

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS
 % DENNIS RYAN
 Doing business as

D Employer identification number: 54-0506321

E Telephone number: (757) 668-7000

G Gross receipts \$ 543,497,242

F Name and address of principal officer:
 JAMES D DAHLING
 601 CHILDRENS LANE
 NORFOLK, VA 23507

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

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

J Website: ▶ WWW.CHKD.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1961 **M** State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 DEDICATED TO THE MISSION OF PROVIDING THE BEST POSSIBLE CARE AND SERVICES FOR ALL CHILDREN WHO COME TO US BECAUSE OF SICKNESS AND INJURY.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	17
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	3,284
6 Total number of volunteers (estimate if necessary)	667
7a Total unrelated business revenue from Part VIII, column (C), line 12	697,389
7b Net unrelated business taxable income from Form 990-T, line 39	397,998

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,669,332	46,947,279
9 Program service revenue (Part VIII, line 2g)	460,320,039	444,916,296
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,188,170	9,115,220
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,394,737	2,777,693
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	488,572,278	503,756,488
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,184,664	13,564,952
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	193,086,467	204,014,176
16a Professional fundraising fees (Part IX, column (A), line 11e)	356,432	455,799
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,670,232		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	211,412,651	223,783,170
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	429,040,214	441,818,097
19 Revenue less expenses. Subtract line 18 from line 12	59,532,064	61,938,391

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	680,638,976	805,448,811
21 Total liabilities (Part X, line 26)	169,332,698	243,917,851
22 Net assets or fund balances. Subtract line 21 from line 20	511,306,278	561,530,960

Part II Signature Block

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

Sign Here

 Signature of officer _____ Date 2021-05-12
 DENNIS RYAN CFO/ASST TREAS/SECR
 Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date 2021-05-11 Check if self-employed PTIN P01498698
 Firm's name ▶ KPMG LLP Firm's EIN ▶ _____
 Firm's address ▶ 8350 Broad Street Suite 900 Phone no. (703) 286-8000
 McLean, VA 22102

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 385,393,526 including grants of \$ 13,564,952) (Revenue \$ 447,164,391)
See Additional Data

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 ▶ 385,393,526

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,284		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included in line 1a, above, who are independent (17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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 Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (AL, FL, GA, IL, KY, MD, MA, MN, NJ, NY, NC, OK, SC, UT, VA, WI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. (Own website, Another's website, Upon request, Other (explain in Schedule O)); 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: (DENNIS RYAN 601 CHILDRENS LANE NORFOLK, VA 23507 (757) 668-7000)

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							3,048,841	14,630,921	1,717,205	

1b Sub-Total	
1c Total from continuation sheets to Part VII, Section A	
1d Total (add lines 1b and 1c)	

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 **▶** 181

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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>	Yes	
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>		No

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
CHILDREN'S SPECIALTY GROUP, PO BOX 11049 NORFOLK, VA 23517	MEDICAL	23,613,839
EASTERN VIRGINIA MED SCHOOL, PO BOX 1980 NORFOLK, VA 235011980	MEDICAL	12,323,230
W M JORDAN CO INC, 11010 JEFFERSON AVE NEWPORT NEWS, VA 23601	Construction	17,367,173
CERNER CORPORATION, PO BOX 959156 ST LOUIS, MO 63195	I/T SUPPORT	5,132,967
COMPASS ONE, PO BOX 1022289 ATLANTA, GA 30368	FOOD SERVICES	6,878,545

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 142

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 207,612			
	b Membership dues	1b			
	c Fundraising events	1c 179,282			
	d Related organizations	1d 8,800,000			
	e Government grants (contributions)	1e 11,357,244			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 26,403,141			
	g Noncash contributions included in lines 1a - 1f: \$	1g 1,946,517			
	h Total. Add lines 1a-1f		46,947,279		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a PATIENT SERVICES		900099	424,323,733	424,323,733		
b OTHER RELATED SERVICES		900099	19,895,174	19,895,174		
c LAB SERVICES		621500	594,660		594,660	
d SPORTS RELATED SERVICES		900099	102,729		102,729	
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			444,916,296			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,694,245			6,694,245	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	6a	(i) Real	3,351,557	24,630		
			(ii) Personal				
		b Less: rental expenses	6b	3,529,507	3,068		
		c Rental income or (loss)	6c	-177,950	21,562		
	d Net rental income or (loss)			-156,388		-156,388	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	38,477,404	82,577		
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b	34,990,657	1,148,349		
		c Gain or (loss)	7c	3,486,747	-1,065,772		
	d Net gain or (loss)			2,420,975		2,420,975	
	8a Gross income from fundraising events (not including \$ 179,282 of contributions reported on line 1c). See Part IV, line 18	8a		57,770			
			8b	69,173			
		c Net income or (loss) from fundraising events			-11,403		-11,403
	9a Gross income from gaming activities. See Part IV, line 19	9a		0			
			9b	0			
		c Net income or (loss) from gaming activities			0		0
	10a Gross sales of inventory, less returns and allowances	10a		0			
10b			0				
c Net income or (loss) from sales of inventory				0		0	
Miscellaneous Revenue		Business Code					
11a GRADUATE MEDICAL EDUCATION		900099	2,945,484	2,945,484			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			2,945,484				
12 Total revenue. See instructions			503,756,488	447,164,391	697,389	8,947,429	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,564,952	13,564,952		
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	1,573,047	1,252,874	320,173	
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	172,187,823	157,608,073	13,288,743	1,291,007
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,165,794	3,733,620	1,393,440	38,734
9 Other employee benefits	13,277,559	11,828,956	1,333,584	115,019
10 Payroll taxes	11,809,953	10,746,351	962,986	100,616
11 Fees for services (non-employees):				
a Management	60,000		60,000	
b Legal	19,256	5,391	13,865	
c Accounting	40,400		40,400	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	455,799			455,799
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)	43,460,291	41,098,705	2,298,918	62,668
12 Advertising and promotion	198,540	26,888	164,548	7,104
13 Office expenses	2,794,349	1,807,112	895,405	91,832
14 Information technology	2,338,016	1,809,801	487,396	40,819
15 Royalties	0			
16 Occupancy	14,984,221	13,398,653	1,561,844	23,724
17 Travel	274,295	240,251	29,803	4,241
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,359,377	826,181	526,954	6,242
20 Interest	3,845,118	3,319,447	525,671	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	22,958,227	21,202,694	1,633,462	122,071
23 Insurance	2,661,403	547,998	2,112,333	1,072
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 SUPPLIES	68,320,723	67,938,960	359,052	22,711
b EQUIP RENTAL AND MAINT	20,593,132	18,655,326	1,856,784	81,022
c CORPORATE SUPPORT	20,285,824		20,285,824	
d PURCHASED SERVICES	16,213,957	13,566,436	2,624,942	22,579
e All other expenses	3,376,041	2,214,857	978,212	182,972
25 Total functional expenses. Add lines 1 through 24e	441,818,097	385,393,526	53,754,339	2,670,232
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	42,730,560	2	82,255,207
	3 Pledges and grants receivable, net	2,918,579	3	16,309,113
	4 Accounts receivable, net	89,376,178	4	80,107,050
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	9,396,603	8	10,408,519
	9 Prepaid expenses and deferred charges	5,602,048	9	9,385,650
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 604,546,243		
	b Less: accumulated depreciation	10b 296,233,296	237,237,021	10c 308,312,947
	11 Investments—publicly traded securities	261,391,303	11	258,921,689
	12 Investments—other securities. See Part IV, line 11	25,777,426	12	27,075,234
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	6,209,258	15	12,673,402
16 Total assets. Add lines 1 through 15 (must equal line 34)	680,638,976	16	805,448,811	
Liabilities	17 Accounts payable and accrued expenses	44,139,771	17	55,686,150
	18 Grants payable	0	18	0
	19 Deferred revenue	1,923,150	19	1,527,375
	20 Tax-exempt bond liabilities	104,830,878	20	129,293,278
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	18,438,899	25	57,411,048
	26 Total liabilities. Add lines 17 through 25	169,332,698	26	243,917,851
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	479,454,320	27	510,511,507
	28 Net assets with donor restrictions	31,851,958	28	51,019,453
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	511,306,278	32	561,530,960	
33 Total liabilities and net assets/fund balances	680,638,976	33	805,448,811	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	503,756,488
2	Total expenses (must equal Part IX, column (A), line 25)	2	441,818,097
3	Revenue less expenses. Subtract line 2 from line 1	3	61,938,391
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	511,306,278
5	Net unrealized gains (losses) on investments	5	-988,780
6	Donated services and use of facilities	6	-528,859
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,196,070
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	561,530,960

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 54-0506321

Name: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James D Dahling President/Director	1.0 42.0	X		X				0	8,782,799	134,256
Dennis Ryan CFO/Asst Treas/Assist Secr	1.0 42.0			X				0	2,903,667	483,944
Deborah Barnes VP - IS Operations	0.0 40.0				X			0	1,121,596	218,583
Karen Mitchell VP- Patient Care Services	40.0 0.0				X			700,015	0	186,719
John Harding Chief Operating Officer	0.0 40.0				X			0	677,910	85,492
Robert Obermeyer MD Director	1.0 41.0	X						0	654,762	36,988
Allison Silva VP - Ancillary Services	40.0 0.0				X			428,791	0	124,566
Sandip Godambe MD VP - Quality & Patient Safety	40.0 0.0					X		453,214	0	75,930
Jalana McCasland VP Physician Practice Manageme	40.0 0.0				X			331,400	0	71,418
Kathryn Abshire VP Finance	0.0 40.0				X			0	269,971	122,157

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tamika Harris VP - Facilities & Support Serv	40.0 0.0				X			251,455	0	84,031
Suzanne Brixey Physician	40.0 0.0					X		278,322	0	15,514
Michelle Brenner MD Director	1.0 41.0	X						0	220,216	27,003
James Dice Director Pharmacy	40.0 0.0					X		200,777	0	20,462
Adam Campbell Director Clinical Improvements	40.0 0.0					X		191,587	0	29,486
David Kushner Physician	40.0 0.0					X		213,280	0	656
Buffy Barefoot Treasurer/Director	2.0 2.0	X		X				0	0	0
Edward A Heidt Jr Director	1.0 1.0	X						0	0	0
F Blair Wimbush Vice Chairman/Director	2.0 2.0	X		X				0	0	0
Akhil Jain Secretary/Director	2.0 2.0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christine Neikirk Chairman/Director	2.0	X		X				0	0	0
Edward Whitmore Director	1.0	X						0	0	0
Elly Bradshaw Smith Director	1.0	X						0	0	0
John R Lawson II Director	1.0	X						0	0	0
Julia Childress Beck Director	1.0	X						0	0	0
Kathryn M Van Buren Director	1.0	X						0	0	0
Kim Georges Director	1.0	X						0	0	0
Marta Satin-Smith Director	1.0	X						0	0	0
Martha Colen Director	1.0	X						0	0	0
Miles Leon Director	1.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
R Justin Fulton Director	1.0	X						0	0	0
Susan R Einhorn Director	1.0	X						0	0	0
Svinder S Toor MD Director	1.0	X						0	0	0
Kieran Poulos Director	1.0	X						0	0	0
Stacey Vellines Director	1.0	X						0	0	0

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Employer identification number
54-0506321

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	11,517,067	12,513,662	15,064,465	15,669,332	46,947,279	101,711,805
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 Total. Add lines 1 through 3	11,517,067	12,513,662	15,064,465	15,669,332	46,947,279	101,711,805
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						280,169
6 Public support. Subtract line 5 from line 4.						101,431,636

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	11,517,067	12,513,662	15,064,465	15,669,332	46,947,279	101,711,805
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,591,606	7,348,692	8,097,824	10,139,234	10,070,432	42,247,788
9 Net income from unrelated business activities, whether or not the business is regularly carried on	305,636	473,903	363,689	349,255	397,998	1,890,481
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0
11 Total support. Add lines 7 through 10						145,850,074
12 Gross receipts from related activities, etc. (see instructions)					12	2,086,097,827

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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	69.545 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	60.450 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
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>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined 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>		
	9b		
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>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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
1	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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 Total annual distributions. 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 54-0506321

Name: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Employer identification number
54-0506321

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.

	(a) Donor advised funds	(b) Funds and other accounts
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? Yes No

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? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under 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.

b 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 on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,731,316	25,265,775	25,040,857	23,954,985	24,211,713
b Contributions	322,831	546,670	359,017	117,553	56,826
c Net investment earnings, gains, and losses	754,876	1,056,618	992,800	1,700,191	-171,891
d Grants or scholarships					
e Other expenditures for facilities and programs	1,067,731	1,137,747	1,126,899	731,872	141,663
f Administrative expenses					
g End of year balance	25,741,292	25,731,316	25,265,775	25,040,857	23,954,985

- 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 ▶ 92.190 %
 - c** Temporarily restricted endowment ▶ 7.810 %
- 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	18,417,162		18,417,162
b Buildings	0	265,530,555	120,712,767	144,817,788
c Leasehold improvements	0	13,331,687	5,230,978	8,100,709
d Equipment	0	214,201,725	170,092,181	44,109,544
e Other	0	93,065,114	197,370	92,867,744
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				308,312,947

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)		
Total. (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)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DERIVATIVE INSTRUMENTS	27,685,211
(3) LINE OF CREDIT	12,000,000
(4) CAPITAL LEASE	10,449,369
(5) INSURANCE IBNR & IBNE	5,579,213
(6) ANNUITY PAYABLE	1,664,927
(7) ACCRUED TAIL COVERAGE	32,328
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	57,411,048

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 54-0506321

Name: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740 FOOTNOTE FROM CONSOLIDATED AUDIT REPORT CHS RECOGNIZES ANY BENEFITS FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. IF APPLICABLE, THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION WOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE RESOLUTION. CHS DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX PROVISIONS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V	ENDOWMENT FUNDS ARE USED ACCORDING TO SPECIFIC WRITTEN REQUESTS OF THE DONOR ENDOWMENT AGREEMENT. IF NO DIRECT REQUESTS ARE MADE, FUNDS ARE USED IN ACCORDANCE WITH THE OVERALL MISSION OF THE ORGANIZATION.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Employer identification number
54-0506321

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean			Investments		27,075,234
3a Sub-total					27,075,234
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					27,075,234

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

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

- 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)

Part IV Foreign Forms

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

Part V Supplemental Information

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

ReturnReference	Explanation

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Employer identification number
54-0506321

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHILDREN'S MIRACLE NETWORK 205 west 700 south salt lake city, UT 84101	CONSULTING		No	2,012,361	208,628	1,803,733
HEALTH GIVING 3966 N HAMPTON DRIVE POWELL, OH 43065	CONSULTING		No		43,005	0
STEPHANIE SWEEL 199 APPALACHIAN LANE ZION CROSSROADS, VA 22942	CONSULTING		No		21,217	0
Total				2,012,361	272,850	1,803,733

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MO, NV, NJ, NY, NC, OH, OK, PA, RI, SC, TN, VA, WA, WV, WI

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	David Wright (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
1 Gross receipts	237,052			237,052
2 Less: Contributions	179,282			179,282
3 Gross income (line 1 minus line 2)	57,770			57,770
Direct Expenses	4 Cash prizes	2,172		2,172
	5 Noncash prizes			
	6 Rent/facility costs	3,828		3,828
	7 Food and beverages	29,086		29,086
	8 Entertainment	6,775		6,775
	9 Other direct expenses	27,312		27,312
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				69,173
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-11,403

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

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

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

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

Name of the organization
 CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Employer identification number
 54-0506321

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>175 %</u>	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,667,606		2,667,606	0.600 %
b Medicaid (from Worksheet 3, column a)			204,462,289	164,096,567	40,365,722	9.140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			207,129,895	164,096,567	43,033,328	9.740 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			79,073,736	9,396,305	69,677,431	15.770 %
f Health professions education (from Worksheet 5)			13,988,306	6,700,449	7,287,857	1.650 %
g Subsidized health services (from Worksheet 6)			57,777,584	25,210,086	32,567,498	7.370 %
h Research (from Worksheet 7)			341,311	50,299	291,012	0.070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			151,180,937	41,357,139	109,823,798	24.860 %
k Total. Add lines 7d and 7j			358,310,832	205,453,706	152,857,126	34.600 %

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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

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?			No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
			6,571,297
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
			2,989,144
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5		3,388,228
6 Enter Medicare allowable costs of care relating to payments on line 5	6		9,187,169
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7		-5,798,941
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 checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

3

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 3

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 175. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW. CHKD.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW. CHKD.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW. CHKD.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 16

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7(E)	THE AMOUNT REPORTED ON PART I, LINE 7(E) INCLUDES \$48,595,574 OF COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS. PART I, LINE 7(F) THE AMOUNT OF BAD DEBT INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) THAT WAS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENT OF TOTAL EXPENSE IN PART I, LINE 7, COLUMN (F) IS \$6,571,297.
PART I, LINE 7	A HYBRID APPROACH WAS USED FOR DETERMINING COSTS RELATED TO COMMUNITY BENEFIT. ACTUAL COSTS FROM ALL PATIENT SEGMENTS ARE IDENTIFIED BY DEPARTMENT IN THE GENERAL LEDGER AND THEN WERE GROUPED INTO LIKE COMMUNITY BENEFIT PROGRAMS. INDIRECT COSTS WERE ADJUSTED FOR COSTS ATTRIBUTABLE TO UNREIMBURSED MEDICAID COSTS REPORTED ELSEWHERE, MARKETING AND GRANT WRITING EXPENSES. THE MEDICAID COSTS ADJUSTMENT WAS CALCULATED USING A COST TO CHARGE RATIO OF APPLICABLE EXPENSES DIVIDED BY TOTAL APPLICABLE CHARGES APPLIED TO MEDICAID REVENUE. THE REMAINING INDIRECT COSTS WERE ALLOCATED PROPORTIONATELY TO THE DIRECT COSTS REPORTED BY DEPARTMENT. IN ADDITION, EXPENSES WERE CALCULATED AT COST AND THEN COSTS RELATED TO CHARITY CARE, BAD DEBT AND MEDICAID WERE REMOVED BEFORE ARRIVING AT THE AMOUNTS FOR COMMUNITY BENEFIT AT COST. PART III, LINE 2 BAD DEBT REPORTED IN PART III, LINE 2 IS BASED ON THE AMOUNT REPORTED AS BAD DEBT IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE AMOUNT DOES NOT INCLUDE DISCOUNTS OR OTHER ADMINISTRATIVE WRITE OFFS. IF A PATIENT ACCOUNT HAS BEEN WRITTEN OFF TO BAD DEBT AND IS SUBSEQUENTLY COLLECTED, BAD DEBT EXPENSE IS REDUCED IN THAT PERIOD BY THE PAYMENT. PART III, LINE 3 THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS CALCULATED BASED OFF THE PERCENTAGE OF CHARITY CARE EXPENSES AS A PERCENTAGE OF SELF-PAY REVENUE. CHKD DOES NOT MAINTAIN RECORDS THAT TRACK PATIENTS WHO COULD HAVE QUALIFIED FOR CHARITY CARE. THIS AMOUNT IS AN ESTIMATE OF PATIENTS WHO LIKELY WOULD HAVE QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE CHARITY CARE POLICY IF SUFFICIENT INFORMATION HAD BEEN AVAILABLE TO DETERMINE THEIR ELIGIBILITY. THIS AMOUNT IS NOT INCLUDED AS COMMUNITY BENEFIT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	CHKD PRESENTS BAD DEBT PROVISION ON THE FINANCIAL STATEMENTS AS A DEDUCTION FROM NET PATIENT SERVICE PER ACCOUNTING STANDARDS UPDATE (ASU) 2011-07. THE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES IS MANAGEMENT'S BEST ESTIMATE OF THE AMOUNT OF PROBABLE CREDIT LOSSES IN THE HOSPITAL'S EXISTING RECEIVABLES. THE HOSPITAL DETERMINES THE ALLOWANCE BASED ON HISTORICAL WRITE-OFF EXPERIENCE. ACCOUNT BALANCES ARE CHARGED OFF AGAINST THE ALLOWANCE, NET OF PAYMENTS AND DISCOUNTS, AFTER ALL MEANS OF COLLECTION HAVE BEEN EXHAUSTED AND THE POTENTIAL FOR THE RECOVERY IS CONSIDERED REMOTE. FOR ADDITIONAL DETAILS SEE FOOTNOTE 17 ON PAGE 35 OF AUDITED FINANCIAL STATEMENTS.
PART III, LINE 8	AS A CHILDREN'S HOSPITAL, THE HOSPITAL HAS A SMALL POPULATION OF MEDICARE PATIENTS AND IS PAID LESS THAN COST DUE TO THE REIMBURSEMENT METHODOLOGY USED BY MEDICARE. THE SHORTFALL WAS CALCULATED USING THE HOSPITAL'S OVERALL COST TO CHARGE RATIO APPLIED TO MEDICARE GROSS CHARGES. THIS SHORTFALL IS NOT SEPARATELY INCLUDED AS A COMMUNITY BENEFIT AS 100% OF IT HAS ALREADY BEEN CAPTURED IN THE APPROPRIATE CATEGORY ON PART I, LINE 7.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	<p>ACCOUNTS WITH AN UNPAID BALANCE OR WITHOUT AN ESTABLISHED PAYMENT PLAN ARE REFERRED TO A COLLECTION AGENCY OR ATTORNEY FOR CONTINUED COLLECTION EFFORTS. CHKD MAKES REASONABLE EFFORTS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE/CHARITY CARE BEFORE REFERRING TO A COLLECTION AGENCY OR AN ATTORNEY. REASONABLE EFFORT INCLUDES AND IS NOT LIMITED TO NOTIFICATION ABOUT THE FINANCIAL ASSISTANCE - CHARITY CARE/COLLECTION POLICY POSTED IN ADMISSIONS, EMERGENCY DEPARTMENT OR OTHER DESIGNATED AREAS. THE INFORMATION REGARDING THE POLICY IS INCLUDED IN THE ADMISSION PACKAGE AND ON THE PATIENT BILL. THE HEALTH BENEFITS ANALYST AND CUSTOMER SERVICE REPRESENTATIVE WHO MAY SPEAK WITH THE GUARANTOR BY PHONE PROVIDE THEM WITH FINANCIAL ASSISTANCE INCLUDING CHARITY CARE INFORMATION. THE FINANCIAL ASSISTANCE-CHARITY CARE/COLLECTION POLICY IS AVAILABLE UPON REQUEST AND VIA WWW.CHKD.ORG. CHKD ENSURES ALL COLLECTION PROTOCOLS ARE MET PRIOR TO REFERRAL TO COLLECTIONS AGENCY OR ATTORNEY. APPROVED CHARITY CARE AMOUNT WILL NOT BE SUBJECT TO COLLECTION ACTIVITIES. THE REMAINING BALANCE WILL BE SUBJECT TO CHKD'S STANDARD COLLECTION PROTOCOLS.</p>
NEEDS ASSESSMENT:	<p>AS THE ONLY HEALTHCARE PROVIDER IN VIRGINIA DEVOTED EXCLUSIVELY TO THE NEEDS OF CHILDREN, CHKD ASSUMES THE RESPONSIBILITY OF LEADING THE REGION IN THE PROVISION OF PEDIATRIC CARE AND THE PROMOTION OF CHILDREN'S HEALTH AND IS TRUSTED THROUGHOUT ITS COMMUNITY TO ADDRESS ESTABLISHED AND EMERGENT PEDIATRIC NEEDS WHEREVER AND HOWEVER THEY ARE IDENTIFIED. CHKD USES A VARIETY OF METHODS TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES. NEEDS ARE IDENTIFIED THROUGH A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT, PARTNERSHIPS AND COLLABORATIONS WITH OTHER MEDICAL, NON PROFIT AND PUBLIC HEALTH AGENCIES AND ORGANIZATIONS AND THROUGH REGIONAL, STATE AND NATIONAL DATA. FROM NOVEMBER 2018 TO APRIL 2019, CHKD CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WITH SUPPORT FROM TOXCEL, LLC, A GAINESVILLE, VIRGINIA-BASED SCIENCE, ENGINEERING AND HEALTH RESEARCH AND CONSULTING FIRM. THIS JOINT CHNA COVERS ALL THREE LICENSED FACILITIES ASSOCIATED WITHIN THE CHKD HEALTH SYSTEM: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS (CHKD) LOCATED IN NORFOLK AND CHKD'S TWO HEALTH AND SURGERY CENTERS, ONE AT OYSTER POINT IN NEWPORT NEWS AND ONE AT PRINCESS ANNE IN VIRGINIA BEACH. CHKD'S CHNA PROVIDES AN OVERVIEW OF THE PRIMARY AND SECONDARY DATA USED TO IDENTIFY KEY HEALTH ISSUES WITHIN THE CHKD COMMUNITY. IT COMBINES AND COMPARES RESULTS FROM THREE SOURCES: A COMMUNITY HEALTH SURVEY, KEY STAKEHOLDER INTERVIEWS, AND HEALTH INDICATOR ANALYSES. CHKD'S CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY CAN BE FOUND AT WWW.CHKD.ORG/COMMUNITYBENEFIT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:</p>	<p>CHKD'S CHARITY CARE ELIGIBILITY CRITERIA AND PROCEDURES FOR APPLYING ARE PROVIDED TO ALL PATIENTS. CHARITY CARE INFORMATION IS INCLUDED IN EVERY INPATIENT ADMISSION PACKET AND DISTRIBUTED TO THE OUTPATIENT DURING THE OUTPATIENT REGISTRATION PROCESS. AN APPLICATION FOR CHARITY CARE, ALONG WITH A LETTER EXPLAINING THE PROCESS, IS SENT TO ANY PATIENT OR GUARANTOR WHO REQUESTS INFORMATION ON ANY PROGRAMS OR PROVISIONS THE HOSPITAL MAY HAVE TO HELP ASSIST PATIENTS OR GUARANTORS IN PAYING THEIR HOSPITAL BILL. THE CHARITY CARE POLICY AND APPLICATION ARE PROMINENTLY DISPLAYED ON THE MAIN "BILLING" PAGE OF THE HOSPITAL WEBSITE, JUST ONE CLICK FROM THE HOME PAGE, AT WWW.CHKD.ORG/BILLING/FINANCIAL-ASSISTANCE. PRINTED COPIES ARE ALSO AVAILABLE AT EACH REGISTRATION WORKSTATION. ALL BILLING STATEMENTS MAILED TO GUARANTORS INCLUDE A NOTICE OF THE AVAILABILITY OF CHARITY AND HOW TO OBTAIN THE INFORMATION/APPLICATION. ASSISTANCE WITH THE APPLICATION PROCESS IS AVAILABLE THROUGH THE HEALTH BENEFITS ANALYST (HBA). THE HBA SENDS OUT APPLICATIONS VIA MAIL AND REFERS FAMILIES TO THE HOSPITAL'S WEBSITE. THE UNIT SOCIAL WORKER IS AVAILABLE TO PROVIDE INFORMATION OR REFERRAL TO THE HBA DURING AN INPATIENT STAY.</p>
<p>COMMUNITY INFORMATION:</p>	<p>CHKD IS THE REGIONAL PEDIATRIC REFERRAL CENTER FOR SOUTHEASTERN VIRGINIA, THE EASTERN SHORE OF VIRGINIA AND NORTHEASTERN NORTH CAROLINA. CHKD SERVES THE FOLLOWING REGIONS IN VIRGINIA: ACCOMACK COUNTY, CHESAPEAKE CITY, FRANKLIN CITY, GLOUCESTER COUNTY, HAMPTON CITY, ISLE OF WIGHT COUNTY, JAMES CITY COUNTY, MATHEWS COUNTY, NEWPORT NEWS CITY, NORFOLK CITY, NORTHAMPTON COUNTY, POQUOSON CITY, PORTSMOUTH CITY, PRINCE GEORGE COUNTY, SOUTHAMPTON COUNTY, SUFFOLK CITY, SURRY COUNTY, SUSSEX COUNTY, VIRGINIA BEACH CITY, WILLIAMSBURG CITY AND YORK COUNTY. WITHIN NORTH CAROLINA, CHKD SERVES THE FOLLOWING REGIONS: BERTIE COUNTY, CAMDEN COUNTY, CHOWAN COUNTY, CURRITUCK COUNTY, DARE COUNTY, GATES COUNTY, HERTFORD COUNTY, PASQUOTANK COUNTY AND PERQUIMANS COUNTY. AS REFLECTED IN OUR 2019 CHNA, THIS SERVICE REGION INCLUDED 553,054 PERSONS AGE 0-21. APPROXIMATELY 18 PERCENT OF ALL FAMILIES WITH CHILDREN UNDER THE AGE OF 18 HAVE INCOMES BELOW THE FEDERAL POVERTY LEVEL. FOR FAMILIES HEADED BY SINGLE MOTHERS, THAT PERCENTAGE INCREASES TO 38 PERCENT. CHKD'S SERVICE AREA COMPRISES A DIVERSE MIX OF URBAN, SUBURBAN AND RURAL COMMUNITIES, AS WELL AS 10 MILITARY INSTALLATIONS. CHKD IS WELL VERSED IN THE SPECIAL NEEDS OF MILITARY FAMILIES AND HAS ONE OF THE HIGHEST TRICARE PAYER PERCENTAGES AMONG THE CHILDREN'S HOSPITALS IN THE NATION.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	<p>CHKD PLAYS A UNIQUE ROLE IN ITS COMMUNITY BY PROVIDING PEDIATRIC HEALTHCARE SERVICES AVAILABLE NOWHERE ELSE IN THE REGION AND, AT THE SAME TIME, SERVING AS THE SAFETY NET PROVIDER TO THE REGION'S INDIGENT CHILDREN. IN FY 2020, CHKD HAD 5,099 ADMISSIONS RESULTING IN 46,611 PATIENT DAYS. APPROXIMATELY 56 PERCENT OF THESE DAYS, WERE COVERED BY MEDICAID, WHICH IS THE HIGHEST PERCENTAGE BY FAR OF ANY ACUTE-CARE HOSPITAL IN VIRGINIA. CHKD LEADS THE REGION IN EFFORTS TO ADDRESS PUBLIC HEALTH CONCERNS LIKE CHILD ABUSE AND CHILDHOOD OBESITY. IT IS THE SOLE PROVIDER OF PEDIATRIC SUBSPECIALTY CARE FOR CHILDREN WITH CHRONIC ILLNESSES LIKE CANCER AND DIABETES AND EMPLOYS THE REGION'S ONLY PEDIATRIC SURGEONS. THE HOSPITAL'S VIBRANT COMMUNITY OUTREACH PROGRAM COORDINATES PARENT, PROFESSIONAL AND STUDENT PROGRAMS THAT BRING IMPORTANT HEALTH, SAFETY AND WELLNESS INFORMATION TO THOUSANDS OF PARTICIPANTS. CHKD ALSO TAKES AN ACTIVE ROLE IN THE EDUCATION OF PEDIATRICIANS. COMPREHENSIVE INFORMATION ON CHKD'S EFFORTS TO IMPROVE THE HEALTH OF CHILDREN IS AVAILABLE AT WWW.CHKD.ORG/COMMUNITYBENEFIT.</p>
AFFILIATED HEALTH CARE SYSTEM:	<p>CHKD IS PART OF CHILDREN'S HEALTH SYSTEM, A 501(C)(3) ORGANIZATION GOVERNED BY A BOARD OF DIRECTORS COMPRISED OF COMMUNITY MEMBERS. A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. CHKD EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS. SURPLUS FUNDS ARE USED TO MEET THE NEEDS OF THE ORGANIZATION AS DETERMINED BY CHKD SENIOR MANAGEMENT AND THE CHS BOARD OF DIRECTORS. HISTORICALLY, SURPLUS FUNDS HAVE BEEN USED FOR A VARIETY OF PURPOSES INCLUDING PATIENT CARE PROGRAMS, CAPITAL IMPROVEMENT NEEDS, RESERVES, ETC. ROLES OF ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED: THE CHILDREN'S HEALTH SYSTEM IS COMPRISED OF SEVERAL ORGANIZATIONS. CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS IS A FREESTANDING CHILDREN'S HOSPITAL THAT PROVIDES A BROAD SPECTRUM OF INPATIENT AND OUTPATIENT CARE SERVICES ACROSS MANY PEDIATRIC SPECIALTIES, INCLUDING EVERYTHING FROM PRIMARY CARE AND WELLNESS INITIATIVES TO NEONATAL AND PEDIATRIC INTENSIVE CARE. OTHER ENTITIES UNDER THE CHILDREN'S HEALTH SYSTEM UMBRELLA INCLUDE: * CHILDREN'S HEALTH FOUNDATION, WHICH MANAGES INVESTMENTS AND FUNDS EDUCATION, RESEARCH AND OTHER PROGRAMS FOR CHILDREN'S HEALTH SYSTEM * CHILDREN'S MEDICAL GROUP, INC., A VIRGINIA STOCK CORPORATION, WHICH OWNS AND OPERATES PEDIATRIC PHYSICIAN PRACTICES. * CMG OF NORTH CAROLINA, INC., A NORTH CAROLINA STOCK CORPORATION, WHICH OWNS AND OPERATES A PEDIATRIC PHYSICIAN PRACTICE IN NORTHEASTERN NORTH CAROLINA. * CHILDREN'S SURGICAL SPECIALTY GROUP, INC., A VIRGINIA STOCK CORPORATION, WHICH OWNS AND OPERATES PEDIATRIC SURGICAL SUBSPECIALTY PRACTICES, INCLUDING PEDIATRIC GENERAL SURGERY, PEDIATRIC UROLOGY, PEDIATRIC CARDIAC SURGERY, PEDIATRIC ORTHOPEDIC SURGERY, PEDIATRIC NEUROSURGERY AND PEDIATRIC PLASTIC SURGERY. * CHILDREN'S HEALTH INSURANCE, LLC, A CAPTIVE INSURANCE COMPANY INCORPORATED IN SOUTH CAROLINA IS A DISREGARDED ENTITY OF CHKD. * CHKD THRIFT STORES, LLC, A DISREGARDED ENTITY ORGANIZED TO SUPPORT THE CHARITABLE MISSION AND PURPOSE OF CHILDREN'S HEALTH SYSTEM. * CHILDREN'S REAL ESTATE, LLC, IS A DISREGARDED ENTITY ORGANIZED TO SUPPORT THE CHARITABLE MISSION AND PURPOSE OF CHILDREN'S HEALTH SYSTEM. * CHILDREN'S RESEARCH HOLDING, LLC, A DISREGARDED ENTITY ORGANIZED TO SUPPORT THE CHARITABLE MISSION AND PURPOSE OF CHILDREN'S HEALTH SYSTEM. * CHILDREN'S QUALITY CARE, LLC, A DISREGARDED ENTITY ORGANIZED TO SUPPORT THE CHARITABLE MISSION AND PURPOSE OF CHILDREN'S HEALTH SYSTEM.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
FACILITY REPORTING GROUP(S):	FACILITY REPORTING GROUP A INCLUDES CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, CHKD HEALTH AND SURGERY CENTER IN NEWPORT NEWS AND CHKD HEALTH AND SURGERY CENTER IN VIRGINIA BEACH. STATE FILING OF COMMUNITY BENEFIT REPORT VA,

Additional Data

Software ID:

Software Version:

EIN: 54-0506321

Name: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	CHILDREN'S HOSPITAL OF THE KING'S DAU 601 CHILDRENS LANE NORFOLK, VA 23507 H1843	X	X	X	X		X	X		MEDICAID DSH HOSPITAL	A
2	CHKD HEALTH AND SURGERY CENTER 2021 CONCERT DRIVE VIRGINIA BEACH, VA 23456 OH713	X								OUTPATIENT SURGICAL HOSPITAL	A
3	CHKD HEALTH AND SURGERY CENTER 11783 ROCK LANDING DRIVE Newport News, VA 23608 OH694	X								OUTPATIENT SURGICAL HOSPITAL	A

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

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

Form and Line Reference	Explanation
PART V SECTION B LINE 5:	<p>CHKD'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS INCLUDED COLLECTING DATA FROM SEVERAL DIFFERENT SOURCES: A COMMUNITY HEALTH SURVEY (IN COLLABORATION WITH OTHER AREA HOSPITAL SYSTEMS), FOCUS GROUPS AND KEY STAKEHOLDER INTERVIEWS AND HEALTH INDICATOR ANALYSIS. TWO VERSIONS OF THE SURVEY WITH SIMILAR QUESTIONS WERE CIRCULATED ACROSS CHKD'S SERVICE AREA. THE FIRST VERSION WAS A STAKEHOLDER SURVEY IN WHICH PARTICIPANTS PROVIDED (OR HAD KNOWLEDGE OF) HEALTH, PREVENTIVE AND SUPPORT SERVICES, INCLUDING FOR MANY LOW INCOME AND MINORITY RESIDENTS. THE SECOND VERSION WAS A COMMUNITY SURVEY THAT WAS CIRCULATED MORE BROADLY TO COMMUNITY MEMBERS. THERE WERE A TOTAL OF 768 PARTICIPANTS WHO COMPLETED ALL OF THE REQUIRED QUESTIONS, INCLUDING 329 RESPONSES TO THE STAKEHOLDER SURVEY AND 439 RESPONSES TO THE COMMUNITY SURVEY. GIVEN THE PREVIOUSLY IDENTIFIED PRIORITY OF MENTAL AND BEHAVIORAL HEALTH AND AN INTEREST IN HEARING FROM STAKEHOLDERS FROM ACROSS THE REGION WHO WERE FAMILIAR WITH THESE ISSUES, TWO FOCUS GROUPS WERE CONDUCTED. ONE OF THE FOCUS GROUPS WAS FACILITATED WITH MENTAL AND BEHAVIORAL HEALTH SERVICE PROVIDERS IN THE HAMPTON ROADS AREA. THE OTHER FOCUS GROUP WAS FACILITATED DURING ONE OF THE MONTHLY MEETINGS OF A NETWORK OF AGENCIES AND ORGANIZATIONS THAT COME TOGETHER TO ENSURE THAT THE HAMPTON ROADS COMMUNITY HAS ACCESS TO QUALITY PARENTING EDUCATION. KEY STAKEHOLDER INTERVIEWS TARGETED SCHOOL NURSES AND OTHER CORE SERVICE PROVIDERS THAT SERVE MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. ORGANIZATIONAL PARTICIPANTS INCLUDED HOSPITALS, SCHOOL SYSTEMS, SOCIAL SERVICES, CHKD'S CARE CONNECTION, A COMMUNITY-BASED NETWORK OF EARLY CARE AND EDUCATION SPECIALISTS, DEPRESSION AND SUICIDE EDUCATION AWARENESS SPECIALISTS, A NON-PROFIT BEHAVIORAL HEALTH SYSTEM AND OTHER COMMUNITY-BASED ORGANIZATIONS. NATIONAL, STATE AND PRIVATE DATA SOURCES WERE USED IN THE HEALTH INDICATOR ANALYSIS. KEY HEALTH ISSUES WERE IDENTIFIED WHEN MULTIPLE LOCALITIES HAD WORSE RATES OR PERCENTAGES IN COMPARISON TO STATE AVERAGES.</p>

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

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

Form and Line Reference	Explanation
PART V SECTION B LINE 6A:	A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED FOR CHKD'S THREE LICENSED FACILITIES LISTED IN PART V, SECTION A.

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

Form and Line Reference	Explanation
PART V SECTION B LINE 11:	<p>AFTER COMPILING ALL OF THE RESULTS FROM THE STAKEHOLDER AND COMMUNITY SURVEYS, FOCUS GROUP S, KEY STAKEHOLDER INTERVIEWS AND HEALTH INDICATOR ANALYSIS, COMMON THEMES AND SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED ACROSS DATA SOURCES. THESE THEMES EITHER AROSE AS PRIORITIES IN AT LEAST TWO OF THE DATA SOURCES OR IF DATA FROM ONE OF THE SOURCES REVEALED OVERWHELMING NEED. THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED: MENTAL/BEHAVIORAL HEALTH , OBESITY, CHILD ABUSE, ASTHMA, SEXUALLY TRANSMITTED INFECTIONS, TEEN PREGNANCY, ALCOHOL'S SUBSTANCE ABUSE, AND SOCIAL DETERMINANTS, INCLUDING POVERTY, UNEMPLOYMENT, AND COMMUNITY VIOLENCE. CHKD LEADERS REVIEWED RESULTS FROM ALL THREE DATA SOURCES TO BETTER UNDERSTAND THE SIGNIFICANT HEALTH NEEDS AND PRIORITIES TO DETERMINE THE BEST FOCUS FOR ITS IMPLEMENTATION PLAN. INDIVIDUALS AND GROUPS INVOLVED IN THIS PROCESS INCLUDED THE FOLLOWING: THE HOSPITAL'S SENIOR LEADERSHIP TEAM, WHICH INCLUDES ITS CEO, PRESIDENT AND VICE PRESIDENTS; CHKD PHYSICIAN LEADERS; AND CHKD'S PARENT AND FAMILY ADVISORY COUNCIL. GIVEN THE SCOPE AND DEPTH OF THE NEED FOR MENTAL HEALTH CARE AND THE SIGNIFICANT RESOURCES CHKD PLANS TO DEVOTE TO EXPANDING ITS MENTAL HEALTH SERVICES, CHKD IS FOCUSING SOLELY ON THIS ISSUE IN ITS IMPLEMENTATION PLAN STRATEGY FROM 2019 TO 2021. ADDRESSING PEDIATRIC MENTAL/BEHAVIORAL HEALTH WOULD HAVE A POSITIVE EFFECT ON PEDIATRIC HEALTH AND WELL-BEING OVERALL, AFFECTING MULTIPLE OTHER IDENTIFIED HEALTH NEEDS, SUCH AS VIOLENCE, CRIME, SUBSTANCE ABUSE AND, AS OUR PEDIATRIC POPULATION GROWS OLDER, CHILD ABUSE AND NEGLECT AND CHILDHOOD OBESITY. MENTAL/BEHAVIORAL HEALTH: CHILDREN AND ADOLESCENTS IN MENTAL HEALTH CRISIS CONTINUE TO SEEK CARE 24/7 THROUGH CHKD'S EMERGENCY DEPARTMENT. FACED WITH AN ONGOING SHORTAGE OF INPATIENT PLACEMENTS FOR THESE PATIENTS, CHKD SOUGHT AND RECEIVED STATE APPROVAL TO ADD 60 INPATIENT MENTAL HEALTH BEDS TO ITS NORFOLK CAMPUS. THIS PROJECT WILL ALSO INCLUDE PARTIAL HOSPITALIZATION/DAY TREATMENT AND AFTERCARE PROGRAMS FOR PEDIATRIC MENTAL HEALTH PATIENTS. ALL MENTAL HEALTH PROGRAMMING WILL BE DESIGNED SPECIFICALLY TO MEET THE NEEDS OF OUR REGION'S MOST UNDERSERVED MENTAL HEALTH PATIENTS: CHILDREN UNDER AGE 5, CHILDREN WITH CO-OCCURRING MEDICAL AND MENTAL HEALTH NEEDS, CHILDREN WITH DEVELOPMENTAL AND MENTAL HEALTH CHALLENGES AND CHILDREN WITH EATING DISORDERS. CHKD ALSO CONTINUES TO EXPAND ITS OUTPATIENT MENTAL HEALTH PROGRAM WITH ADDITIONAL THERAPISTS IN MORE LOCATIONS. CHKD PLANS TO CONTINUE TO COMMIT PROGRAMMING AND RESOURCES TO ITS ONGOING INITIATIVES TO ADDRESS OBESITY, CHILD ABUSE AND SOCIAL DETERMINANTS OF HEALTH. OTHER SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE CHNA ARE NOT BEING SPECIFICALLY ADDRESSED IN THE CURRENT IMPLEMENTATION ARE ASTHMA, SEXUALLY TRANSMITTED INFECTIONS, TEEN PREGNANCY, AND ALCOHOL/SUBSTANCE USE DISORDER, THESE ARE ALL CONDITIONS THAT CHKD EITHER CURRENTLY PROVIDES CARE FOR AND/OR COLLABORATES WITH OTHER COMMUNITY AGENCIES TO ADDRESS. CHKD REGULARLY AND R</p>

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

Form and Line Reference	Explanation
PART V SECTION B LINE 11:	ROUTINELY OFFERS ITS EXPERTISE AND ASSISTANCE, SEEKS TO COLLABORATE AND DEDICATES COMMUNITY RESOURCES TO ADDRESS A BROAD RANGE OF ISSUES RELATING TO THE HEALTH AND WELFARE OF CHILDR EN.

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

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

Form and Line Reference	Explanation
PART V SECTION B LINE 13:	PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE: 1. STATE-FUNDED PRESCRIPTION PROGRAMS; 2. HOMELESS OR RECEIVED CARE FROM A HOMELESS CLINIC; 3. PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC); 4. FOOD STAMP ELIGIBILITY; 5. SUBSIDIZED SCHOOL LUNCH PROGRAM ELIGIBILITY; 6. ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E.G., MEDICAID SPEND-DOWN); 7. LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRESS; AND 8. PATIENT IS DECEASED WITH NO KNOWN ESTATE.

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

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

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

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

Name and address	Type of Facility (describe)
1 CHKD HEALTH CENTER AT OAKBROOKE 500 DISCOVERY DRIVE CHESAPEAKE, VA 23320	OUTPATIENT SERVICES
1 CHKD HLTH CTR & URGENT CARE AT TECH CNTR 680 OYSTER POINT ROAD NEWPORT NEWS, VA 23602	URGENT CARE & OUTPATIENT SERVICES
2 CHKD HLTH CTR & URGENT CARE AT LOEHMAN'S 3960 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23452	URGENT CARE & OUTPATIENT SERVICES
3 HEALTH CENTER AT MEDICAL CENTER CAMPUS 850 SOUTHAMPTON AVENUE NORFOLK, VA 23510	OUTPATIENT SERVICES
4 CHKD URGENT CARE AT VOLVO 817 VOLVO PARKWAY CHESAPEAKE, VA 23320	URGENT CARE & OUTPATIENT SERVICES
5 CHKD HLTH CTR & URGENT CARE AT LANDSTOWN 1924 LANDSTOWN WAY VIRGINIA BEACH, VA 23456	URGENT CARE & OUTPATIENT SERVICES
6 CHKD AT BUTLER FARM ROAD 421 BUTLER FARM ROAD HAMPTON, VA 23666	OUTPATIENT SERVICES
7 SATELLITE AT MEDICAL TOWER 400 GRESHAM DRIVE NORFOLK, VA 23507	OUTPATIENT SERVICES
8 SPORTS MEDICINE IN GHENT 702 WEST 21ST STREET NORFOLK, VA 23517	OUTPATIENT SERVICES
9 CHKD HEALTH CENTER AT HARBOUR VIEW 5835 HARBOUR VIEW BLVD SUFFOLK, VA 23435	OUTPATIENT SERVICES
10 HEALTH CENTER AT BURNETT'S WAY 152 BURNETTS WAY SUFFOLK, VA 23456	OUTPATIENT SERVICES
11 CHKD HEALTH CENTER AT LIGHTFOOT 6425 RICHMOND ROAD WILLIAMSBURG, VA 23188	OUTPATIENT SERVICES
12 CHKD CAP 935 REDGATE AVENUE NORFOLK, VA 23507	OUTPATIENT SERVICES
13 CHKD HEALTH CENTER AT HARBOUR VIEW NORTH 7021 HARBOUR VIEW BLVD SUFFOLK, VA 23435	OUTPATIENT SERVICES
14 FORT NORFOLK PLAZA MEDICAL BUILDING 301 RIVERVIEW AVENUE NORFOLK, VA 23510	OUTPATIENT SERVICES

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

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

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

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

Name and address	Type of Facility (describe)
16 CHKD HEALTH CENTER AT KEMPSVILLE 171 KEMPSVILLE ROAD NORFOLK, VA 23507	OUTPATIENT SERVICES

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Employer identification number

54-0506321

Part I General Information on Grants and Assistance

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

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

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

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

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

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCESS FOR AWARDS AWARDS ARE MADE TO INVESTIGATORS/PHYSICIANS BY CHKD (CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS) FOR SPECIFIC PROJECT OR RESEARCH ENDEAVORS. FUNDING REQUESTS ARE COMPLETED AND SUBMITTED WHERE THEY ARE REVIEWED BY THE FINANCE DEPARTMENT, THE CEO AND THE APPLICABLE BOARD. AFTER AN AWARD IS MADE, THE AWARDEE MUST FILE QUARTERLY FINANCIAL SUMMARIES AND A FINAL REPORT TO BE SUBMITTED TO THE CEO AT THE END OF THE FUNDING PERIOD. ADDITIONALLY, CHKD GIVES CONTRIBUTIONS TO ITS PARENT ORGANIZATION, CHILDREN'S HEALTH SYSTEM, AND TO CHILDREN'S HEALTH FOUNDATION. CHILDREN'S HEALTH SYSTEM, AND TO CHILDREN'S HEALTH FOUNDATION.

Additional Data

Software ID:
Software Version:
EIN: 54-0506321
Name: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HEALTH FOUNDATION INC 601 CHILDRENS LANE NORFOLK, VA 23507	54-1278865	501(C)(3)	6,423,185		CASH		GENERAL SUPPORT
CHILDREN'S HEALTH SYSTEM INC 601 CHILDRENS LANE NORFOLK, VA 23507	54-1278830	501(C)(3)	7,000,000		CASH		GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLD DOMINION UNIVERSITY RESEARCH FOUNDATION PO BOX 6369 NORFOLK, VA 23508	54-6068198	501(C)(3)	55,604		CASH		CHEST WALL STUDY
CHILDREN'S SURGICAL SPECIALTY GROUP INC 601 CHILDRENS LANE NORFOLK, VA 23507	31-1610834		20,604		CASH		CHEST WALL & PECTUS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Employer identification number
54-0506321

Part I Questions Regarding Compensation

	Yes	No
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 type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
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 checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 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?	5a	No
b Any related organization?	5b	No
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?	6a	No
b Any related organization?	6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, LINE 1:	IN CONNECTION WITH A RETIREMENT PROGRAM, TAX GROSS-UP PAYMENTS ARE PROVIDED TO CERTAIN EMPLOYEES WHOSE EMPLOYER FUNDED CONTRIBUTIONS ARE IMMEDIATELY TAXABLE, IN ORDER TO PROVIDE THEM WITH BENEFITS THAT ARE TAX-EQUIVALENT TO BENEFITS OF PARTICIPANTS WHOSE CONTRIBUTIONS ARE NOT IMMEDIATELY TAXABLE.
SCHEDULE J, LINE 4B:	CHILDREN'S HEALTH SYSTEM SPONSORS TWO SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS ("THE PLANS"). THE PLANS ARE DESIGNED TO RETAIN EXECUTIVES IN POSITIONS ESSENTIAL TO THE SUCCESS OF CHILDREN'S HEALTH SYSTEM. DURING THE YEAR, THE FOLLOWING INDIVIDUALS WERE PARTICIPANTS IN ONE OF THE SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS AND RECEIVED THE FOLLOWING ANNUAL ACTUARIAL INCREASE OR DEFERRED CONTRIBUTION (INCLUDED IN SCHEDULE J, PART II, COLUMN (C)) AND/OR PAYMENT (INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III)). AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) MAY DIFFER FROM AMOUNTS PAID DUE TO TIMING DIFFERENCES IN VESTING AND PAYMENTS. A CHANGE TO ONE OF THESE PLANS HAS RESULTED IN A CHANGE TO A NUMBER OF THE PREVIOUS ESTIMATED ACCRUALS. ACT. INCREASE AMT. PAID ----- ----- KAREN MITCHELL: \$ 135,302 \$ 142,376 ALLISON SILVA: \$ 79,363 \$ 51,547 JOHN HARDING: \$ 0 \$ 21,592 DEBORAH BARNES: \$ 163,836 \$ 308,279 KATHY ABSHIRE: \$ 65,541 \$ 0 TAMIKA HARRIS: \$ 22,160 \$ 0 JAMES DAHLING: \$ 0 \$ 7,582,367 DENNIS RYAN: \$ 397,799 \$ 1,045,501
SCHEDULE J, LINE 7:	OFFICERS AND VICE PRESIDENTS MAY RECEIVE ADDITIONAL COMPENSATION BASED ON CRITERIA SET UP BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. DEPARTMENT DIRECTORS MAY RECEIVE ADDITIONAL COMPENSATION BASED ON CRITERIA SET BY MANAGEMENT AND APPROVED BY THE BOARD OF DIRECTORS.

Additional Data

Software ID:
Software Version:
EIN: 54-0506321
Name: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 James D Dahling President/Director	(i)	-----	-----	-----	0	0	0	0
	(ii)	1,015,004	75,000	7,692,795	98,773	35,483	8,917,055	6,894,858
1 Michelle Brenner MD Director	(i)	-----	-----	-----	0	0	0	0
	(ii)	219,847	0	369	9,063	17,940	247,219	0
2 Robert Obermeyer MD Director	(i)	-----	-----	-----	0	0	0	0
	(ii)	634,698	19,621	443	11,200	25,788	691,750	0
3 Dennis Ryan CFO/Asst Treas/Assist Secr	(i)	0	0	0	0	0	0	0
	(ii)	520,697	26,301	2,356,669	437,291	46,653	3,387,611	2,339,373
4 Allison Silva VP - Ancillary Services	(i)	270,914	13,500	144,377	109,772	14,794	553,357	130,278
	(ii)	0	0	0	0	0	0	0
5 Deborah Barnes VP - IS Operations	(i)	0	0	0	0	0	0	0
	(ii)	387,965	19,250	714,381	192,154	26,429	1,340,179	699,329
6 Jalana McCasland VP Physician Practice Manageme	(i)	282,869	14,060	34,471	33,099	38,319	402,818	18,372
	(ii)	-----	-----	-----	0	0	0	0
7 John Harding Chief Operating Officer	(i)	0	0	0	0	0	0	0
	(ii)	553,380	26,982	97,548	48,024	37,468	763,402	81,617
8 Karen Mitchell VP- Patient Care Services	(i)	327,699	15,930	356,386	171,531	15,188	886,734	234,012
	(ii)	0	0	0	0	0	0	0
9 Kathryn Abshire VP Finance	(i)	-----	-----	-----	0	0	0	0
	(ii)	239,737	12,000	18,234	80,628	41,529	392,128	4,200
10 Tamika Harris VP - Facilities & Support Serv	(i)	212,241	10,935	28,279	50,029	34,002	335,486	15,056
	(ii)	-----	-----	-----	0	0	0	0
11 James Dice Director Pharmacy	(i)	180,892	12,822	7,063	7,951	12,511	221,239	0
	(ii)	-----	-----	-----	0	0	0	0
12 Sandip Godambe MD VP - Quality & Patient Safety	(i)	411,584	19,725	21,905	25,057	50,873	529,144	8,410
	(ii)	0	0	0	0	0	0	0
13 Suzanne Brixey Physician	(i)	278,052	-----	270	11,200	4,314	293,836	0
	(ii)	-----	-----	-----	0	0	0	0
14 David Kushner Physician	(i)	212,348	-----	932	0	656	213,936	0
	(ii)	-----	-----	-----	0	0	0	0
15 Adam Campbell Director Clinical Improvements	(i)	156,410	11,424	23,753	3,542	25,944	221,073	0
	(ii)	-----	-----	-----	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Employer identification number

54-0506321

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include VA Small Business Financing Authority.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion), 2012, 2018, Yes/No columns for questions 14-17.

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.586 %		0.326 %		0 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0.586 %		0.326 %					
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?				X		X		
b Exception to rebate?	X							
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART II, LINE 11, COLUMN A:	ALL PROCEEDS OF THE BOND WERE USED TO CURRENTLY REFUND A PRIOR ISSUE.

Return Reference	Explanation
PART II, LINE 10, COLUMN B:	LINE 10 - CAPITAL EXPENDITURES FROM PROCEEDS ALLOCATED CURRENTLY TOTAL \$99,950,000, OF WHICH \$51,300,000 WAS ALLOCATED TO CHILDREN'S HEALTH SYSTEM AND \$48,650,000 WAS ALLOCATED TO CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS. Part II, Lines 3 and 10, Column C: Line 3 Funds will be drawn by childrens hospital of the kings daughters from the total issue price of the bond. Final proceeds will be \$100,000,000. Line 10 Capital expenditures from proceed currently total \$27,470,000.

Return Reference	Explanation
PART III, LINE 4:	COLUMN A: WE HAVE CONCLUDED THAT OUT OF THE ACTIVITIES CONDUCTED IN THIS BOND FINANCED SPACE, WE HAVE NOTED THAT 0.5863% OF THE SPACE WAS PRIVATE BUSINESS USE. THE REMAINING SPACE DID NOT RESULT IN PRIVATE BUSINESS USE DUE TO EQUITY PROVIDED OR A REGULATORY SAFE HARBOR. COLUMN B: WE HAVE CONCLUDED THAT OUT OF THE ACTIVITIES CONDUCTED IN THIS BOND FINANCED SPACE, WE HAVE NOTED THAT 0.3264% OF THE SPACE WAS PRIVATE BUSINESS USE. THE REMAINING SPACE DID NOT RESULT IN PRIVATE BUSINESS USE DUE TO EQUITY PROVIDED OR A REGULATORY SAFE HARBOR.

Return Reference	Explanation
PART IV, LINE 2B, COLUMN A:	<p>THE 6-MONTH SPENDING EXCEPTION APPLIES TO THE BOND. OBLIGATED GROUP PNC BANK, NATIONAL ASSOCIATION AND BANK OF AMERICA, N.A., EACH HOLD PARITY NOTES OF CHKD'S OBLIGATED GROUP (INCLUDING CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED; CHILDREN'S HEALTH SERVICES, INC.; AND CHILDREN'S HEALTH FOUNDATION, INC.) ISSUED UNDER THE MASTER TRUST INDENTURE. ACCORDINGLY, PNC AND BANK OF AMERICA HAVE THE BENEFIT, ON A PARITY BASIS, OF A VALID AND PERFECTED, FIRST PRIORITY SECURITY INTEREST HELD BY THE MASTER TRUSTEE IN THE TOTAL REVENUES PLEDGED UNDER THE MASTER TRUST INDENTURE AND IN ANY OTHER SECURITY INTEREST GRANTED BY THE MASTER TRUST INDENTURE. THE MASTER TRUST INDENTURE AND THE FINANCING DOCUMENTS WITH PNC AND BANK OF AMERICA PLACE CERTAIN RESTRICTIONS UPON CHKD'S OBLIGATED GROUP RELATIVE TO OPERATING RATIOS, INCURRENCE OF ADDITIONAL INDEBTEDNESS, MAINTENANCE OF TAX-EXEMPT STATUS AND FINANCIAL REPORTING REQUIREMENTS.</p>

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS; Employer identification number: 54-0506321

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total \$

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WM JORDAN CO INC	ENTITY MORE THAN 35% OWNED BY JOHN LAWSON II, CURRENT BOARD MEMBER	39,219,428	CONSTRUCTION SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
PART V - SUPPLEMENTAL INFORMATION	All transactions with the company were negotiated at arm's length.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Employer identification number
54-0506321

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	X	10	6,375	CASH ON SALE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	30	1,801,657	AVG FMV ON DATE REC
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER)	X	179	138,485	AVG FMV ON DATE REC
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** 0

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

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

Return Reference	Explanation
SCHEDULE M, PART I, LINE 32A:	CHKD PAYS ABC VIRGINIA AUTO AUCTION, LLC A FEE TO AUCTION CARS FOR THE BENEFIT OF THE ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

54-0506321

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>PART I: DEDICATED TO THE MISSION OF PROVIDING THE BEST POSSIBLE CARE AND SERVICES FOR ALL CHILDREN WHO COME TO US BECAUSE OF SICKNESS AND INJURY. PART III: FOR MORE THAN 50 YEARS, CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS (CHKD) HAS BEEN THE ONLY FACILITY OF ITS KIND IN VIRGINIA, SERVING THE MEDICAL AND SURGICAL NEEDS OF CHILDREN THROUGHOUT THE STATE. ITS PRIMARY SERVICE AREA ENCOMPASSES GREATER HAMPTON ROADS, THE EASTERN SHORE OF VIRGINIA AND NORTHEASTERN NORTH CAROLINA, A REGION THAT IS HOME TO APPROXIMATELY 553,000 CHILDREN UNDER THE AGE OF 21. CHKD WAS ESTABLISHED AS AN 88-BED, NOT-FOR-PROFIT HOSPITAL IN 1961 BY THE KING'S DAUGHTERS, A WOMEN'S SERVICE ORGANIZATION DEDICATED TO THE HEALTH AND WELL BEING OF THE COMMUNITY'S INDIGENT CHILDREN. THE HOSPITAL HAS ALWAYS UPHELD THE CHARITABLE MISSION OF ITS FOUNDERS, AND IN FY2020, OVER 56 PERCENT OF ITS INPATIENT DAYS WERE COVERED BY MEDI CAID. OVER THE PAST 59 YEARS, CHKD HAS GROWN INTO A 206-BED TEACHING HOSPITAL THAT IS THE HEART OF AN EXTENSIVE PEDIATRIC HEALTH CARE SYSTEM. TODAY, THAT SYSTEM PROVIDES COMPREHENSIVE MEDICAL CARE TO CHILDREN AT THE HOSPITAL AND MULTI-SERVICE HEALTH CENTERS IN VIRGINIA BEACH, NEWPORT NEWS, CHESAPEAKE, HAMPTON, SUFFOLK, NORFOLK AND WILLIAMSBURG. ITS SERVICES INCLUDE EVERYTHING FROM WELLNESS AND PREVENTION INITIATIVES TO PRIMARY CARE, SURGERY AND REHABILITATION. MANY OF ITS UNIQUE SERVICES AND PROGRAMS ADDRESS PRESSING PUBLIC HEALTH NEEDS THAT WOULD OTHERWISE GO UNMET. LIKE HOSPITALS EVERYWHERE, CHKD SPENT MUCH OF 2020 FOCUS ED ON RESPONSE TO THE COVID-19 PANDEMIC, SWIFTLY RAMPING UP TESTING FOR COVID-19, TRACKING DOWN PERSONAL PROTECTIVE EQUIPMENT, CONSTRUCTING SCREENING AREAS, AND ESTABLISHING TREATMENT AND INFECTION CONTROL PROTOCOLS. THE HOSPITAL ALSO EXPANDED ITS TELEHEALTH OPTIONS, AND CONTINUED IMPORTANT WORK ON FACILITY IMPROVEMENTS, SUCH AS RENOVATION OF ITS 70-BED NEONATAL INTENSIVE CARE UNIT. THE HOSPITAL ALSO CONTINUED CONSTRUCTION OF A \$224 MILLION MENTAL HEALTH FACILITY, WHICH IS EXPECTED TO OPEN 2022. THE 14-STORY MENTAL HEALTH CENTER WILL HAVE 60 INPATIENT BEDS, INDOOR AND OUTDOOR EXERCISE AREAS, AND ROOMS FOR OUTPATIENT SERVICES. AS THE PREMIER PROVIDER OF HEALTHCARE SERVICES TO THE REGION'S CHILDREN, CHKD HAS SECURED A PLACE IN THE HEART OF THE COMMUNITY. THE HOSPITAL IS AN EAGER COLLABORATOR WITH OTHER COMMUNITY ORGANIZATIONS AND INSTITUTIONS THAT SHARE ITS CONCERN FOR THE WELL-BEING OF YOUNG PEOPLE AND OFFERS A VARIETY OF EDUCATION, RESEARCH AND HEALTH INITIATIVES TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN IN THIS COMMUNITY AND BEYOND. THE HEALTH SYSTEM'S PRIMARY SERVICES CENTER ON INPATIENT AND OUTPATIENT CARE, COMMUNITY OUTREACH PROGRAMS AND MEDICAL EDUCATION/RESEARCH. SECTION ONE: INPATIENT CARE CHILDREN WITH A VAST RANGE OF MEDICAL PROBLEMS - INCLUDING LIFE-THREATENING ILLNESSES AND INJURIES -- TURN TO CHKD FOR INPATIENT CARE. IN FY20, CHKD HAD 5,099 ADMISSIONS RESULTING IN 46,611 PATIENT DAYS. APPROXIMATELY 56 PERCENT OF THESE DAYS WERE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>COVERED BY MEDICAID. CHKD HAS 206 INPATIENT BEDS, AND ALMOST HALF OF THOSE ARE FOR PEDIATRIC INTENSIVE CARE. THE HOSPITAL IS HOME TO THE REGION'S HIGHEST LEVEL NEONATAL INTENSIVE CARE UNIT, WHERE EACH YEAR CRITICALLY ILL NEWBORNS, SOME AS YOUNG AS 22 WEEKS GESTATION, BENEFIT FROM A UNIQUE COMBINATION OF ADVANCED MEDICAL TECHNOLOGY, DEVELOPMENTAL CARE, FAMILY SUPPORT, AND PALLIATIVE CARE. IN SEPTEMBER 2020, A RENOVATION OF THE NICU WAS COMPLETED CREATING 50 PRIVATE ROOMS AND 10 SEMI-PRIVATE ROOMS TO CREATE A MORE INDIVIDUALIZED AND FAMILY-CENTERED APPROACH, GIVING FAMILIES MORE PRIVACY TO BOND WITH THEIR BABIES. THERE WERE APPROXIMATELY 478 ADMISSIONS TO THE NICU IN FY20. THE REGION'S LARGEST AND MOST EXPERIENCED PEDIATRIC INTENSIVE CARE UNIT IS AT CHKD. IN THIS UNIT, A FULL-TIME STAFF OF BOARD-CERTIFIED PEDIATRIC INTENSIVE CARE PHYSICIANS, CRITICAL CARE NURSES AND RESPIRATORY THERAPISTS PROVIDE EXTREMELY SOPHISTICATED, TECHNOLOGICALLY-ADVANCED CARE TO CHILDREN WITH LIFE-THREATENING INJURIES AND ILLNESSES. MEDICAL CARE IS SUPPLEMENTED WITH SUPPORT FROM CHILD LIFE SPECIALISTS, SOCIAL WORKERS AND CHAPLAINS WHO HAVE EXTENSIVE EXPERIENCE HELPING FAMILIES THROUGH THE TRAUMA AND STRESS OF A SEVERE ILLNESS OR INJURY IN A CHILD. THERE WERE 1,413 ADMISSIONS TO OUR PICU IN FY20. MANY PATIENTS ARE BROUGHT FROM OTHER AREA HOSPITALS TO CHKD BY THE HOSPITAL'S NEONATAL/PEDIATRIC TRANSPORT PROGRAM, WHICH OPERATES OUT OF FOUR FULLY-EQUIPPED MOBILE INTENSIVE CARE UNITS. TWO CRITICAL CARE TRANSPORT TEAMS ARE AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK TO ALL AREA MEDICAL FACILITIES THAT NEED TO SEND SICK OR INJURED CHILDREN TO CHKD. CHKD TRANSPORT TEAMS ARE EQUIPPED AND TRAINED TO TRANSPORT ALL TRAUMA PATIENTS UNDER THE AGE OF 15 TO CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS FOR SPECIALIZED PEDIATRIC TRAUMA CARE. ONE ACUTE CARE TRANSPORT TEAM IS STAFFED DAILY WITH TWO PARAMEDICS TO PROVIDE TRANSPORT TO PEDIATRIC PATIENTS THROUGHOUT THE COMMUNITY, SERVING URGENT CARE FACILITIES AS WELL AS EMERGENCY ROOMS WITHIN THE TIDEWATER REGION. EACH CRITICAL CARE TRANSPORT CALL IS ANSWERED BY A NEONATAL/PEDIATRIC CRITICAL CARE NURSE, A REGISTERED RESPIRATORY THERAPIST AND A CERTIFIED EMT PARAMEDIC TRAINED IN NEONATAL/PEDIATRIC CARE. IN FY20, THE TEAM TRANSPORTED 1,808 PATIENTS. OF THOSE, 243 WERE NEWBORNS COMING TO OUR NEONATAL INTENSIVE CARE UNIT. CHKD'S TRANSPORT SERVICE IS ALSO UNDER CONTRACT TO THE NAVAL MEDICAL CENTER, PORTSMOUTH, TO PROVIDE ALL NEONATAL AND PEDIATRIC MILITARY TRANSPORTS IN THE REGION. BESIDES GROUND TRANSPORTS IN OUR MOBILE ICUS OR ACUTE CARE TRANSPORT, THE TEAM CAN RESPOND VIA FIXED WING AIRCRAFT OR HELICOPTER TRANSPORT WHEN MEDICALLY NECESSARY. CHKD TRANSFER CENTER IS STAFFED WITH PARAMEDICS WHO OPERATE TO ENSURE APPROPRIATE DISPATCH SERVICES TO THE TRANSPORT TEAM AS WELL AS TO DELIVER ASSISTANCE AND SUPPORT FOR REFERRAL FACILITIES AND STAFF THROUGHOUT THE COMMUNITY.</p>

990 Schedule O, Operational Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>CHKD OPERATES THE REGION'S ONLY PEDIATRIC SURGERY PROGRAM, OFFERING YOUNG PEOPLE STATE-OF-THE-ART TREATMENT IN A SUPPORTIVE, NON-THREATENING ENVIRONMENT CREATED EXCLUSIVELY TO MEET THEIR NEEDS. IN FY20, SURGEONS PERFORMED 12,556 SURGERIES AT CHKD FACILITIES FOR A VAST RANGE OF PROBLEMS, FROM THE SIMPLEST OUTPATIENT PROCEDURES TO COMPLEX CRANIOFACIAL, ORTHOPEDIC AND CHEST WALL SURGERIES. CHKD'S CARDIAC SURGERY PROGRAM IS PART OF A REGIONAL COLLABORATIVE BETWEEN CHKD AND THE UNIVERSITY OF VIRGINIA. CHKD AND UVA COMBINE THE EFFORTS OF PEDIATRIC CARDIOLOGISTS, CARDIAC SURGEONS, CARDIAC ANESTHESIOLOGISTS, INTENSIVE CARE PHYSICIANS AND CARDIAC SUPPORT PROFESSIONALS FROM BOTH INSTITUTIONS WITH THE GOAL OF IMPROVING OUTCOMES FOR CHILDREN WITH COMPLEX CONGENITAL HEART DEFECTS. (SEE OUTPATIENT SERVICES AND PROGRAMS FOR MORE INFORMATION OF CHKD'S SURGERY PROGRAM.) CHKD EMPLOYS DOZENS OF PROFESSIONALS WHO PROVIDE EMOTIONAL, RECREATIONAL, SPIRITUAL AND PRACTICAL SUPPORT TO CHILDREN AND FAMILIES DURING HOSPITALIZATIONS. THE WORK OF THESE PROFESSIONALS COMPLEMENTS OUR EXPERT MEDICAL CARE TO CREATE A UNIQUE TREATMENT AND HEALING ENVIRONMENT FOR CHILDREN AND THEIR FAMILIES. OUR CHAPLAINCY SERVICES PROVIDE EMOTIONAL SUPPORT, PASTORAL CARE, ETHICAL REFLECTION, BEREAVEMENT RESOURCES/FOLLOW-UP (INCLUDING PARENT AND CHILD SUPPORT GROUP), SPIRITUAL ASSESSMENT AND GUIDANCE TO PATIENTS, FAMILIES AND STAFF WITH IN-HOSPITAL PRESENCE SEVEN DAYS A WEEK AND WITH 24-HOUR ON-CALL AVAILABILITY. CHAPLAINS ASSIST WITH ADVANCE DIRECTIVES AND SERVE ON THE TRAUMA TEAM AS PRIMARY PROVIDERS OF FAMILY SUPPORT. THE HOSPITAL EMPLOYS A CHAPLAINCY MANAGER, THREE FULL-TIME CHAPLAINS, ONE FULL-TIME FAMILY/STAFF SUPPORT COORDINATOR, AND FOUR PER-DIEM CHAPLAINS WHO REFLECT THE DIVERSITY OF THE COMMUNITY AND ARE PROFESSIONALLY TRAINED TO MEET THE VARIED SPIRITUAL NEEDS OF FAMILIES AND STAFF WITH RESPECT AND COMPASSION. THE CHAPLAINS ALSO FACILITATE EDUCATIONAL PROGRAMS FOR HOSPITAL STAFF AND PHYSICIANS, AS WELL AS PLANNING AND PARTICIPATING IN OUTREACH TO THE COMMUNITY. THE HOSPITAL EMPLOYS 16 CHILD LIFE STAFF MEMBERS, INCLUDING AN ART AND MUSIC THERAPIST, WHO HELP CHILDREN ADJUST AND COPE DURING HOSPITALIZATION. THEIR GOAL IS TO MAKE THE CHILD'S HOSPITAL EXPERIENCE AS NORMAL AS POSSIBLE BY DEVELOPING SUPPORTIVE RELATIONSHIPS WITH PATIENTS AND FAMILIES, PROVIDING AGE-APPROPRIATE PREPARATION FOR MEDICAL PROCEDURES, COPING STRATEGIES AND PLAY OPPORTUNITIES FOR CHILDREN TO RELIEVE STRESS. BEFORE THE CORONAVIRUS PANDEMIC CHILD LIFE STAFF MEMBERS ALSO SCHEDULE AND FACILITATE COMMUNITY GROUP VISITORS TO THE HOSPITAL AND MANAGE APPROXIMATELY 100 VOLUNTEERS WEEKLY. ONCE THE PANDEMIC SET IN, WE TEMPORARILY SUSPENDED IN HOSPITAL VOLUNTEERS AND CONTINUE TO HAVE COMMUNITY MEMBER VISITS ON HOLD. THERE ARE THREE POPULAR ACTIVITY AREAS THROUGHOUT THE HOSPITAL, PROVIDING HOSPITALIZED CHILDREN OPPORTUNITIES FOR SOCIALIZATION AND CREATIVE PLAY. CHILD LIFE ASSISTANTS WORK WITH CHKD'S VOLUNTEER SERVICES DIVISION TO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MANAGE THE HOSPITAL'S POPULAR PET THERAPY PROGRAM -- THE BUDDY BRIGADE -- WHICH BRINGS VISITS OF DOG/HANDLER TEAMS TO THE HOSPITAL SEVERAL TIMES EACH WEEK. THE BUDDY BRIGADE VISITS WENT TO A VIRTUAL PLATFORM DURING THE PANDEMIC, WHICH ACTUALLY ALLOWED INCREASED ACCESSIBILITY TO ALL HOSPITALIZED PATIENTS NO MATTER DIAGNOSIS, ISOLATION, OR FEVER STATUS. CHILD LIFE STAFF MEMBERS COLLABORATE WITH OTHER HOSPITAL STAFF TO PROVIDE SUPPORT FOR PARENTS AND SIBLINGS, OFFERING AN ANNUAL TEDDY BEAR CLINIC, WEEKLY CLOSED-CIRCUIT TV BINGO, INPATIENT DEVELOPMENTAL SCREENINGS, AND A KIDS-AS-PARTNERS ADVISORY COUNCIL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>CHKD'S MENTAL HEALTH SERVICE LINE IS COMPRISED OF ONE MANAGER, ONE OFFICE SUPERVISOR, 16 FULL-TIME MEDICAL SOCIAL WORKERS AND TWO PER DIEM SOCIAL WORKERS. ALL OF THE MEDICAL SOCIAL WORKERS HOLD MASTER'S DEGREES IN SOCIAL WORK. THERE ARE TWO LICENSED CLINICAL SOCIAL WORKERS IN THE DEPARTMENT. THIRTEEN SOCIAL WORKERS ARE IN SUPERVISION WORKING TOWARD CLINICAL LICENSURE. THE PRIMARY FOCUS OF THE MEDICAL SOCIAL WORK TEAM IS BIOPSYCHOSOCIAL EVALUATION , SUPPORT TO FAMILIES, CRISIS INTERVENTION, CONNECTION TO RESOURCES AND SUPPORTING ADJUSTMENT TO ILLNESSES AND HELPING TO MITIGATE THE STRESS OF HOSPITALIZATION. THE MEDICAL SOCIAL WORK TEAM PROVIDES MANY SERVICES, INCLUDING: * CONDUCT BIOPSYCHOSOCIAL AND BEHAVIORAL ASSESSMENTS. * PROVIDE SUPPORT DURING HOSPITALIZATION TO CHKD PATIENTS AND FAMILIES DEALING WITH TRAUMA, CHRONIC ILLNESS AND LOSS. * REFER TO CHKD'S ELIGIBILITY WORKERS TO COMPLETE APPLICATIONS FOR INSURANCE COVERAGE FOR MEDICAL CARE, PRESCRIPTIONS, AND MEDICAL SUPPLIES. * COORDINATE REFERRALS AND ONGOING COMMUNICATIONS TO OTHER COMMUNITY RESOURCES FOR ASSISTANCE WITH NEEDS SUCH AS HOUSING, MENTAL HEALTH COUNSELING, EDUCATIONAL ADVOCACY, LEGAL ASSISTANCE AND MUCH MORE. * AID IN COMMUNICATION WITH FAMILIES WITH THE MEDICAL TREATMENT TEAMS BY COORDINATING PATIENT CARE CONFERENCES AND TEAM MEETINGS. * EVALUATE AND REPORT SUSPICION FOR CHILD ABUSE/NEGLECT. MEDICAL SOCIAL WORKERS ALSO FACILITATE A VARIETY OF SUPPORT GROUPS THAT HELP PATIENTS AND FAMILIES CONNECT WITH OTHERS IN THE COMMUNITY WHO SHARE THEIR CHALLENGES. SOME EXAMPLES ARE SIBSHOPS, HEALTHY MOMMY HEALTHY BABY, DINE AND DISCOVER FOR NICU FAMILIES. THE MEDICAL SOCIAL WORK TEAM MANAGES THE HALO FUND AND BUTTERFLY BLESSINGS FUND WHICH ASSIST PATIENTS AND PARENTS WITH COSTS ASSOCIATED WITH TRANSPORTATION, MEALS, MEDICATIONS AND OTHER DISCHARGE-RELATED NEEDS. THESE DONATED FUNDS MAY ALSO BE USED IN EMERGENCY SITUATIONS TO ASSIST WITH SPECIAL HEALTHCARE NEEDS, LIKE PARTIAL OR ONE-TIME PAYMENTS FOR UTILITIES NECESSARY TO SUPPORT A PATIENT IN THE HOME FOLLOWING A DISCHARGE. THESE FUNDS HELPED MORE THAN 2,600 FAMILIES IN FY20. THE MENTAL HEALTH THERAPY TEAM PROVIDES OUTPATIENT AND HOSPITAL SUPPORT TO PATIENTS WHO PRESENT TO OUR ED OR WHO ARE ADMITTED FOR MEDICAL REASONS BUT ALSO HAVE CONCURRENT MENTAL HEALTH CONCERNS. IN ADDITION, WE PROVIDE OUTPATIENT EVIDENCE BASED THERAPY AT SEVEN LOCATIONS IN VIRGINIA BEACH, CHESAPEAKE, NORFOLK, AND NEWPORT NEWS. THREE NEW CHILD AND ADOLESCENT PSYCHIATRISTS (CAPS) WERE ADDED TO THE MENTAL HEALTH TEAM DURING FY20 AND EARLY FY21 BRINGING OUR TOTAL NUMBER OF CAPS TO EIGHT. ALSO, IN SEPTEMBER OF 2019, WE BROKE GROUND FOR A 14-STORY MEDICAL BUILDING WHICH WILL PROVIDE 60 INPATIENT BEDS FOR ACUTE MENTAL HEALTH CARE, EXPANDED OUTPATIENT SERVICES, INCLUDING PARTIAL HOSPITALIZATION PROGRAMS AND INTENSIVE OUTPATIENT SERVICES WHEN THE BUILDING OPENS IN 2022. WE ARE OPERATING A COMPREHENSIVE CONSULT SERVICE AT THE MAIN HOSPITAL FOR MEDICALLY COMPROMISED CHILDREN WITH A</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>MENTAL HEALTH DIAGNOSIS. IN MARCH OF 2020, WE OPENED AN OUTPATIENT CRISIS "BRIDGE" CLINIC TO EXTEND OUR SERVICES TO KIDS WHO ARE NOT CONNECTED TO A PROVIDER AS THEY ARE WAITING TO CONNECT TO OUTPATIENT SERVICES. WE EXPANDED OUR OUTPATIENT WORKFORCE BY ADDING ADDITIONAL PSYCHOLOGISTS AND MENTAL HEALTH THERAPISTS. IN FY20, WE HIRED A DIRECTOR OF NURSING FOR MENTAL HEALTH, A CHIEF AND VICE CHIEF OF PSYCHIATRY, AND A VICE PRESIDENT OF MENTAL HEALTH OPERATIONS TO ROUND OUT OUR GROWING TEAM. WE HAVE PLANS TO OPEN INTENSIVE OUTPATIENT PROGRAMS IN THE FALL OF 2021 IN VIRGINIA BEACH AND NEWPORT NEWS PENDING LICENSURE APPLICATIONS. WE CONTINUE TO TRAIN AND EDUCATE OUR TEAM ON EVIDENCE-BASED RESEARCH AND SUPPORTED-CARE DELIVERY. WE'VE ADDED DIALECTICAL BEHAVIOR THERAPY IN ADDITION TO TRAINING SEVERAL MORE CLINICIANS IN OTHER EVIDENCE-BASED TREATMENTS. WE HAVE ALSO PARTNERED WITH OUR COMMUNITY ON SEVERAL FOUNDATION GRANTS TO SUPPORT SCHOOLS, HOUSING REDEVELOPMENTS, AND PEDIATRIC INTEGRATION OF CARE FOR EARLY CHILDHOOD CONSULTATION. WE ARE THE EASTERN REGION'S PARTNER FOR THE VIRGINIA MENTAL HEALTH ACCESS PROGRAM, WHICH WAS FULLY FUNDED THROUGH THE STATE BUDGET. THE TEAM COLLABORATES WITH THE CHILD'S PEDIATRICIAN, PSYCHIATRIC PROVIDER, SPECIALIST AND FAMILY TO ENSURE THE CHILD RECEIVES COMPREHENSIVE AND INTEGRATED SUPPORT. AMONG THE SERVICES OUR MENTAL HEALTH TEAM PROVIDES ARE THE FOLLOWING: * CONDUCT PSYCHOSOCIAL HISTORY AND MENTAL HEALTH ASSESSMENTS OF PATIENTS: OUTPATIENT, ED, AND IN-HOUSE. * UTILIZE EVIDENCE-BASED PRACTICES TO OFFER BRIEF THERAPY TO IN-HOUSE PATIENTS BY PHYSICIAN REFERRAL TO ADDRESS ACUTE OR CHRONIC MENTAL HEALTH ISSUES. * OFFER INDIVIDUALIZED BEHAVIOR PLANS FOR CHILDREN WITH MEDICAL AND BEHAVIORAL ISSUES ADMITTED TO CHKD FOR THEIR MEDICAL CONDITION. * PROVIDE OUTPATIENT MENTAL HEALTH SERVICES UTILIZING EVIDENCE-BASED TREATMENT (COGNITIVE BEHAVIORAL THERAPY, PARENT CHILD INTERACTION THERAPY, TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY, FAMILY BASED THERAPY FOR ANOREXIA NERVOSA, BEHAVIORAL THERAPY FOR CHILDREN WITH AUTISM SPECTRUM DISORDER AND OTHER NEURODEVELOPMENTAL CONDITIONS, EMDR, AND A GROUP THERAPY CALLED SPARCS (STRUCTURE PSYCHOTHERAPY FOR ADOLESCENTS RESPONDING TO CHRONIC STRESS) INCLUDING INDIVIDUAL, FAMILY AND GROUP. * HELP PATIENTS AND FAMILIES DEAL WITH SITUATIONAL CRISES RESULTING FROM ACCIDENT, ILLNESS OR TRAUMA. * 24-HOUR COVERAGE BY A LICENSED CLINICIAN OR SUPERVISOR FOR NIGHTS, WEEKENDS AND HOLIDAYS. THE CHKD'S CULTURAL/LANGUAGE SERVICES DEPARTMENT MEETS THE NEEDS OF PATIENTS AND FAMILIES WITH LIMITED ENGLISH PROFICIENCY BY COORDINATING ACCESS TO LANGUAGE INTERPRETATION VIA FACE-TO-FACE, OVER THE PHONE AND VIDEO REMOTE INTERPRETATION THROUGHOUT THE HEALTH SYSTEM. IN FY20, CHKD PROVIDED INTERPRETATION SERVICES IN 50 DIFFERENT LANGUAGES FOR OUR LIMITED ENGLISH POPULATION THROUGH 15,597 OUTPATIENT VISITS, A 17% INCREASE FROM THE PREVIOUS YEAR. ON AVERAGE, 88% OF OUR LIMITED ENGLISH PROFICIENT PATIENTS AND FAMILIES SPEAK SPAN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ISH. TO MEET THIS DEMAND, IN ADDITION TO OVER THE PHONE INTERPRETATION AND VIDEO REMOTE INTERPRETATION AVAILABLE THROUGHOUT CHKDHS, THE LANGUAGE SERVICES DEPARTMENT CONSISTS OF 3 SPANISH MEDICAL INTERPRETERS AT THE MAIN HOSPITAL. ADDITIONALLY, THE HEALTH SYSTEM RELIED ON THE ASSISTANCE OF 17 DUAL ROLE BILINGUAL STAFF WHO PROVIDED MEDICAL INTERPRETATION IN THEIR ASSIGNED AREAS. DURING FY20 LANGUAGE SERVICES STAFF DIRECTLY ASSISTED IN 7,480 PATIENT ENCOUNTERS AT THE MAIN HOSPITAL AND 63 DOCUMENT TRANSLATIONS. AS THE REGIONAL PROVIDER OF PEDIATRIC CARE, CHKD IS AN INTEGRAL PART OF THE COMMUNITY'S NATURAL OR MAN-MADE DISASTER PLANNING EFFORTS. CHKDHS RECOGNIZES THE IMPORTANCE OF A NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) COMMUNITY-INTEGRATED, ALL-HAZARD EMERGENCY OPERATIONS PLAN. THIS PLAN IS PREPARED, EXERCISED AND SHARED INTERNALLY AND EXTERNALLY WITH COMMUNITY, STATE AND FEDERAL EMERGENCY RESPONSE AGENTS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>SECTION TWO: OUTPATIENT SERVICES AND PROGRAMS CHKD ALSO OFFERS THE COMMUNITY MANY IMPORTANT PEDIATRIC SERVICES ON AN OUTPATIENT BASIS. IN FY20, CHILDREN MADE APPROXIMATELY 607,744 OUTPATIENT VISITS TO CHKD PEDIATRICIANS, SURGEONS AND SPECIALTY CLINICS. THEY MADE 387,561 VISITS TO THE PRIMARY CARE PEDIATRICIANS OF CHKD'S MEDICAL GROUP, WHICH OFFERS CARE IN 20 PRACTICES AND 31 OFFICES THROUGHOUT OUR SERVICE AREA. CHKD'S SURGICAL SPECIALTY GROUP MAKES THE SERVICES OF THE REGION'S ONLY PEDIATRIC GENERAL, UROLOGICAL, CARDIAC, NEUROSURGICAL, PLASTIC AND ORTHOPEDIC SURGEONS AVAILABLE TO THOUSANDS OF CHILDREN WHO MIGHT OTHERWISE HAVE TO TRAVEL OUTSIDE OF THE AREA FOR SURGERY. CHILDREN MADE 41,083 VISITS TO THE SURGICAL GROUP PRACTICES IN FY20. THE SURGEONS PERFORMED 5,154 SURGICAL CASES. THE HOSPITAL ALSO PROVIDES CARE TO CHILDREN FACING HEALTH CONDITIONS SUCH AS CANCER, GENETIC DISORDERS, OBESITY, HEART PROBLEMS, DEVELOPMENTAL DISABILITIES, ASTHMA/ALLERGIES AND DIABETES THROUGH MORE THAN 50 OUTPATIENT SPECIALTY CLINICS OFFERING SPECIALIZED PEDIATRIC CARE. IN FY20, CHILDREN MADE 179,100 VISITS TO OUR OUTPATIENT CLINICS. CHILDREN'S HOSPITAL WAS FOUNDED ON THE PREMISE THAT ALL CHILDREN DESERVE EQUAL ACCESS TO QUALITY PEDIATRIC CARE. AS OUR POPULATION GREW AND SETTLED INTO THE FAR CORNERS OF OUR BRIDGE-AND TUNNEL-LACED REGION, TRAVEL TO CHKD'S MAIN FACILITY IN NORFOLK BECAME MORE OF A HARDSHIP FOR FAMILIES. TO EASE THAT BURDEN AND IMPROVE CHILDREN'S ACCESS TO CARE IN EVERY CORNER OF OUR SERVICE AREA, CHKD HAS ESTABLISHED MULTI-SERVICE HEALTH CENTERS IN STRATEGIC LOCATIONS. THESE INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING: * THE CHKD HEALTH AND SURGERY CENTER AT OYSTER POINT OFFERS FAMILIES WHO LIVE NORTH OF THE HAMPTON ROADS BRIDGE TUNNEL A WEALTH OF IMPORTANT SERVICES IN A CONVENIENT LOCATION. THE CENTER IS HOME TO THE REGION'S FIRST PEDIATRIC AMBULATORY SURGERY CENTER. OTHER SERVICES OFFERED AT THE SITE INCLUDE PRIMARY, SURGICAL AND SUB-SPECIALTY PEDIATRICS; LAB AND RADIOLOGY (INCLUDING ULTRASOUND AND MRI), AUDIOLOGY TESTING AND OCCUPATIONAL, SPEECH AND PHYSICAL THERAPY. AQUATIC THERAPY AND CHILD ABUSE PROGRAM SERVICES ARE ALSO AVAILABLE THERE. * THE CHKD HEALTH CENTER AND URGENT CARE AT TECH CENTER IS HOME TO THE PENINSULA'S ONLY PEDIATRIC URGENT CARE AS WELL AS THE CENTER FOR PEDIATRIC SLEEP MEDICINE, X-RAY, LAB, PHYSICAL MEDICINE AND REHABILITATION, RHEUMATOLOGY, AND SPORTS MEDICINE PRIMARY CARE, PHYSICAL THERAPY, AND PERFORMANCE TRAINING. * THE CHKD HEALTH CENTER AT OAKBROOK SERVES FAMILIES IN CHESAPEAKE AND NORTHEASTERN NORTH CAROLINA. IT IS HOME TO A PRIMARY CARE PEDIATRIC PRACTICE; PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY; X-RAY AND LAB SERVICES, A SPORTS MEDICINE GYM, SLEEP STUDIES UNIT AND THERAPY POOL, AS WELL AS CLINIC SPACE FOR A VARIETY OF PEDIATRIC SPECIALISTS AND SURGEONS PROVIDING EVALUATION, TREATMENT AND FOLLOW-UP. * THE CHKD HEALTH AND SURGERY CENTER AT PRINCESS ANNE SERVES THE GROWING MEDICAL NEEDS OF FAMILIES IN VIRGINIA BEACH. T</p>

990 Schedule O, Operational Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>THE CENTER IS HOME TO VIRGINIA BEACH'S FIRST AMBULATORY SURGERY CENTER EXCLUSIVELY FOR CHILDREN. BEACH FAMILIES CAN ALSO FIND PRIMARY CARE PEDIATRICIANS AND IN-HOUSE LAB AND RADIOLOGY SERVICES - INCLUDING MRI - AT THE CENTER. OTHER SERVICES INCLUDE SPECIALTY CARE PEDIATRICS FOR HELP WITH CHRONIC PROBLEMS SUCH AS DIABETES. THIS YEAR, A THIRD OPERATING ROOM WAS ADDED TO THIS LOCATION TO SUPPORT THE PEDIATRIC DENTAL NEEDS OF THE COMMUNITY. IT WAS BUILT AND DESIGNED ACCORDING TO THE INPUT FROM COMMUNITY DENTISTS. * THE CHKD HEALTH CENTER AND URGENT CARE AT LANDSTOWN IS LOCATED JUST DOWN THE ROAD FROM CONCERT DRIVE AND OFFERS DEDICATED VIRGINIA BEACH SPACE FOR CHKD URGENT CARE AND ADOLESCENT SERVICES SUCH AS SPORTS MEDICINE, DERMATOLOGY AND GYNECOLOGY. * THE CHKD HEALTH CENTER AND URGENT CARE AT LOEHMANN'S SERVES THE NORTHERN AND MIDDLE VIRGINIA BEACH REGION AND IS HOME TO CHKD URGENT CARE, SPORTS MEDICINE (PRIMARY CARE) AND THERAPY, SPORTS PERFORMANCE TRAINING AND PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY. * THE CHKD HEALTH CENTER AT BUTLER FARM OFFERS PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, AND SPORTS MEDICINE PHYSICAL THERAPY TO CHILDREN AND TEENS ON THE PENINSULA. DEVELOPMENTAL PEDIATRICS ALSO HOSTS A WHEELCHAIR CLINIC AT THIS LOCATION. * THE CHKD HEALTH CENTER AT HARBOUR VIEW NORTH OFFERS SPECIALIZED PEDIATRIC CARE TO FAMILIES IN SUFFOLK. THE SITE OFFERS APPOINTMENTS IN PEDIATRIC DERMATOLOGY, ALLERGY, GASTROENTEROLOGY, CARDIOLOGY AND NEPHROLOGY, AS WELL AS DEVELOPMENTAL PEDIATRICS. * THE CHKD HEALTH CENTER AT LIGHTFOOT OFFERS FAMILIES IN THE NORTHERN CORNER OF OUR SERVICE AREA APPOINTMENTS IN PEDIATRIC CARDIOLOGY, NEPHROLOGY, GYNECOLOGY, PHYSICAL MEDICINE AND REHABILITATION, REHABILITATIVE THERAPIES, SPORTS MEDICINE AND UROLOGY. CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS OPERATES THE REGION'S ONLY PEDIATRIC URGENT CARE. PARENTS OF CHILDREN WITH URGENT, BUT NOT EMERGENT MEDICAL NEEDS, NOW HAVE ACCESS TO QUALITY MEDICAL CARE JUST FOR KIDS AFTER-HOURS, ON WEEKENDS AND HOLIDAYS. IN FY20, CHILDREN MADE 78,044 VISITS TO CHKD URGENT CARE CENTERS IN CHESAPEAKE, VIRGINIA BEACH AND NEWPORT NEWS. CHKD'S CHILD ABUSE PROGRAM COORDINATES THE REGION'S EFFORTS TO ACCURATELY IDENTIFY, TREAT AND PROTECT SUSPECTED VICTIMS OF ABUSE AND NEGLECT. THE PROGRAM PROVIDES COMPREHENSIVE ASSESSMENT, EVALUATION AND TREATMENT SERVICES, INCLUDING CASE MANAGEMENT, AN ARRAY OF EVIDENCE-BASED MENTAL HEALTH SERVICES, FORENSIC INTERVIEWING, MEDICAL EXAMINATIONS AND CONSULTATIONS, WHICH INCLUDE 24/7 COVERAGE OF ACUTE SEXUAL ASSAULTS OF CHILDREN. THE PROGRAM ALSO HELPS COORDINATE THE EFFORTS OF INVESTIGATIVE AGENCIES INVOLVED IN THE INVESTIGATION AND PROSECUTION OF ABUSE. OVER FOUR YEARS AGO WE STARTED A PROGRAM TO HELP ACCURATELY IDENTIFY AND PROVIDE ASSISTANCE AND TREATMENT TO COMMERCIALY SEXUALLY EXPLOITED CHILDREN (CSEC). SINCE LAUNCHING OUR PROGRAM AND CSEC MDT WE HAVE SEEN A SHARP INCREASE IN THE NEED FOR SERVICES FOR THIS POPULATION. WE HAVE CREATED A SURVIVOR-LEAD MENTORING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>G PROGRAM, AND OUR TEAM OFTEN COORDINATES WITH FEDERAL AND LOCAL INVESTIGATORS AS WELL AS JUVENILE COURT SERVICES AND MEDICAL AND MENTAL HEALTH PROVIDERS. IN JANUARY 2020, THE PROGRAM BECAME THE BACKBONE AGENCY FOR THE HAMPTON ROADS TRAUMA INFORMED COMMUNITY NETWORK (HR TICN). THE NETWORK EXISTS TO PROMOTE AN UNDERSTANDING OF HOW TRAUMA AFFECTS INDIVIDUALS AND COMMUNITIES, AND TO ADVOCATE PRACTICES THAT HELP ALL PEOPLE REACH THEIR FULL POTENTIAL. DURING FY20, PROFESSIONALS AT THE PROGRAM PROVIDED SERVICES FOR 1,544 CHILDREN AND THEIR FAMILIES. COMMUNITY PARTNERS CONTINUE TO INCREASE THEIR REFERRALS TO OUR PROGRAM DUE TO HAVING POSITIVE OUTCOMES FOR THEIR INVESTIGATIONS AND KNOWING CHILDREN RECEIVE APPROPRIATE TREATMENT. IN ADDITION TO THE MAIN CENTER IN NORFOLK, SERVICES ARE ALSO AVAILABLE AT CHKD'S OUTPATIENT CENTERS IN VIRGINIA BEACH AND NEWPORT NEWS. TO ACCURATELY REFLECT OUR MISSION AND SERVICES, ALIGN WITH CHKD AND OUR ACCREDITING BODY, THE NATIONAL CHILDREN'S ALLIANCE, AND REDUCE THE STIGMA OF SEEKING HELP FOR ABUSE, ON JANUARY 1, 2021, THE CHILD ABUSE PROGRAM WILL OFFICIALLY CHANGE ITS NAME TO CHKD CHILD ADVOCACY CENTER. THE EPIDEMIC OF CHILDHOOD OBESITY CONTINUES TO BE A CONCERN AND FOCUS AREA FOR CHKD. IN ORDER TO ADDRESS THIS CRITICAL ISSUE, IN 2001, CHKD ESTABLISHED A COMPREHENSIVE PROGRAM CALLED HEALTHY YOU FOR LIFE THAT IS OFFERED TO CHILDREN AGES 3 THROUGH HIGH SCHOOL. HEALTHY YOU FOR LIFE OFFERS A MULTI DISCIPLINARY TEAM APPROACH THAT PROVIDES CLINICAL AND PSYCHOLOGICAL EVALUATION AND TREATMENT PLANNING FOR INDIVIDUALS EITHER IN PERSON OR BY TELEMEDICINE VISITS. THE PROGRAM'S STAFF INCLUDES PHYSICIANS, NURSE PRACTITIONERS, REGISTERED DIETITIANS, LICENSED CLINICAL SOCIAL WORKERS AND EXERCISE PHYSIOLOGIST. THE HEALTHY YOU FOR LIFE PROGRAM ALSO OFFERS INDIVIDUAL COUNSELING SESSIONS. IN FY20 THE TEAM CONDUCTED NEARLY 2,000 VISITS COVERING 90 ZIP CODES. MOVING INTO THE NEW FISCAL YEAR, THE TEAM IS CONTINUING TO USE TELEMEDICINE AS A WAY TO IMPROVE ACCESS TO A BEHAVIORAL HEALTH COUNSELOR TO ADDRESS PSYCHO-SOCIAL STRESSORS MANY PATIENTS EXPERIENCE. MIDDLE SCHOOL AND HIGH SCHOOL GROUP THERAPY SESSIONS HAVE BEEN INITIATED VIA TELEHEALTH TO HELP PRE-TEEN AND TEENAGERS FEEL CONNECTED AND SUPPORTED DURING THE PANDEMIC. PERSONAL TRAINING IS ALSO OFFERED FOR INTERESTED PATIENTS. HEALTHY YOU CONTINUES TO PARTNER WITH VARIOUS COMMUNITY ORGANIZATIONS TO EDUCATE AND ENCOURAGE HEALTHY LIFESTYLES FOR CHRONICALLY OBESE CHILDREN AND THEIR FAMILIES IN HAMPTON ROADS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONT'D)	<p>CHKD'S DIABETES EDUCATION PROGRAM HELPS APPROXIMATELY 1,300 LOCAL CHILDREN WHO LIVE WITH THE CHRONIC DISEASE. THREE CERTIFIED DIABETES EDUCATORS, A SOCIAL WORKER, A REGISTERED DIETITIAN AND OFFICE COORDINATOR HELP PATIENTS AND FAMILIES AT THE ONSET OF THE DISEASE AND UNTIL ADULTHOOD. THE DIABETES CENTER PROVIDES INPATIENT AND OUTPATIENT CLINICAL MANAGEMENT, DIABETES EDUCATION, SUPPORT GROUPS, AND PROFESSIONAL AND COMMUNITY EDUCATION PROGRAMS. A TRANSITION PROGRAM HELPS THE OLDER TEENS AND YOUNG ADULTS BEGIN TRANSFERRING CARE TO ADULT PROVIDERS IN THE COMMUNITY. CHILDREN MADE 716 VISITS TO THE DIABETES CENTER IN FY20. THE CHILDREN'S CANCER AND BLOOD DISORDERS CENTER PROVIDES CARE TO YOUNG PEOPLE WITH CANCER, SICKLE CELL DISEASE, BLEEDING AND OTHER BLOOD DISORDERS THROUGH TREATMENT PROGRAMS THAT ENCOMPASS CHILDREN'S PHYSICAL, EMOTIONAL AND EDUCATIONAL NEEDS AND INCORPORATES THE WHOLE FAMILY. PATIENTS MADE 8,293 VISITS TO THE CENTER IN FY20. CHKD IS THE ONLY EMERGENCY DEPARTMENT AND LEVEL 1 TRAUMA CENTER EXCLUSIVELY SERVING CHILDREN AND THEIR FAMILIES IN THE SOUTHEAST REGION OF VIRGINIA. IN FY20, CHILDREN MADE 48,288 VISITS TO OUR EMERGENCY CENTER. CHKD PROVIDES CARE FOR PATIENTS AND THEIR FAMILIES FROM BIRTH TO YOUNG ADULTHOOD WITH VARIED LEVELS OF ACUITY FROM TRAUMA AND RESUSCITATIONS TO URGENT CARE TYPE PATIENTS. OUR COLLABORATIVE TEAM INCLUDES PEDIATRIC BOARD-CERTIFIED EMERGENCY PHYSICIANS, NURSE PRACTITIONERS, NURSES, ED TECHS, NURSING CARE PARTNERS, BEHAVIORAL HEALTH TECHS, PHARMACISTS, SOCIAL WORKERS, CHILD LIFE SPECIALISTS, CHAPLAINS, RESPIRATORY THERAPISTS AND MORE. CHKD OFFERS THE ONLY PEDIATRIC RENAL DIALYSIS SERVICE IN THE AREA. DIALYSIS IS A TIME-CONSUMING PROCESS AND CHILDREN APPRECIATE THE CHANCE TO HAVE THE SERVICE IN A SETTING WHERE THEY CAN MEET WITH FRIENDS THEIR OWN AGES AS WELL AS HOSPITAL SUPPORT STAFF AND SCHOOL TEACHERS. CHILDREN MADE 3,016 CHRONIC AND ACUTE DIALYSIS VISITS IN FY20, AND 4,617 VISITS TO THE RENAL CLINIC. SINCE 2005, CHKD HAS PERFORMED 84 KIDNEY TRANSPLANTS FROM LIVING DONORS AS WELL AS DECEASED DONORS. LIVING DONATION OPTIONS INCLUDE A PARTNERSHIP WITH SENTARA NORFOLK GENERAL HOSPITAL AND THE NATIONAL KIDNEY REGISTRY (NATIONWIDE LIVING DONOR PAIRED-EXCHANGE PROGRAM). ONE MARK OF CHKD'S DISTINCTIVE PEDIATRIC CARE HAS ALWAYS BEEN CHILD-CENTERED DIAGNOSTIC SERVICES, SUCH AS RADIOLOGY AND LABORATORY. OVER THE PAST SEVERAL YEARS, CHKD HAS WORKED HARD TO MAKE THESE UNIQUE SERVICES MORE ACCESSIBLE TO FAMILIES THROUGHOUT OUR SERVICE REGION. IN ADDITION TO THE LAB AT THE MAIN HOSPITAL, CHKD NOW HAS LAB SERVICES AT ITS OYSTER POINT, PRINCESS ANNE, OAKBROOKE, BURNETT'S WAY, LANDSTOWN, LOEHMANN'S AND TECH CENTER LOCATIONS AS WELL AS THE VOLVO URGENT CARE CENTER. THE LABORATORY ALSO OPERATES A COURIER SERVICE THAT FACILITATES QUICK TURNAROUND OF SPECIMENS. OF THE 762,641 LAB TESTS PERFORMED IN FY20, APPROXIMATELY 66 PERCENT WERE FOR OUTPATIENTS. CHKD RADIOLOGY SERVICES ARE ALSO AVAILABLE TO FAMILIES AT OUR CHKD FACILITIES</p>

990 Schedule O, Open Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONT'D)	<p>IN NEWPORT NEWS, CHESAPEAKE, SUFFOLK, HAMPTON, NORFOLK AND VIRGINIA BEACH. THE RADIOLOGY DEPARTMENT IS A FULLY-INTEGRATED DIGITAL IMAGING CENTER THAT ALLOWS DIAGNOSTIC IMAGES AND REPORTS TO BE TRANSMITTED AND VIEWED ELECTRONICALLY. IN FY20, 99,217 DIAGNOSTIC EXAMS WERE PERFORMED, INCLUDING X-RAYS, FLUOROSCOPIC TESTS, URODYNAMICS AND BONE DENSITY TESTS, CT AND MRI SCANS, ULTRASOUND, PVL AND NUCLEAR MEDICINE STUDIES. APPROXIMATELY 80 PERCENT WERE OUTPATIENT BASED. CHKD'S REHABILITATIVE THERAPY SERVICES ARE OFFERED IN LOCATIONS THROUGHOUT THE COMMUNITY, INCLUDING NORFOLK, CHESAPEAKE, VIRGINIA BEACH, SUFFOLK, HAMPTON AND NEWPORT NEWS. IN ADDITION TO ITS HIGHLY-SPECIALIZED PEDIATRIC PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, THE DEPARTMENT ALSO OFFERS: * AQUATIC THERAPY - PHYSICAL AND OCCUPATIONAL THERAPISTS WORK WITH CHILDREN IN THE WATER TO HELP RELAX TIGHT MUSCULATURE, INCREASE RANGE OF MOTION AND IMPROVE STRENGTH, BALANCE AND ENDURANCE. * ASSISTIVE TECHNOLOGY/AUGMENTATIVE PROGRAM - SERVICES PROVIDED FOR CHILDREN WHO ARE UNABLE TO COMMUNICATE VERBALLY OR THROUGH GESTURES DUE TO VARIOUS MEDICAL CONDITIONS. IN FY20, WE DID 210 AUGMENTATIVE COMMUNICATION EVALUATIONS. * CAR SEAT PROGRAM - SPECIALLY TRAINED THERAPISTS OFFER CAR SEAT SAFETY RESTRAINT EVALUATIONS FOR PATIENTS WITH SPECIAL NEEDS. IN FY20, WE DID 263 CAR SEAT EVALUATIONS, DISTRIBUTED 125 SPECIAL NEEDS CAR SEATS DURING THOSE EVALUATIONS, DISTRIBUTED AN ADDITIONAL 131 STANDARD CAR SEATS, AND PARTICIPATED IN 6 COMMUNITY-BASED CAR SEAT SAFETY CHECKS THROUGH THIS PROGRAM. * WHEELCHAIR CLINIC - CERTIFIED THERAPISTS COMPLETE A COMPREHENSIVE EVALUATION TO DETERMINE AND PRESCRIBE THE APPROPRIATE WHEELCHAIR AND SEATING SYSTEM. CHILDREN MADE ALMOST 9,450 VISITS TO THIS CLINIC IN FY20 FOR EVALUATION AND TECHNICAL ADJUSTMENTS. SECTION THREE: COMMUNITY OUTREACH CHKD REACHED FAMILIES IN THEIR HOMES, DOCTORS' OFFICES, SCHOOLS, NEIGHBORHOODS AND COMMUNITY CENTERS WITH A WIDE VARIETY OF PROGRAMS, SOCIAL MEDIA AND PUBLICATIONS THAT PROMOTE WELLNESS, PREVENT INJURIES, AND STRENGTHEN FAMILIES. THE COVID-19 PANDEMIC CAUSED RESTRICTIONS ON OUR COMMUNITY OUTREACH AND ENGAGEMENT (CORE) ACTIVITIES IN THE LAST PART OF FY20. HOWEVER, DESPITE THOSE RESTRICTIONS, CORE CONDUCTED 359 OUTREACH EVENTS REACHING 29,380 FAMILIES. WE ALSO COMPLETED THE COMMUNITY NEEDS HEALTH ASSESSMENT AND IMPLEMENTATION PLAN. EFFORTS FOCUSED ON MENTAL HEALTH, TRAUMA, AND SOCIAL EMOTIONAL LEARNING FOR BOTH PARENTS AND PROFESSIONALS. THE MENTAL HEALTH VIRTUAL DOCUMENTARIES WERE VIEWED BY AN ESTIMATED 1,000 PARENTS, STUDENTS, AND PROFESSIONALS. OUR COMMUNITY PARTNERS, ESPECIALLY DURING THE PANDEMIC, WERE INSTRUMENTAL IN DISSEMINATING INFORMATION TO FAMILIES ABOUT OUR VIRTUAL PROGRAMS AND RESOURCES. CHKD IS A SITE OF THE NATIONAL "REACH OUT AND READ" LITERACY PROGRAM, WHICH ENCOURAGES READING BY DISTRIBUTING FREE BOOKS TO CHILDREN AT THEIR WELL CHILD VISITS TO THEIR PEDIATRICIANS. THROUGH THE DONOR-FUNDED PROGRAM, CHKD PRIMARY CARE PEDIATRICIANS G</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (CONT'D)</p>	<p>AVE APPROXIMATELY 75,194 BOOKS TO CHILDREN IN FY20. IN FY20 CHKD'S WEBSITE, WWW.CHKD.ORG, CONTINUES TO BE A POPULAR AND EFFECTIVE METHOD OF COMMUNICATION. IN FY20, CHKD.ORG HAD MORE THAN 2.6 MILLION VISITS. MORE THAN 1.5 MILLION NEW AND RETURNING VISITORS VIEWED 5,021,762 PAGES ON OUR SITE. THE CONTENT MANAGEMENT SYSTEM THAT IS IN PLACE ALLOWS MULTIPLE USERS TO CREATE AND UPDATE CONTENT AS NEEDED. CHKD.ORG IS A RESPONSIVE DESIGN SITE AND AUTOMATICALLY FORMATS ITSELF TO ANY DEVICE (PC, TABLET OR SMARTPHONE)- NO APP NEEDED. CLICKABLE PHONE NUMBERS AND INTERACTIVE MAPS MAKE IT EASY FOR OUR PATIENTS TO CALL OR FIND ANY PRACTICE, AND FAMILIES HAVE EASY ACCESS TO TEST RESULTS, SHOT RECORDS, AND CAN EVEN REQUEST PRESCRIPTION REFILLS AND MAKE APPOINTMENTS ONLINE STRAIGHT FROM THE HOMEPAGE BY ACCESSING THE MYCHKD PATIENT PORTAL. ENHANCED PHYSICIAN PROFILES, INCLUDING CLICKABLE PHONE NUMBERS, INTERACTIVE MAPS, BIOGRAPHICAL INFORMATION AND A LINK TO THE PHYSICIAN'S PRACTICE MAKE IT EASIER THAN EVER TO CHOOSE THE DOCTOR THAT'S RIGHT FOR YOU. CHKD CONTINUES TO UTILIZE SOCIAL MEDIA OUTLETS SUCH AS FACEBOOK, TWITTER, LINKEDIN, PINTEREST AND INSTAGRAM TO INCREASE DIRECT INTERACTION WITH OUR PATIENTS AND THEIR FAMILIES. THE WEBSITE CONTINUES TO BE A RESOURCE FOR OUR SERVICES AND HEALTH INFORMATION. CHKD IS ONE OF SIX LOCATIONS IN THE STATE FOR THE CARE CONNECTION FOR CHILDREN (CCC), THE STATE-FUNDED TITLE V PROGRAM THAT PROVIDES COMPREHENSIVE CARE COORDINATION, INFORMATION AND REFERRAL FOR CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS. THERE ARE APPROXIMATELY 12,000 CHILDREN WITH SPECIAL HEALTH CARE NEEDS IN THE REGION'S PUBLIC HEALTH DISTRICTS. IN FY20, CCC ASSISTED WITH 614 INFORMATION AND REFERRAL CALLS AND PROVIDED COMPREHENSIVE CASE MANAGEMENT SERVICES TO 600 FAMILIES. FINANCIAL ASSISTANCE WAS PROVIDED FOR 28 CHILDREN AND YOUTH WHO WERE UNINSURED OR UNDERINSURED AND 145 FAMILIES WERE ASSISTED IN APPLYING FOR STATE HEALTH PROGRAMS, TO INCLUDE VIRGINIA'S WAIVER SERVICES. THE PROGRAM PROVIDED ONGOING BILINGUAL CARE COORDINATION SERVICES TO 105 CLIENTS AND FAMILY MEMBERS AND ASSISTED THEM WITH ACCESS TO COMMUNITY RESOURCES AND FINANCIAL ASSISTANCE. WE MAINTAINED AN UPDATED LOCAL AND REGIONAL COMMUNITY DATABASE WITH CATALOGED RESOURCES FOR ALL 21 CITIES AND COUNTIES IN OUR REGION. THIS RESOURCE DIRECTORY WAS MADE AVAILABLE TO THE HEALTH SYSTEM AS WELL AS LOCAL AGENCIES AND THE COMMUNITY. THE PARENTE DUCATORS FROM THE FAMILIES AS EDUCATORS PROGRAM PROVIDED COMMUNITY BASED EXPERIENCES TO 9 RESIDENTS FOR THE PURPOSE OF SHARING THEIR CHALLENGES AND POSITIVE EXPERIENCES IN RAISING CHILDREN AND YOUTH WITH SPECIAL HEALTHCARE NEEDS IN THE COMMUNITY. (IN FY20 THE PROGRAM WAS FURLOUGHED FROM FEB. 25 - JUN 30 BECAUSE OF COVID-19.) WE MAINTAINED A SPECIAL NEEDS LISTSERV WITH OVER 500 SUBSCRIBERS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SECTION FOUR: MEDICAL EDUCATION AND RESEARCH	<p>CHKD INVESTS IN THE PRESENT AND FUTURE HEALTH OF OUR CHILDREN THROUGH A VARIETY OF RESEARCH PROGRAMS AND EDUCATIONAL ACTIVITIES. CHILDREN'S HOSPITAL IS HOME TO EASTERN VIRGINIA MEDICAL SCHOOL'S PEDIATRIC RESIDENCY PROGRAM, WHERE NEW PHYSICIANS BECOME SPECIALISTS IN THE FIELD OF PEDIATRICS. MANY OF THEM STAY IN THIS COMMUNITY OR IN THE STATE TO PRACTICE PEDIATRICS AFTER THEY COMPLETE THEIR RESIDENCIES. CHKD ALSO SERVES AS THE EXCLUSIVE PEDIATRIC TEACHING SITE FOR RESIDENTS IN FAMILY MEDICINE PRACTICE, EMERGENCY PRACTICE, ENT AND PHYSICIAN ASSISTANTS, AS WELL AS THE EXCLUSIVE SITE FOR SOME 150 THIRD-YEAR MEDICAL SCHOOL STUDENTS FOR THEIR SIX-WEEK PEDIATRIC ROTATION. CHKD PROVIDES A SETTING FOR MANY CLINICAL RESEARCH TRIALS. HIGHLIGHTS OF THE BASIC SCIENCE RESEARCH INCLUDE NEW GENE THERAPY FOR NEUROMUSCULAR DISORDERS, BREAKTHROUGHS IN TREATMENT OF CYSTIC FIBROSIS, INNOVATIVE THERAPIES IN SPORTS MEDICINE, ADVANCE GROWTH HORMONE TREATMENTS, AND INTERVENTIONS FOR DISORDERED SLEEP. IN ADDITION, RESEARCH INCLUDES NEW MEDICATIONS AND OTHER THERAPIES, CLINICAL OUTCOMES ANALYSES AND EPIDEMIOLOGICAL STUDIES SANCTIONED BY THE EASTERN VIRGINIA MEDICAL SCHOOL INSTITUTIONAL REVIEW BOARD. THERE WERE 241 IRB-APPROVED ACTIVE FUNDED STUDIES IN FY20. TOPICS OF STUDY INCLUDED HEMATOLOGY/ONCOLOGY, ALLERGY/ASTHMA, INFECTIOUS DISEASE, NEUROLOGY, PEDIATRIC SURGERY, CARDIOLOGY, OTOLARYNGOLOGY, PULMONOLOGY, GASTROENTEROLOGY, CHILD ABUSE, ENDOCRINOLOGY, DERMATOLOGY, NEONATOLOGY AND MENTAL HEALTH. MANY OF THESE STUDIES ARE STAGE THREE CLINICAL TRIALS THAT BRING CUTTING-EDGE TREATMENTS TO CHKD PATIENTS YEARS BEFORE THEY ARE AVAILABLE TO THE PUBLIC. THIS FISCAL YEAR THERE WERE ALSO NEW PHASE ONE TRIALS OPENED, WHICH ALLOWED OUR PATIENTS THE EARLIEST POSSIBLE ACCESS TO NOVEL THERAPIES. THERE IS AN INCREASED FOCUS ON REGISTRY STUDIES ACROSS ALL DISCIPLINES. DATA COLLECTED IN THESE REGISTRIES IS INTENDED TO STANDARDIZE OPTIMAL LEVELS OF CARE AND LEAD TO IMPROVED PATIENT OUTCOMES. THERE HAVE ALSO BEEN OPPORTUNITIES TO STUDY THE EFFECTS OF VARIOUS TELEHEALTH/TELEMEDICINE INTERVENTIONS, NOT ONLY TO ADAPT TO THE COVID-19 PANDEMIC, BUT TO BE ABLE TO REACH SUBJECTS WHO CANNOT TRAVEL TO THE SITE, SUCH AS SUBJECTS WHO ARE HOMEBOUND OR IN HOSPICE CARE. THE NUSS PROCEDURE FOR THE CORRECTION OF PECTUS EXCAVATUM, DEVELOPED AT CHKD MORE THAN 30 YEARS AGO, CONTINUES TO DRAW NATIONAL ATTENTION FROM BOTH PATIENTS AND SURGEONS. THE NUSS CENTER OFFERS NON-SURGICAL TREATMENT THERAPIES AS WELL. THE COMPRESSION BRACE INITIATED IN 2009 HAS HELPED MORE THAN 461 PATIENTS WITH OVER 80% OF THOSE PATIENTS EXPERIENCING A CORRECTION TO THEIR DEFORMITY. IN ADDITION, THE VACUUM BELL TREATMENT FIRST OFFERED IN 2012 HAS HELPED OVER 295 PATIENTS. IN JUNE 2016, CHKD OPENED THE NEW NUSS CENTER, OFFERING A SPACE DEDICATED TO THE EVALUATION AND TREATMENT OF CHEST WALL CONDITIONS. THE HOSPITAL CONTINUES ITS ENDEAVORS ON MULTIPLE RESEARCH STUDIES IN AN EFFORT TO FURTHER UNDERSTAND CHEST WALL DEFORMITIES. TO DATE, MORE THAN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SECTION FOUR: MEDICAL EDUCATION AND RESEARCH	<p>HAN 2,480 SURGICAL PATIENTS HAVE UNDERGONE THE NUSS PROCEDURE AT CHKD AND OVER 5,738 PATIENTS HAVE BEEN EVALUATED FOR CHEST WALL CONDITIONS. CHKD IS A MEMBER OF CHILDREN'S ONCOLOGY GROUP (COG), AN INTERNATIONAL RESEARCH GROUP THAT CONDUCTS CLINICAL TRIALS FOR CHILDREN WITH CANCER. AS A MEMBER, CHKD HAS ACCESS TO THE LATEST PROTOCOLS FOR TREATMENT OF CHILDHOOD CANCER, PROVIDING THE COMMUNITY AND REGION WITH THE BEST PRACTICES AND TREATMENT RESULTS FROM MORE THAN 250 COG-MEMBER HOSPITALS IN NORTH AMERICA, AUSTRALIA, NEW ZEALAND, AND EUROPE. OUR PRIMARY GOAL IS TO INCREASE PARTICIPATION IN CLINICAL TRIALS WHICH WE FEEL WILL ADVANCE THE FIELD OF PEDIATRIC ONCOLOGY. IN FY20, CHKD HAD 114 COG STUDIES INCLUDING LTF STUDIES OPEN TO ENROLLMENT OR UNDERGOING DATA ANALYSIS. SEVERAL OF THESE STUDIES WERE INCLUDED IN COG'S LONG-TERM FOLLOW-UP STUDY, WHICH COLLECTS DATA ON PATIENTS WHO HAVE PARTICIPATED IN STUDIES THAT ARE NO LONGER OPEN TO ENROLLMENT. IN ALL, APPROXIMATELY 200 CHKD PATIENTS PARTICIPATED IN EITHER OPEN OR FOLLOW-UP COG STUDIES IN FY20. THE HEMATOLOGY/ONCOLOGY DIVISION HAD 15 RESEARCH STUDIES OPEN THAT WERE NOT COG STUDIES. IN FY20, CHKD HOSTED 7 CONTINUING MEDICAL EDUCATION EVENTS IN VARIOUS LOCATIONS THROUGHOUT THE REGION. HELPING CHILD HEALTH EXPERTS IN OUR REGION KEEP UP WITH THEIR SKILLS AND THEIR ACCREDITATION. (FOUR CONFERENCES WERE CANCELED DUE TO COVID-19.) THERE WERE SEVEN REGULARLY SCHEDULED SERIES (CHKD LECTURE SERIES TOPICS IN SPORTS MEDICINE AND CHKD TRAUMA M&M) FOR A TOTAL OF 81 ACTIVITIES. PART VI, SECTION A, LINES 6, 7A, 7B & 11: LINE 6: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED, IS A VIRGINIA NON-STOCK CORPORATION WITH A SOLE MEMBER. THE SOLE MEMBER OF CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED, IS CHILDREN'S HEALTH SYSTEM, INC., A VIRGINIA NON-STOCK NOT-FOR-PROFIT CORPORATION. PURSUANT TO SECTION 13.1-852.1 OF THE CODE OF VIRGINIA, CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED, IS MANAGED BY ITS SOLE MEMBER, CHILDREN'S HEALTH SYSTEM, INC. PART VI, SECTION A, LINE 7A: LINE 7A: CHILDREN'S HEALTH SYSTEM, INC., THE SOLE MEMBER OF CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED, IS A VIRGINIA NON-STOCK NOT-FOR-PROFIT CORPORATION. PURSUANT TO SECTION 13.1-852.1 OF THE CODE OF VIRGINIA, CHILDREN'S HEALTH SYSTEM, INC., THE SOLE MEMBER OF CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED, MANAGES CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS. ACCORDINGLY, THE BOARD OF DIRECTORS OF CHILDREN'S HEALTH SYSTEM, INC., IS THE GOVERNING BODY FOR CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED. AS A VIRGINIA NON-STOCK CORPORATION, CHILDREN'S HEALTH SYSTEM, INC., HAS MEMBERS THAT ELECT THE BOARD OF DIRECTORS OF CHILDREN'S HEALTH SYSTEM, INC. THE MEMBERS OF CHILDREN'S HEALTH SYSTEM, INC., THAT ELECT THE BOARD OF DIRECTORS OF CHILDREN'S HEALTH SYSTEM, INC. ARE THE CLASS A MEMBERS OF CHILDREN'S HEALTH SYSTEM, INC. (I.E., THE THEN CURRENT MEMBERS IN GOOD STANDING OF THE NORFOLK CIT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
SECTION FOUR: MEDICAL EDUCATION AND RESEARCH	Y UNION OF THE KING'S DAUGHTERS, INC., A VIRGINIA NON-STOCK NOT-FOR-PROFIT CORPORATION) AND THE CLASS B MEMBERS OF CHILDREN'S HEALTH SYSTEM INC. (I.E., THE THEN CURRENT DIRECTORS ON THE BOARD OF DIRECTORS OF CHILDREN'S HEALTH SYSTEM, INC.). LINE 7B: THE FOLLOWING DECISIONS OF THE BOARD OF DIRECTORS OF CHILDREN'S HEALTH SYSTEM, INC., WHICH IS THE GOVERNING BODY FOR CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED, ARE SUBJECT TO APPROVAL BY THE CLASS A AND CLASS B MEMBERS OF CHILDREN'S HEALTH SYSTEM, INC.: 1) ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE CORPORATION; AND 2) ANY PROPOSED MERGER OR CONSOLIDATION OF THE CORPORATION, OR ANY SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, OF THE PROPERTY AND ASSETS OF THE CORPORATION. LINE 11: THE 990 IS PREPARED USING THE ANNUAL FINANCIAL STATEMENTS THAT ARE REVIEWED BY THE BOARD AND AUDITED ANNUALLY AS A PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF CHILDREN'S HEALTH SYSTEM, INC. UPON COMPLETION OF THE DRAFT OF THE RETURN A DETAIL REVIEW IS PERFORMED BY SEVERAL MEMBERS OF STAFF AND MANAGEMENT. PRIOR TO FILING WITH THE IRS, THE BOARD IS PROVIDED A COPY TO REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
POLICIES & DISCLOSURE ITEMS	<p>PART VI, SECTION B, LINE 12: CONFLICT POLICY CONSIDERATIONS: CHKD CONFLICT OF INTEREST POLICY INCLUDES OFFICERS, MEMBERS OF THE BOARD OF DIRECTORS AND BOARD COMMITTEES, KEY EMPLOYEES, ALL OTHER EMPLOYEES, PROFESSIONAL STAFF AND SUBSTANTIAL DONORS. ANNUALLY, A QUESTIONNAIRE IS DISTRIBUTED AND COLLECTED FROM OFFICERS, MEMBERS OF THE BOARD OF DIRECTORS AND BOARD COMMITTEES AND KEY EMPLOYEES. THE QUESTIONNAIRES ARE REVIEWED BY THE LEGAL DEPARTMENT. FOR KNOWN CONFLICTS, THE PERSON INVOLVED RECUSES HIMSELF OR HERSELF FROM DELIBERATIONS REGARDING THE TRANSACTION. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY ARE REPORTED TO THE CHKD BOARD CHAIR OR THE CHKD COMPLIANCE OFFICER, AS APPLICABLE, AND MAY REQUIRE CORRECTIVE ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. PART VI, SECTION B, LINES 15A-15B LINE 15A: COMPENSATION PROCESS CONSIDERATIONS: CHILDREN'S HEALTH SYSTEM ESTABLISHES THE COMPENSATION OF THE CEO JAMES DAHLING. LINE 15B: CHILDREN'S HEALTH SYSTEM AND CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS USE THE FOLLOWING PROCESS TO ESTABLISH COMPENSATION FOR OFFICERS AND KEY EMPLOYEES: AN INDEPENDENT COMPENSATION CONSULTANT APPROVED AND RETAINED BY THE COMPENSATION COMMITTEE OF THE BOARD ANNUALLY, USUALLY IN APRIL, PROVIDES EDUCATION AND PRESENTS TO THE FULL BOARD COMPARATIVE SALARIES AND SALARY RANGES FROM A DATABASE COMPRISED OF CHILDREN'S HOSPITALS AND OTHER APPLICABLE HOSPITALS FOR OFFICERS & EXECUTIVES FOR THE BOARD TO REVIEW. THE COMPENSATION COMMITTEE WITH THE AID OF THE CONSULTANT REVIEWS AND MAKES DECISIONS AS TO EXECUTIVE SALARIES OF CHKD AND ITS SUBSIDIARIES. THOSE SALARY CHANGES AND APPROVALS ARE CONTEMPORANEOUSLY DOCUMENTED BY MINUTES MAINTAINED BY THE COMPENSATION COMMITTEE AND SIGNED BY THE CHAIRMAN OF THE BOARD. PART VI, SECTION C, LINES 19: FINANCIAL STATEMENTS (PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF CHILDREN'S HEALTH SYSTEM, INC.) ALONG WITH GOVERNING DOCUMENTS OF THE ORGANIZATION INCLUDING THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC THROUGH DIRECT INQUIRY AND REQUEST.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS IS MADE UP OF: GAIN/LOSS ON DERIVATIVE INVESTMENTS (\$ 14,614,226) CHANGE IN DONOR RESTRICTED CONTRIBUTIONS \$ 4,418,156 _____ TOTAL (\$ 10,196,070)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Employer identification number
54-0506321

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 MEDICAL TOWER LLC 601 CHILDRENS LANE NORFOLK, VA 23507 45-2907147	LESSOR	VA	1,753,675	23,339,278	CHILDREN'S H
(2) CHILDREN'S HEALTH SYSTEM INSURANCE LLC 601 CHILDRENS LANE NORFOLK, VA 23507	INSURANCE	SC	779,399	2,571,123	CHILDREN'S H

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 HEALTH SYSTEM INC 601 CHILDRENS LANE NORFOLK, VA 23507 54-1278830	HEALTHCARE	VA	501(C)(3)	12B	NA		No
(2) CHILDREN'S HEALTH FOUNDATION INC 601 CHILDRENS LANE NORFOLK, VA 23507 54-1278865	SUPP CHKD	VA	501(C)(3)	12A	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FORTIFY CHILDREN'S HEALTH LLC 1330 JEFFERSON PARK AVENUE CHA, VA 23507	HEALTHCARE	VA	NA									
(2) REALTA HOLDINGS LLC 82-354346 601 CHILDRENS LANE NORFOLK, VA 23507	RESEARCH	VA	NA									

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 SURGICAL SPECIALTY GROUP INC 601 CHILDRENS LANE NORFOLK, VA 23507 31-1610834	HEALTHCARE	VA	NA	C CORP					No
(2) CHILDREN'S MEDICAL GROUP INC 601 CHILDRENS LANE NORFOLK, VA 23507 54-1778786	HEALTHCARE	VA	NA	C CORP					No
(3) CMG OF NORTH CAROLINA INC 601 CHILDRENS LANE NORFOLK, VA 23507 56-1960102	HEALTHCARE	NC	NA	C CORP					No

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

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

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

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 54-0506321
Name: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHILDREN'S SURGICAL SPECIALTY GROUP INC	j	968,379	BOOK VALUE
CHILDREN'S MEDICAL GROUP INC	j	447,009	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	p	20,285,824	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	e	237,808	BOOK VALUE
CMG OF NORTH CAROLINA	q	202,003	BOOK VALUE
CHILDREN'S MEDICAL GROUP INC	q	4,944,828	BOOK VALUE
CMG OF NORTH CAROLINA	d	136,946	BOOK VALUE
CHILDREN'S HEALTH FOUNDATION INC	b	6,423,185	BOOK VALUE
CHILDREN'S SURGICAL SPECIALTY GROUP INC	d	1,429,803	BOOK VALUE
CHILDREN'S MEDICAL GROUP INC	d	1,406,014	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	b	7,000,000	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	c	8,800,000	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	l	526,265	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	k	3,003,882	BOOK VALUE
CHILDREN'S SURGICAL SPECIALTY GROUP INC	q	778,638	BOOK VALUE
CHILDREN'S HEALTH FOUNDATION INC	p	99,669	BOOK VALUE