116

Unrelated business taxable income. Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions

Form **990-T** (2018)

Form 990-1	r (2018)	ARKANSAS CHILDREN'S HOSPITA	AL .			71-02	36857	•		Page 2
Part I	11	Total Unrelated Business Taxal	ole Income							
33		of unrelated business taxable income comput	ed from all unrelated trades or b	usinesses	(see instructi	ons)	3	3		0.
34		unts paid for disallowed fringes			,	<b>,</b>		4		
35		ction for net operating loss arising in tax years	s beginning before January 1, 20	)18 (see ins	structions)		3	5		
36		of unrelated business taxable income before s	• • • • • •	•	•					
•		33 and 34					_ 3	6		
37		ific deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)			2	90 3	•	1,	000.
38	•	lated business taxable income. Subtract line	• •	ater than li	ne 36		′ <u> </u>	<del>                                     </del>		
50		the smaller of zero or line 36	or nom mile oo. It mile or is gre	ator than n	110 00,		3	8		0.
Part I		Tax Computation						<u> </u>		
39		nizations Taxable as Corporations. Multiply	ine 38 by 21% (0.21)				<b>3</b>	9	-	0.
40	-	s Taxable at Trust Rates. See instructions for		n the amnu	nt on line 38	from .	. <del>                                    </del>			
		Tax rate schedule or Schedule D (Fo	,				<b>▶</b> 4	<u> </u>		
41	Prox	y tax. See instructions	···· · · · · · · · · · · · · · · · · ·				<b>4</b>	71		
42	•	native minimum tax (trusts only)				•	4		•	
43		on Noncompliant Facility Income See instruc	tions				4	1		
44		. Add lines 41, 42, and 43 to line 39 or 40, wh					4	1		0.
Part \		Tax and Payments	sinovor applied		···			1		
		gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)		45a	•				
b		credits (see instructions)			45b			1		
c		ral business credit. Attach Form 3800			45c			[		
d		t for prior year minimum tax (attach Form 880	11 or 8827\		45d			<b>l</b> 1		
e		credits. Add lines 45a through 45d	1 01 0021 /		1		<del>-</del> 45	1-		
46		ract line 45e from line 44			i		4	7		0.
47			Form 8611 Form 8697 [	Form	8866	Other (attach schedu	_		-	
48		tax. Add lines 46 and 47 (see instructions)				O 11101 (2112011 0011202	" <u> </u>	1		0.
49		net 965 tax liability paid from Form 965-A or	Form 965-B. Part II. column (k)	line 2			4	11		0.
		nents A 2017 overpayment credited to 2018	01111 300 D, 1 Life 11, 001011111 (K),	""°51'	2 50a			Ĭ		
	-	estimated tax payments		SIV	50b	22,00	<u> </u>			
		leposited with Form 8868		7(3	50c	22,00				
		gn organizations: Tax paid or withheld at source	ce (see instructions)		50d		1			
		up withholding (see instructions)	, (300 man admons)		/50e	· · · · · · · · · · · · · · · · · · ·				
		t for small employer health insurance premiun	ns (attach Form 8941)		/50f			<b>]</b> .		
			orm 2439		ý - I		_	<u> </u>		
v			ther	Total	► 50g			]		
51		payments. Add lines 50a through 50g		TOTAL P	foon I		<b>一</b> 5	<b>i</b> -	44	000.
52		nated tax penalty (see instructions). Check if Fo	orm 2220 is attached				5	<del>[                                    </del>		
53		lue. If line 51 is less than the total of lines 48,	·			1	<b>▶</b>   ∄	3		
54		payment. If line 51 is larger than the total of li		it overnaid			<b>64</b> ]	4	44	000.
55	•	the amount of line 54 you want; Credited to 2		it overpaid		Refunded		6		000.
Part \		Statements Regarding Certain		nformat	ion (see	nstructions)	2000	<u> </u>		
56		y time during the 2018 calendar year, did the c				utbority			Yes	No
•		a financial account (bank, securities, or other)	•	-		· ·				
		N Form 114, Report of Foreign Bank and Fina		•	-					
	here	_	noial Accounts. It 103, cittor till	o namo or t	no roreign oc	ona y				X
57		g the tax year, did the organization receive a d	istribution from or was it the or	antor of o	r transferor t	a foreign trust?				х
37		s," see instructions for other forms the organiz		antor or, o	i dansioror c	o, a foreign aust				
58		the amount of tax-exempt interest received or	-	.\$						,
	Ur	nder penalties of perjury, I declare that I have examined	this return, including accompanying so	chedules and	statements, an	d to the best of my kno	wledge a	ınd belief, it is tru	Θ,	
Sign	co	errect, and complete Declaration of preparer (other than	texpayer) is based on all information of	of which prep	arer has any kn	owledge				
Here		Mar ollis Joseph 5/13/2020 PRESIDENT & CEO						e IRS discuss thi		vith
		Signature of officer	Date Tit					perer shown belo tions)? X Y	es ess	No
		Print/Type preparer's name	Preparer's signature		Date	Check		PTIN		
<b>.</b>		Transtype preparer 5 harrie	l ' /	' , ,	Dail	self- employ		, , , , , ,		
Paid		SHANNON KIRKPATRICK	Shannen Kukp	rtick	5/7/20	Sen- embio	,	P0056646	7	
Prepa		Firm's name KPMG, LLP	L	l	517140	Firm's EIN	▶	13-5565		
Use C	nly		E AMERICAN PL, STE 2:	150		FILLES EIN				
		Firm's address   BATON ROUGE, LA	· ·			Phone no.	225-	344-4000		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>			1 110110 110.				

Form 990-T (2018)

823711 01-09-19

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A		· · · · · · · · · · · · · · · · · · ·			
1 Inventory at beginning of year	1			Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. Su	ubtract I	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2		Į	7		<del></del>
(attach schedule)	4a		_ 8	Do the rules of section	263A (v	with respect to		Yes	No
<ul><li>b Other costs (attach schedule)</li></ul>	4b	_	4	property produced or a	cquired	l for resale) apply to			
5 Total Add lines 1 through 4b	. 5			the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)		
(See mandenons)									
1 Description of property									
(1)							_		
(2)				·-					
(3)									
(4)									
		ed or accrued				3(a) Deductions directly	connecte	d with the income i	n
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	columns 2(a) an	nd 2(b) (att	ach schedule)	
(1)		_							
(2)									
(3)									
(4)									
Total	0.	Total			0.	<u> </u>			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>•</b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	▶.		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)					
			,	Gross income from		<ol> <li>Deductions directly confit to debt-finance</li> </ol>			
1 Description of debt-fi	nanced property		'	or allocable to debt- financed property	(a)	Straight line depreciation	<del></del>	(b) Other deduction	
, <del>, , , , , , , , , , , , , , , , , , </del>				illianced property		(attach schedule)		` (attach schedule)	1
(1)				_					
(2)	·								
(3)									
(4)			<u> </u>						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduction 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)		-	<u> </u>	%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A)		iter here and on pag art I, line 7, column	_
Totals				<b>•</b>		0			0.
Total dividends-received deductions	ncluded in column	n 8				<b>&gt;</b>	•		0.
								Form 000-T	(0010)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  1. Description of income  2. Amount of mome schedule general control of page and con	Schedule F - Interest,	Annuities, Royal	ties, and Re	nts From Co	ntrolle	d Organiza	tions	(see ins	struction	s)
Control   Cont			Exen	npt Controlled C	Organizat	ions				
Association	1. Name of controlled organiza	identif	ication (loss				include	ed in the contr	rolling	connected with income
Association										<u> </u>
Contains   Section of Section   Se					<u> </u>					
Add columns 5 and 10   Add columns 6 and 11   Controlled Organizations   Total of secretary departments   10   Part of students 9 that in include with income in column 10   10   Part of students 9 that in include with income in column 10   10   Part of students 9 that in include with income in column 10   10   Part of students 9 that in include with income in column 10   10   Part of students 9 that in include with income in column 10   10   Part of students 5 and 10   Pa					1					·
Treated become   Security   Sec										
Taxable income   S   Net understant income gloss  (case matructions)   S   Total of psecificac payments   10   Part of coursm's that an income and course in the occoleration of grown received with the occoleration of grown received with the content of the course of the payment of the paym		nizations	•	·	•	-	1		1	, .
23	7 Taxable Income				ments	in the controlli	ing organ	ization's	11. De with	ductions directly connected income in column 10
23	(1)									
Add column 5 and 10   Enter here and on page 1, Part 1, line 8, column (8)				···						
Add columns 5 and 10 Enter here and on page 1, Part 1, line 6, column (8)  O .  O .  O .  O .  O .  O .  O .  O		·		· · · · · · · · · · · · · · · · · · ·						
Add columns 3 and 10 Enter here and on page 1, Part I, the 8, column (8)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2 Amount of income  2 Amount of income  2 Amount of income  3 a productions (set instructions)  5 Total deductions (cell 3 plus of 4)  (cell 4 part I, line 9, column (8)  (cell 3 plus of 4)  (cell 4 part I, line 9, column (8)  (cell 5 part I, line 9, column (8)  (cell 6 part I, line 9, column (8)  (cell 7 part I, line 9, column (8)  (cell 7 part I, line 9, column (8)  (cell 8 plus of 4)  (cell 8 plus of 4)  (cell 8 plus of 4)  (cell 9 part I, line 9, column (8)  (cell 9 plus of 4)  (cell 8 plus of 4)  (cell 9 pl	,							-		
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2 Amount of mome directly connected (ultach schedule)  (2)  (3)  (4)  Enter here and on page 1, Part I, Ime 8, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  3 Deductions directly connected (ultach schedule)  (see instructions)  3 Expressed exempt Activity Income, Other Than Advertising Income  (see instructions)  4 Net income (loss) from activity that is not unrelated business income from yade or business income business mome  1. Description of exploited activity and or business income from yade or business income  (see instructions)  4 Net income (loss) from activity that is not unrelated business income attrabulation to column 3, if is growness (column 6)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, Ime (5))  (5)  Constitution (A)  Enter here and on page 1, Part I, Ime (5))  (6)  Enter here and on page 1, Part I, Ime (5))  (7)  Enter here and on page 1, Part I, Ime (5))  (8)  (9)  Constitution (A)  (1)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, Ime (5))  (6)  (7)  Enter here and on page 1, Part I, Ime (5))  (8)  (9)  Constitution (A)  (1)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, Ime (5))  (5)  (6)  (7)  Constitution (A)  (8)  (9)  Constitution (A)  (9)  (1)  (1)  (1)  (2)  (3)  (4)  (4)  Enter here and on page 1, Part I, Ime (5))  (5)  Constitution (A)  (6)  (7)  Constitution (A)  (8)  (9)  (1)  (1)  (1)  (2)  (3)  (4)  (4)  Enter here and on page 1, Part I, Ime (5))  (5)  (6)  (7)  (7)  Constitution (Constitution (Provided Library Information (Provided Library						Enter here and	on page	1, Part I,		ere and on page 1, Part I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2 Amount of mome directly connected (ultach schedule)  (2)  (3)  (4)  Enter here and on page 1, Part I, Ime 8, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  3 Deductions directly connected (ultach schedule)  (see instructions)  3 Expressed exempt Activity Income, Other Than Advertising Income  (see instructions)  4 Net income (loss) from activity that is not unrelated business income from yade or business income business mome  1. Description of exploited activity and or business income from yade or business income  (see instructions)  4 Net income (loss) from activity that is not unrelated business income attrabulation to column 3, if is growness (column 6)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, Ime (5))  (5)  Constitution (A)  Enter here and on page 1, Part I, Ime (5))  (6)  Enter here and on page 1, Part I, Ime (5))  (7)  Enter here and on page 1, Part I, Ime (5))  (8)  (9)  Constitution (A)  (1)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, Ime (5))  (6)  (7)  Enter here and on page 1, Part I, Ime (5))  (8)  (9)  Constitution (A)  (1)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, Ime (5))  (5)  (6)  (7)  Constitution (A)  (8)  (9)  Constitution (A)  (9)  (1)  (1)  (1)  (2)  (3)  (4)  (4)  Enter here and on page 1, Part I, Ime (5))  (5)  Constitution (A)  (6)  (7)  Constitution (A)  (8)  (9)  (1)  (1)  (1)  (2)  (3)  (4)  (4)  Enter here and on page 1, Part I, Ime (5))  (5)  (6)  (7)  (7)  Constitution (Constitution (Provided Library Information (Provided Library	Totals				•			0.		0.
(see instructions)  1. Description of income  2 Amount of income  2 Amount of income  3 Deductions directly connected (statisch schedule)  (col 3 plus col 4)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 9, column (s)  (see instructions)  4 Set-sacides (statisch schedule)  (col 3 plus col 4)  (d)  Enter here and on page 1, Part I, line 9, column (s)  (see instructions)  4 Not income (see)  1. Discription of explorated business trade or business trade or business introduction of unclained business introductions of unclaimed business i		ent Income of a	Section 5016	c)(7), (9), or (	(17) Or	ganization				
1. Description of encome  2 Amount of income (cell 3 plus col 4) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A) (See instructions)  2 Cicas unclaided business income for wade or business income for wade or business income for wade or business income (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (A)  1. Description of explored activity (see instructions)  3 Expenses directly connected from the page 1, Impact I line 9, column (A) (a)  1. Description of explored activity income, Other Than Advertising income (see instructions)  4 Net recons from business income from business income for business (column 2 income from the page 1, Part I, line 9, column (B) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (B) (1) (2) (3) (4)  Enter here and on page 1, Part I, line 9, column (B) (A) (A)  Enter here and on page 1, Part I, line 9, column (B) (A) (A)  Enter here and on page 1, Part I, line 9, column (B) (A) (A) (B) (B) (Cell 3 plus col 4) (Cell 3 plus col 4) (Cell 3 plus col 4) (Cell 4 plus col 4) (Cell 3 plus col 4) (Cell 4 plu			), 00 11011001	o,(.,, (o,, o. (	(11, 01;	gamzation				
(2) (3) (4)    Stete here and on page 1   Part 1, line 9, column (A)     Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)    1	<b>1</b> . Des	scription of income		2 Amount o	f income	directly conne	cted			and set-asides
(3) (4)  Enter here and on page 1. Part I, line 9, column (A)  Consecuration of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity  2. Gross unclaimed business income for trade or business  1. Description of exploited activity  2. Gross unclaimed business income for trade or business income for trade or business income for trade or business income  (1) (2) (3) (4)  Enter here and on page 1. Part I, line 10, col (A) Ine 10, col (A) Ine 10, col (A) Ine 10, col (A) Ine 10, col (A) Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross 2. Gros	(1)									
(3) (4)  Enter here and on page 1. Part I, line 9, column (A)  Consecuration of exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity  2. Gross unclaimed business income for trade or business  1. Description of exploited activity  2. Gross unclaimed business income for trade or business income for trade or business income for trade or business income  (1) (2) (3) (4)  Enter here and on page 1. Part I, line 10, col (A) Ine 10, col (A) Ine 10, col (A) Ine 10, col (A) Ine 10, col (A) Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross 2. Gros										
Enter here and on page 1   Part I, ine 9, column (A)   Part I, ine 9, column (B)										
Enter here and on page 1   Part I, ine 9, column (A)   Part I, ine 9, column (B)	(4)									
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity unrelated business income from trade or business income from activity that is not unrelated business income from activity that is not	,									Enter here and on page 1 Part I, line 9, column (B)
(See Instructions)  1. Description of exploited activity  2 Gross unrelated business income from trade or business income to the sponse of the sponses of th	Totals		1 011	<u> </u>						8 0.
1. Description of exploited activity under the production of the exploited activity under the exploited activity that is not unrelated business income from activity that is not unrelated business.   5 Gross activi	<del>-</del>	•	income, Oti	ner inan Ad	vertisir	ng income				
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising costs advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1) (2) (3) (4)  Fotals (carry to Part II, line (5))  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		unrelated business income from	directly connecte with production of unrelated	d from unrelate business (c minus colun gain, compu	d trade or olumn 2 nn 3) If a te cols 5	from activity t is not unrelat	hat ed	attributa	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising costs advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1) (2) (3) (4)  Fotals (carry to Part II, line (5))  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(1)					-				
Enter here and on page 1, Part I, line 10, col (A)   Enter here and on page 1, Part I, line 10, col (B)	(2)	<u> </u>								<del>                                     </del>
Enter here and on page 1, Part I, line 10, col (A)   Enter here and on page 1, Part I, line 10, col (B)	(3)		-							<del>                                  </del>
Enter here and on page 1, Part 1, Inne 10, col (A)  O. O. O.  Schedule J - Advertising Income (see instructions)  Part I: Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising income  1. Name of periodical  2 Gross advertising costs advertising costs income  1. Name of periodical  3 Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute costs 5 through 7  (1)  (2)  (3)  (4)  Fotals (carry to Part II, line (5))  0 . O.  Enter here and on page 1. Part 1, line (and on page 1. Part 1, line (b) and on page 1.	(4)	<u> </u>								1
Schedule J - Advertising Income (see instructions)  Part   Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2 Gross advertising income  3 Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Fotals (carry to Part II, line (5))  0 . 0 . 0 . 0		page 1, Part I, line 10, col (A)	page 1, Part I,							on page 1, Part II, line 26
Income From Periodicals Reported on a Consolidated Basis   1. Name of periodical   2 Gross advertising income   3 Direct advertising costs   3 Direct advertising costs   5. Circulation income   5. Circulation   6. Readership costs (column 6 minus column 5, but not more than column 4)	Totals		L	0.   淡淡淡淡	The Address of the	26年间20年5年,	IKT N		>2\V0.}Y	(A) 0.
1. Name of periodical  2 Gross advertising advertising costs adver				onsolidated	Basis					
1. Name of periodical  2 Gross advertising advertising costs adver			<u> </u>	4 Adva	tions son					7 Evenes randarehin
Totals (carry to Part II, line (5))	1. Name of periodical	advertising		costs or (loss) (costs col 3) If a costs	col 2 minus gain, compu through 7	te income				costs (column 6 minus column 5, but not more than column 4)
Totals (carry to Part II, line (5))	(1)			<b>装文系</b> 3		<b>8</b>				
Totals (carry to Part II, line (5))						88				
Totals (carry to Part II, line (5))						¥				
Totals (carry to Part II, line (5))	(4)				4 50% 350 	* * s				
	Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	0.						0. Form <b>990-T</b> (2018

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

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)					.,		
Totals from Part I	•	0.	0.		, التارونديس الت		0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			+	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.	,			c

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

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b></b>	0.

Form 990-T (2018)

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	1
CORPORATION'	S NAME						IDENTIFYING	NO
ARKANSAS CHI	LDREN'S.	INC.					81-0801296	