi'	' · <del>   </del>
	59	· ·	see instructions for other forms the organization may have to file			
	39		the amount of tax-exempt interest received or accrued during the tax year  \$  the penalties of seriory 1 declare that 1 have examined this return including accompanying schedules and statements, and to	the best o	f my knowled	
	Sigr	LEU 4	is correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		,	
	Hero		Jam Jam Jakobi CFC/ASST TREAS/SECR			uss this return
			gnature of officer Date Title		nctious) X	shown below Yes No
			Print/Type greparer's name Preparer's signature Date	_	PTIA	أبين فالمساور والمشور ببيضا
	Paid	- [	S C IL ILIA	Check L	7 11   27	1498698
	Prep		(1)	elf-employ irm's EIN	1 2 5	565207
	Use	Only	2250 PROPE OFFICE CULTURE OCC. MOLENY UZ 00400		703-286	
	JSA		ming dumoss & account of the party of the print, and state of the	none no		990-T (2019)
1X27	41100	20				(2013)

Form 990-T (2019)				<del></del>					Page 3
Schedule A - Cost of G		iter method					7		
1 Inventory at beginning of			6			ar	6		
2 Purchases			<b>─</b> ──── <sup>7</sup>	7 Cost of goods sold Subtract line					
3 Cost of labor						here and in Part			
4a Additional section 263A c	! !								
(attach schedule)			8			section 263A (w		- Page 1	es No
b Other costs (attach schedu	· · ·					or acquired for			
5 Total Add lines 1 through				to the org	anization?	<u></u>	<del></del>	<u></u>	X
Schedule C - Rent Incom	e (From Real P	roperty and	d Persona	Property	Leased V	With Real Proper	rty)		
(see instructions)									
1 Description of property									
(1)									
(2)	<del> </del>								
(3)									
(4)									
	2. Rent recei	ved or accrued							
(a) From personal property (if the for personal property is more th more than 50%)	nan 10% but not	percentag	e of rent for pe	rsonal property ersonal property sed on profit or	exceeds	3(a) Deductions di in columns 2(		nnected with the o) (attach schedi	
(1)									
(2)									
(3)									
(4)									
Total	** * * * *	Total			•				
(c) Total income. Add totals of chere and on page 1, Part I, line 6	, ,	•				(b) Total deduction Enter here and on Part I, line 6, colur	page 1,	•	
Schedule E - Unrelated D			instructions	3)		<u> </u>			
1 Description of del		, [	2 Gross inco	ome from or	3 (		onnected with or allocable to iced property		
	,		prop	erty (a) Straight		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)									
allocable to debt-financed debt-financed property			6 Col 4 divi by colu	ded		7 Gross income reportable (column 2 x column 6)  8 Allocable deduction (column 6 x total of column 3(a) and 3(b))			
(1)				%					
(2)				%.					
(3)				%					
(4)				%					
						e and on page 1, le 7, column (A)		here and on p , line 7, colum	
Total dividends-received deduct					• • • • • • •			Form <b>990</b>	<b>-T</b> (2019)

Form 990-T (2019)	CHILDREN											506321 Page <b>4</b>	
Schedule F - Interest, Ann	uities, Royaltie							zatio	ons (se	e instructi	ons)		
Name of controlled     organization     identification number		ner 3	3. Net unrelated income (loss) (see instructions)		led income	4 Total of specified payments made		اید	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5		
(1)													
(2)													
(3)	17100												
(4)													
Nonexempt Controlled Organiz			1				10	Dort (	of column	O that is	4.	1 Deductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruc				otal of specific yments made		Inc	luded	in the co	ntrolling		nnected with income in column 10	
(1)			1										
(2)		-	<del> </del>										
(4)													
			•			•	En Pa	iter hei art I, lu	lumns 5 a re and on ne 8, colur	page 1, nn (A)	Ent	dd columns 6 and 11 ter here and on page 1, int I, line 8, column (B)	
Schedule G-Investment Ir	come of a Sec	tion 50	)1(c)	(7). (	9). or (17	) Orga	nizati	on (	see inst	ructions)	_	, , , , , , , , , , , , , , , , , , ,	
1 Description of income	2 Amount of			<u> </u>	3 Deduc directly con (attach sch	tions nected			4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)					•							· · · · · · · · · · · · · · · · · · ·	
(2)						-							
(3)													
(4)	_												
Totals ▶	Enter here and Part I, line 9, c	olumn (A)		,	~~~~							Enter here and on page 1, Part I, line 9, column (B)	
Schedule I-Exploited Exe	mpt Activity In	come, C	Othe	<u>r Tha</u>	n Adverti	sing Ir	come	e (se	e instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produc unre	3 Expenses directly connected with production of unrelated usiness income		from unrelate or business ( 2 minus coli If a gain, co	2 minus column 3) from ac		activi	s income tivity that inrelated s income 6 Expen attributat column		ble 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)	Enter he page 1 line 10,	, Part I	tl,								Enter here and on page 1, Part II, line 25	
Schedule J – Advertising In	come (see instri	uctions)											
Part I Income From Peri	odicals Report	ed on a	Con	rsolic	lated Bas	is							
1 Name of periodical	2 Gross advertising income	3 D advertis	Direct ling cos	sts	4 Adverti gain or (loss 2 minus co a gain, con cols 5 thro	s) (col I 3) If npute	5	Circul		6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												i	
(2)													
(3)												- 1	
(4)							_						
Totals (carry to Part II, line (5))													

Form **990-T** (2019)

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 )

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 readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)				,		
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, Inne 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			, ,	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II,	line 14		

Form **990-T** (2019)

## SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

1a Gross receipts or sales

b Less returns and allowances

For calendar year 2019 or other tax year beginning  $\frac{07/01}{}$  , 2019, and ending  $\_$ 

(B) Expenses

(A) Income

► 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)

c Balance ▶ 1c

2

3

(C) Net

CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

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

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

4a Capital gain net income (attach Schedule D) . . . . . . . 4a

54-0506321

Unrelated Business Activity Code (see instructions) ▶ 713940 Describe the unrelated trade or business ▶ FITNESS

Part I Unrelated Trade or Business Income

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	102,729.			102,729.
13	Total. Combine lines 3 through 12	13	102,729.			102,729.
'Pai	·	ns to	r limitations on deduction	is ) (Deductions i	iiusi L	e directly
'Pai	connected with the unrelated business income )	ns toi	r limitations on deduction	is ) (Deductions i	iiusi L	e directly
	·					a directly
Pai 14 15	connected with the unrelated business income )				14	e directly
14	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K)				14 15	e directly
14 15	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K) Salaries and wages				14 15 16	
14 15 16	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K)  Salaries and wages				14 15 16 17	
14 15 16	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K) Salaries and wages  Repairs and maintenance  Bad debts				14 15 16 17 18	
14 15 16 17	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K) Salaries and wages				14 15 16 17 18	
14 15 16 17 18 19	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K) Salaries and wages		20		14 15 16 17 18	
14 15 16 17 18	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K) Salaries and wages		20 21a		14 15 16 17 18 19	
14 15 16 17 18 19 20	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions).  Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on red Depletion Contributions to deferred compensation plans		20 21a		14 15 16 17 18 19 21b 22 23	
14 15 16 17 18 19 20 21	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions).  Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on re		20 21a		14 15 16 17 18 19 21b 22 23	
14 15 16 17 18 19 20 21 22	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions).  Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on red Depletion Contributions to deferred compensation plans		20 21a		14 15 16 17 18 19 	, and the same of
14 15 16 17 18 19 20 21 22 23	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K) Salaries and wages		20 21a		14 15 16 17 18 19 21b 22 23 24 25 26	
14 15 16 17 18 19 20 21 22 23 24	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K) Salaries and wages		20 21a		14 15 16 17 18 19 21b 22 23 24 25 26	120,743.
14 15 16 17 18 19 20 21 22 23 24 25	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts	eturn	20 21a	ATCH 4	14 15 16 17 18 19 21b 22 23 24 25 26	120,743. 120,743.
14 15 16 17 18 19 20 21 22 23 24 25 26	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions).  Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on reductions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J). Other deductions (attach schedule)	eturn	20 21a	ATCH 4	14 15 16 17 18 19 21b 22 23 24 25 26 27	120,743.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

-18,014.

30

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

DIRECT LAB EXPENSES TAX PREPARATION FEES

166,536. 3,722.

PART II - LINE 27 - OTHER DEDUCTIONS

170,258.

ATTACHMENT 3

SCHEDULE M - OTHER INCOME

FITNESS/PERFORMANCE TRAINING

102,729.

TOTAL

102,729.

ATTACHMENT 4

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

FITNESS TRAINING EXPENSES TAX PREPARATION FEES

117,021. 3,722.

PART II - LINE 27 - OTHER DEDUCTIONS

120,743.

Children's Hospital of the King's Daughters

EIN: 54-0506321 Form 990-T

Fitness Activity Silo-ed NOL Carryforward

Tax Period	Original NOL	NOL Utilized Prior Year	NOL Utilized Current Year Or Expired	NOL Carried Forward to 06/30/2021
6/30/2019	55,514			55,514
6/30/2020	18,014			18,014
Totals	73,528	-	-	73,528