

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019**

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

**C** Name of organization  
ARKANSAS CHILDREN'S HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1 CHILDRENS WAY

City or town, state or province, country, and ZIP or foreign postal code  
LITTLE ROCK, AR 72202

**D** Employer identification number  
71-0236857

**E** Telephone number  
(501) 364-2555

**G** Gross receipts \$ 644,776,288

**F** Name and address of principal officer  
MARCELLA DODERER  
1 CHILDRENS WAY  
LITTLE ROCK, AR 72202

**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 ARCHILDRENS ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1912

**M** State of legal domicile AR

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
WE CHAMPION CHILDREN BY MAKING THEM BETTER TODAY AND HEALTHIER TOMORROW

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	13
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	4,393
<b>6</b> Total number of volunteers (estimate if necessary)	1,184
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	34,671,598	39,577,405
<b>9</b> Program service revenue (Part VIII, line 2g)	588,717,237	587,414,091
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,775,790	7,063,120
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,168,282	9,976,498
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	641,332,907	644,031,114
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,543,224	14,111,043
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	276,617,342	267,256,455
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	310,733,862	303,082,623
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	593,894,428	584,450,121
<b>19</b> Revenue less expenses Subtract line 18 from line 12	47,438,479	59,580,993
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	868,150,306	911,398,842
<b>21</b> Total liabilities (Part X, line 26)	140,861,965	141,487,687
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	727,288,341	769,911,155

**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 2020-05-14

MARCELLA DODERER PRESIDENT & CEO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_

Check  if self-employed PTIN P00566467

Firm's name ▶ KPMG LLP Firm's EIN ▶ 13-5565207

Firm's address ▶ 301 MAIN ST ONE AMERICAN PL STE 2150 BATON ROUGE, LA 708011705 Phone no (225) 344-4000

**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

WE CHAMPION CHILDREN BY MAKING THEM BETTER TODAY AND HEALTHIER TOMORROW ARKANSAS CHILDREN'S WILL FUNDAMENTALLY TRANSFORM HEALTHCARE DELIVERY FOR THE CHILDREN OF ARKANSAS AND BEYOND ARKANSAS CHILDREN'S CORE VALUES ARE THE ORGANIZATIONAL PRINCIPLES THAT HIGHLIGHT OUR REGARD FOR EACH OTHER AND THOSE WE SERVE SAFETY WE ARE VIGILANT ABOUT CREATING AN ERROR-FREE ENVIRONMENT FOR PATIENTS, FAMILIES, AND TEAM MEMBERS TEAMWORK WE DEMONSTRATE ACTIONABLE CARE AND CONCERN FOR PATIENTS, FAMILIES, AND TEAM MEMBERS COMPASSION WE COORDINATE, COMMUNICATE, COOPERATE, AND COLLABORATE TO ENSURE THE HIGHEST LEVEL OF SERVICE FOR OUR PATIENTS, FAMILIES, AND TEAM MEMBERS EXCELLENCE WE ACHIEVE THE HIGHEST OF STANDARDS AND SERVE WITH DISTINCTION IN ORDER TO BE THE BEST SAFETY AND EXCELLENCE FRAME OUR WORK TEAMWORK AND COMPASSION PLACE PEOPLE AT THE CENTER OF ALL WE DO

**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 \$ 478,155,199 including grants of \$ 14,111,043 ) (Revenue \$ 589,975,048 )  
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 ▶ 478,155,199

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

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

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

**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 . . . . .

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a 409	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	

<b>2a</b> 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 . . . . .	<b>2a</b>	4,393			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>		No		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	<b>3b</b>				
<b>4a</b> 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)? . . .	<b>4a</b>		No		
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>		No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>				
<b>6a</b> 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? . . .	<b>6a</b>		No		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .	<b>7a</b>		No		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>				
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>		No		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>				
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>				
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9a</b>				
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>				
<b>b</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 . . . . .	<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	<b>14b</b>				
<b>15</b> 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 . . . . .	<b>15</b>		No		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>		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 (15); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 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 (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 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 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 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 (checked), 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: GENA WINGFIELD 1 CHILDRENS WAY LITTLE ROCK, AR 72202 (501) 364-2555.

**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

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

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

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

<b>1b Sub-Total</b> . . . . .									
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>1d Total (add lines 1b and 1c)</b> . . . . .							3,865,185	3,089,625	790,843

**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 ▶ 198

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

**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
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIEN 4301 WEST MARKHAM LITTLE ROCK, AR 72205	MEDICAL SERVICES	72,489,736
COMPASS ONE PO BOX 102289 ATLANTA, GA 303682289	NUTRITION SERVICES	9,468,911
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	IT SYSTEMS DEVELOPMENT	8,413,721
CROTHALL HEALTHCARE 13028 COLLECTION CENTER DRIVE CHICAGO, IL 60693	PATIENT TRANSPORT/EVS/LINEN SVC	8,355,532
NABHOLZ CONSTRUCTION CORP PO BOX 2090 CONWAY, AR 72033	GENERAL CONSTRUCTION CONTRACTOR	7,673,829

**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 ▶ 84



Part VIII Statement of Revenue

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

Main table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	13,333,844	13,333,844		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	777,199	777,199		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	2,739,012	2,413,652	325,360	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	71,446	71,446		
<b>7</b> Other salaries and wages.	225,701,496	177,716,300	47,985,196	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
<b>9</b> Other employee benefits.	38,744,501	32,200,515	6,543,986	
<b>10</b> Payroll taxes.				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	10,080,942	9,660,637	420,305	
<b>b</b> Legal.	36,997	36,697	300	
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	120,175,360	101,195,692	18,979,668	
<b>12</b> Advertising and promotion.	1,212,598	40,958	1,171,640	
<b>13</b> Office expenses.	7,787,760	4,490,869	3,296,891	
<b>14</b> Information technology.	14,912,878	4,867,158	10,045,720	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	4,260,262	3,244,712	1,015,550	
<b>17</b> Travel.	1,631,619	1,446,697	184,922	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	804,689	743,100	61,589	
<b>20</b> Interest.	3,993,378		3,993,378	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	37,899,157	31,960,441	5,938,716	
<b>23</b> Insurance.	14,122	14,122		
<b>24</b> 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):				
<b>a</b> MEDICAL SUPPLIES	85,981,665	85,191,460	790,205	
<b>b</b> OTHER ADMINISTRATIVE EX	11,690,302	6,449,008	5,241,294	
<b>c</b> MINOR EQUIPMENT	1,716,066	1,481,287	234,779	
<b>d</b> DUES & SUBSCRIPTIONS	884,828	819,405	65,423	
<b>e</b> All other expenses.				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	584,450,121	478,155,199	106,294,922	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	12,440	<b>1</b>	44,309
	<b>2</b> Savings and temporary cash investments . . . . .	44,522,516	<b>2</b>	53,307,193
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	74,006,853	<b>4</b>	78,203,326
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	60,000	<b>5</b>	40,000
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	9,412,740	<b>8</b>	10,056,345
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,052,718	<b>9</b>	7,542,340
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	614,472,172		
	<b>b</b> Less accumulated depreciation	317,241,914		
	<b>11</b> Investments—publicly traded securities . . . . .	252,645,338	<b>11</b>	310,919,650
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	593,319	<b>12</b>	648,106
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	509,622	<b>13</b>	423,585
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	168,998,351	<b>15</b>	152,983,730
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	868,150,306	<b>16</b>	911,398,842	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	36,452,004	<b>17</b>	40,964,551
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	104,355,474	<b>20</b>	100,523,136
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	54,487	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	140,861,965	<b>26</b>	141,487,687
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	693,715,008	<b>27</b>	738,898,181
	<b>28</b> Temporarily restricted net assets . . . . .	33,573,333	<b>28</b>	31,012,974
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	727,288,341	<b>33</b>	769,911,155	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	868,150,306	<b>34</b>	911,398,842	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	644,031,114
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	584,450,121
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	59,580,993
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	727,288,341
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	7,847,986
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-24,806,165
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	769,911,155

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
<b>2a</b> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		No
<b>b</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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes	
<b>c</b> 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	<b>2c</b>	Yes	
<b>3a</b> 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>3a</b>	Yes	
<b>b</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	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 71-0236857

**Name:** ARKANSAS CHILDREN'S HOSPITAL

Form 990 (2018)

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### Form 990, Part III, Line 4a:

ARKANSAS CHILDREN'S HOSPITAL (ACH) IS A NOT-FOR-PROFIT PEDIATRIC HOSPITAL THAT SERVES AS THE CENTRAL TERTIARY HEALTH CARE FACILITY FOR CHILDREN IN THE STATE OF ARKANSAS. ACH HAS THE ONLY BURN CENTER IN ARKANSAS AND PROVIDES TREATMENT TO ADULTS AS WELL AS CHILDREN. DURING THE YEAR ENDED JUNE 30, 2019, ACH EXPERIENCED THE FOLLOWING: 16,177 ADMISSIONS WITH AN AVERAGE STAY OF 5.28 DAYS, 82,225 PATIENT DAYS, 225.3 AVERAGE DAILY CENSUS, 336 OPERATING BEDS, INCLUDING 180 INTENSIVE CARE BEDS AND 143 MEDICAL/SURGICAL BEDS, 242,690 OUTPATIENT VISITS, EXCLUDING ER VISITS WHICH WERE 62,307, AND 15,480 SURGERIES. CONTINUED ON SCHEDULE O IN ADDITION TO PROVIDING CHARITY CARE, ACH COORDINATES A VARIETY OF PROGRAMS, SERVICES AND INITIATIVES WHICH BENEFIT CHILDREN AND FAMILIES IN THE STATE. ACH IS THE BACKBONE ORGANIZATION FOR A COALITION CALLED THE NATURAL WONDERS PARTNERSHIP COUNCIL (NWPC), WHICH BRINGS TOGETHER CHILD HEALTH STAKEHOLDERS TO WORK STRATEGICALLY TO IMPROVE THE HEALTH OF CHILDREN IN ARKANSAS. ACH FUNDS SEVERAL PROGRAMS THAT HAVE BEEN IDENTIFIED AS SHARED PRIORITIES BY THE NWPC MEMBERS. FOR EXAMPLE, ACH'S INJURY PREVENTION CENTER HAS BEEN INSTRUMENTAL IN HELPING TO SIGNIFICANTLY REDUCE THE NUMBER OF CHILDREN KILLED IN AUTOMOBILE ACCIDENTS AND OTHER INJURY-RELATED DEATHS THROUGH DATA COLLECTION, PROGRAM DEVELOPMENT AND IMPLEMENTATION, AND OUTREACH. ACH HAS IMPROVED THE ORAL HEALTH OF CHILDREN THROUGH ITS MOBILE DENTAL VANS AND PORTABLE SEALANT OUTREACH EFFORTS, AND ALSO SUPPORTS A PHYSICAL ACTIVITY PROGRAM TO HELP REDUCE OBESITY FOR ELEMENTARY SCHOOL CHILDREN STATEWIDE, REACHING ALMOST 160,000 YOUNG CHILDREN. ACH PARTNERED WITH LEGAL AID OF ARKANSAS TO OPERATE A MEDICAL/LEGAL PARTNERSHIP THAT ADDRESSES HEALTH HARMING LEGAL NEEDS FOR PATIENTS ACROSS THE STATE. ADDITIONALLY, MORE THAN 30,000 CHILDREN RECEIVED FREE USDA MEALS WHILE ON CAMPUS THROUGH THE INNOVATIVE NEW CHILDREN'S MEDICAL NUTRITION AND FEEDING PROGRAM THANKS TO PARTNERSHIPS WITH FEDERAL AND STATE STAKEHOLDERS. THROUGH ITS COMMUNITY EFFORTS, ACH'S OUTREACH DEPARTMENT PROVIDED CHILDREN AND FAMILIES THROUGHOUT THE STATE WITH INFORMATIVE HEALTH EDUCATION PROGRAMS RELATING TO CHILD SAFETY, HYGIENE EDUCATION, WELLNESS AND PREVENTION ACTIVITIES, AND SEASONAL INFORMATION RELATING TO HEALTH RISKS. ACH HAS BEEN DESIGNATED BY THE ARKANSAS DEPARTMENT OF HEALTH AS THE STATE'S ONLY PEDIATRIC LEVEL 1 TRAUMA CENTER, AN INDICATION THAT IT PROVIDES THE HIGHEST STANDARD OF CARE FOR INJURED CHILDREN.

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**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			
MARCELLA DODERER ..... PRESIDENT/CEO	0 52 ..... 56 40	X		X				0	1,160,823	148,595
JOHN BALE JR ..... TRUSTEE/DIRECTOR	0 20 .....	X						0	0	0
TOM BAXTER ..... TRUSTEE/DIRECTOR	0 20 ..... 0 17	X						0	0	0
RENEE BORNEMEIER MD ..... TRUSTEE/DIRECTOR-CHIEF OF STAFF	0 18 ..... 54 48	X						308,522	0	55,969
MELISSA GRAHAM MD ..... TRUSTEE/DIRECTOR	0 00 ..... 0 36	X						0	0	0
DORSEY JACKSON ..... TRUSTEE/DIRECTOR	0 00 ..... 0 14	X						0	0	0
DOUGLAS JACKSON ..... TRUSTEE/DIRECTOR	0 00 ..... 0 45	X						0	0	0
RICHARD JACOBS MD ..... TRUSTEE/DIRECTOR	0 00 ..... 0 45	X						0	0	0
TIONNA JENKINS PHD ..... TRUSTEE/DIRECTOR	0 00 ..... 0 26	X						0	0	0
PHILLIP JETT ..... CHAIR OF THE BOARD	0 00 ..... 0 53	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			
HOLLY MARR ..... TRUSTEE/DIRECTOR	0 45 .....	X						0	0	0
PAT MCCLELLAND ..... TRUSTEE/DIRECTOR	0 45 .....	X						0	0	0
BARBARA G MOORE ..... TRUSTEE/DIRECTOR	0 32 ..... 0 26 .....	X						0	0	0
BEVERLY A MORROW ..... VICE CHAIR	0 48 .....	X						0	0	0
ROSS WHIPPLE ..... TREASURER	0 06 ..... 0 24 .....	X						0	0	0
GENA WINGFIELD ..... EVP/CHIEF FINANCIAL OFFICER	0 12 ..... 12 00 .....			X				0	621,832	84,067
CHANDA CHACON ..... EVP/COO	35 00 .....				X			0	548,652	71,681
AMY CRESS ..... VP FACILITIES & SUPPORT SVC	15 00 ..... 50 00 .....				X			290,804	0	20,851
JAY DESHPANDE ..... SVP/CMO (PARTIAL YEAR)	47 92 .....				X			315,145	0	27,660
LEE ANNE EDDY ..... SVP/CHIEF NURSING OFFICER	0 00 ..... 50 00 .....				X			400,658	0	56,495

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			
JONATHAN GOLDBERG ..... SVP/CIO	40 00 .....				X			0	431,543	64,654
SHANNON HENDRIX ..... VP CLINICAL/DIAG SVC	50 00 .....				X			209,031	0	18,090
MARY SALASSI-SCOTTER ..... VP PATIENT CARE SVC	50 00 .....				X			210,315	0	25,627
GREGORY SHARP MD ..... SVP/CHIEF MEDICAL OFFICER	54 88 .....				X			275,625	0	53,567
MEL STIMSON ..... PHARMACY DIRECTOR	50 00 .....				X			173,598	0	17,623
TAMMY WEBB ..... VP ACUTE CARE	50 00 .....				X			204,410	0	11,342
LE'KITA BROWN ..... VP REVENUE CYCLE	50 00 .....					X		236,003	0	3,014
CINDY HILL ..... VP FINANCIAL SERVICES	54 00 .....					X		239,963	0	26,170
JEFF HOUSE ..... VP STRATEGIC MARKETING	50 00 .....					X		253,631	0	5,447
CAROL HUDGENS ..... VP REVENUE CYCLE (PARTIAL YEAR)	50 00 .....					X		242,890	0	27,559



**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			
ANN KRUGER ..... VP AMBULATORY CARE SVC	55 00 ..... 0 00					X			292,962	0	27,305
KATHERINE LEA ..... VP ED/SURGICAL CARE-FORMER	50 00 ..... 0 00							X	211,628	0	18,784
ANDREE TROSCLAIR ..... SVP/CHIEF PEOPLE OFFICER-FORMER	0 00 ..... 50 00							X	0	326,775	26,343

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

**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](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ARKANSAS CHILDREN'S HOSPITAL

Employer identification number  
71-0236857

**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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	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))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 71-0236857

**Name:** ARKANSAS CHILDREN'S HOSPITAL

**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**  
**▶ 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](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
ARKANSAS CHILDREN'S HOSPITAL

**Employer identification number**  
71-0236857

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .	296,307,577	279,051,286	265,682,157	263,164,433	260,807,759
<b>b</b> Contributions . . . . .	5,224,717	1,174,503	4,087,548	2,013,304	2,522,174
<b>c</b> Net investment earnings, gains, and losses	20,943,820	24,842,576	22,707,945	1,498,535	3,700,116
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	13,293,607	8,760,788	13,426,364	994,115	3,865,616
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	309,182,507	296,307,577	279,051,286	265,682,157	263,164,433

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 71 530 %
  - b** Permanent endowment ▶ 16 350 %
  - c** Temporarily restricted endowment ▶ 12 120 %
- 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   |            | No        |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> |           |
| <b>3a(ii)</b>  | Yes        |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>Yes</b> |           |
| <b>3b</b>  | Yes        |           |
- 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
<b>1a</b> Land . . . . .		14,306,370		14,306,370
<b>b</b> Buildings . . . . .		350,536,202	185,777,359	164,758,843
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		219,336,779	120,879,211	98,457,568
<b>e</b> Other . . . . .		30,292,821	10,585,344	19,707,477
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				297,230,258

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
(1) FUNDS HELD BY TRUSTEE UNDER BOND AGREEMENTS	2,146,168
(2) ESTIMATED 3RD PARTY SETTLEMENT (MCD)	130,463,770
(3) UPL RECEIVABLE	9,727,281
(4) GME RECEIVABLE	1,506,756
(5) OTHER RECEIVABLES	8,741,828
(6) INTEREST RECEIVABLE - FUNDED DEPR	112,845
(7) DUE FROM AFFILIATES	285,082
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	152,983,730

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	

**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.

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

**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.

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

**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:** 71-0236857

**Name:** ARKANSAS CHILDREN'S HOSPITAL

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	EARNINGS FROM ENDOWMENT FUNDS WILL BE USED TO SUPPORT VARIOUS HOSPITAL PROGRAMS THE FILING ORGANIZATION DOES NOT HOLD ANY ENDOWMENTS, ALL ENDOWMENTS ARE HELD BY ARKANSAS CHILDREN'S FOUNDATION, A RELATED ORGANIZATION

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	NOTE THE AUDIT WAS COMPRISED OF THE CONSOLIDATED FINANCIAL STATEMENTS OF ARKANSAS CHILDRE N'S, INC , ARKANSAS CHILDREN'S HOSPITAL, ARKANSAS CHILDREN'S FOUNDATION, ARKANSAS CHILDREN 'S RESEARCH INSTITUTE, ARKANSAS CHILDREN'S NORTHWEST, ARKANSAS CHILDREN'S CARE NETWORK, AR KANSAS CHILDREN'S MEDICAL GROUP, AND SACOVA INSURANCE COMPANY (COLLECTIVELY, ARKANSAS CHIL DREN'S) FOOTNOTE ARKANSAS CHILDREN'S APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC TOPIC 740 (TOPIC 740), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC 740 CLARIFIE S THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS AND PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY ARKANSAS CHIL DREN'S AND HAS CONCLUDED THAT AS OF JUNE 30, 2019 AND 2018, THERE ARE NO UNCERTAIN POSITIO NS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS



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

**Hospitals**

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

**Name of the organization**  
 ARKANSAS CHILDREN'S HOSPITAL

**Employer identification number**  
 71-0236857

OMB No 1545-0047  
**2018**  
 Open to Public Inspection

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

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <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>25000 0000000000</u> %	<b>3a</b>	Yes	
<b>b</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 _____ %	<b>3b</b>	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>		No
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>		No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>		No
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>		

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			12,789,227		12,789,227	2 190 %
<b>b</b> Medicaid (from Worksheet 3, column a)			345,455,026	354,854,598	0	0 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			358,244,253	354,854,598	12,789,227	2 190 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			10,157,352	2,166,556	7,990,796	1 370 %
<b>f</b> Health professions education (from Worksheet 5)			22,667,989	7,992,600	14,675,389	2 510 %
<b>g</b> Subsidized health services (from Worksheet 6)			30,517,325	12,670,004	17,847,321	3 050 %
<b>h</b> Research (from Worksheet 7)			9,811,306		9,811,306	1 680 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			242,390	31,158	211,232	0 040 %
<b>j Total.</b> Other Benefits			73,396,362	22,860,318	50,536,044	8 650 %
<b>k Total.</b> Add lines 7d and 7j			431,640,615	377,714,916	63,325,271	10 840 %

**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			15,805		15,805	0 %
4 Environmental improvements						
5 Leadership development and training for community members			1,500		1,500	0 %
6 Coalition building			6,820		6,820	0 %
7 Community health improvement advocacy			57,666		57,666	0 010 %
8 Workforce development			4,650		4,650	0 %
9 Other			74,562	74,562		
<b>10 Total</b>			161,003	74,562	86,441	0 010 %

**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?	1 Yes	
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	
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	
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	2,616,776
6 Enter Medicare allowable costs of care relating to payments on line 5	6	2,415,400
7 Subtract line 6 from line 5 This is the surplus (or shortfall)	7	201,376
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** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

1

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

	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
See Additional Data Table										

**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)  
 ARKANSAS CHILDREN'S HOSPITAL

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): \_\_\_\_\_ 1 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b>	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 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	
<b>6a</b>	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>b</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 . . . . .	Yes	
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW ARCHILDRENS ORG/MEDIA/FILE/ACH-CHNA-2019 PDF</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>WWW ARCHILDRENS ORG/MEDIA/FILE/2019-COMM-HEALTH-IMPL-STRAT-ACH PDF</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

ARKANSAS CHILDREN'S HOSPITAL

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		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>ARCHILDRENS ORG/MEDIA/FILE/FINANCIAL%20ASSISTANCE%20(SHARED%20HOSPITAL) PDF</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW ARCHILDRENS ORG/MEDIA/FILE/FAP-ENGLISH-0032019 PDF</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW ARCHILDRENS ORG/MEDIA/FILE/AC_FINANCIALASSISTANCEFLYER PDF</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

ARKANSAS CHILDREN'S HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b>	<input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

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

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

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

ARKANSAS CHILDREN'S HOSPITAL

**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
<b>23</b>		No
<b>24</b>		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, 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? 3

Name and address	Type of Facility (describe)
<b>1</b> 1 - WEST LITTLE ROCK PEDIATRIC CLINIC BELLA ROSA CENTER 16101 CANTRELL RD LITTLE ROCK, AR 72223	OUTPATIENT HOSPITAL CLINIC
<b>2</b> 2 - CENTERS FOR CHILDREN 520 CARSON STREET JONESBORO, AR 72401	OUTPATIENT HOSPITAL CLINIC
<b>3</b> 3 - SOUTHWEST LITTLE ROCK COMMUNITY CLINIC 9015 DAILEY DRIVE LITTLE ROCK, AR 72209	OUTPATIENT HOSPITAL CLINIC
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	ACH USES FEDERAL POVERTY GUIDELINES TO DETERMINE FREE OR DISCOUNTED CARE PART I, LINE 4 ACH DOES NOT HAVE A SPECIFIC FINANCIAL ASSISTANCE PROGRAM FOR THE "MEDICALLY INDIGENT" AS DEFINED BY AR CODE SECTION 6-64-503(A), BUT ITS FINANCIAL ASSISTANCE POLICY DOES PROVIDE FREE CARE FOR INDIVIDUALS WITH HOUSEHOLD INCOMES UP TO 250% OF POVERTY AND DISCOUNTED CARE FOR INDIVIDUALS WITH HOUSEHOLD INCOMES UP TO 400% OF POVERTY AS PART OF THE APPLICATION PROCESS, ACH REQUESTS THAT PERSONS WITH NO INCOME AND ALSO INELIGIBLE FOR MEDICAID, MEDICARE, OR MARKETPLACE SUBSIDIES PROVIDE A WRITTEN SIGNED STATEMENT DESCRIBING HOW THEY ARE MEETING THEIR DAY TO DAY BASIC LIVING NEEDS THE APPLICATION SPECIFIES SUCH REQUIREMENTS FOR APPLICANTS WITH "NO INCOME IN THE HOME" ACH ALSO ASSISTS FAMILIES IN APPLYING FOR MEDICAID (INCLUDING THE TEFRA PROGRAM FOR DISABLED CHILDREN THAT ONLY CONSIDERS THE CHILD'S INCOME), SSI, CHILDREN'S MEDICAL SERVICES, AS WELL AS ACH'S OWN FINANCIAL ASSISTANCE PROGRAM THE HOSPITAL ALSO ALLOWS INTEREST FREE PAYMENTS TO BE MADE UNTIL THE OUTSTANDING BALANCE IS PAID WITHOUT TIME CONSTRAINTS ACH DOES NOT REPORT TO COLLECTION AGENCIES OR TAKE OTHER EXTRAORDINARY COLLECTION EFFORTS

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7	<p>COSTING METHOD - ARKANSAS CHILDREN'S HOSPITAL (ACH) USES A COST ACCOUNTING (CA) SYSTEM AS THE BASIS FOR DETERMINING COST FOR ITS PATIENTS ALL PATIENT ENCOUNTERS (INPATIENT, OUTPATIENT, ED, AMBULATORY SURGERY) ARE CAPTURED IN THE COST ACCOUNTING SYSTEM FOR ALL PATIENTS (MEDICAID, INSURANCE, UNINSURED) WITH NO DIFFERENTIATION FOR TYPE OF INSURANCE, IF ANY A BRIEF DESCRIPTION OF THE COST ACCOUNTING SYSTEM IS BELOW THE COST ACCOUNTING SYSTEM AT ACH IS A DETAILED PROCEDURE SYSTEM ALL SERVICES PERFORMED BY PATIENT CARE STAFF HAVE BEEN EVALUATED AS TO THE RESOURCES UTILIZED TO PROVIDE THE SERVICES INCLUDING LABOR, DIRECT MATERIALS AND EQUIPMENT IN ADDITION, OVERHEAD TYPE COSTS (BUILDING, UTILITIES, PAYROLL, ETC ) HAVE ALSO BEEN ALLOCATED TO THESE SERVICES THE TWO COMPONENTS, DIRECT AND INDIRECT COSTS, ARE COMBINED AND REPRESENT THE TOTAL COST TO PROVIDE EACH SERVICE THIS IS DONE ON A PROCEDURE LEVEL BASIS AS A PATIENT IS ADMITTED AND INCURS SERVICES (X-RAYS, ROOM &amp; BOARD, LAB, ETC ), THE APPLICABLE PROCEDURE COSTS ARE ASSIGNED TO EACH PARTICULAR PATIENT UPON DISCHARGE, THE COSTS FROM THE INDIVIDUAL PROCEDURES THAT WERE PROVIDED TO EACH PATIENT ARE ADDED UP FOR A TOTAL COST OF PROVIDING CARE FOR EACH INDIVIDUAL PATIENT THE COST ACCOUNTING SYSTEM IS UPDATED ANNUALLY TO REFLECT THE CURRENT YEAR'S EXPENSES</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES - ACH PROVIDES MANY PEDIATRIC AND SOME ADULT SPECIALIZED SERVICES TO THE COMMUNITY THAT ARE EITHER NOT AVAILABLE OR ARE BEYOND THE CAPACITY OF THE COMMUNITY TO PROVIDE MANY OF THESE SERVICES ARE PROVIDED BY ACH AT A LOSS THESE LOSSES WERE OBTAINED FROM THE COST ACCOUNTING SYSTEM IN ADDITION, ACH PROVIDES PEDIATRIC RENAL SERVICES THAT ARE NOT PROVIDED IN THE COMMUNITY THE COST OF THESE SERVICES PROVIDED TO PEDIATRIC PATIENTS IS MORE EXPENSIVE DUE TO THE SPECIALTY NATURE OF THE PATIENTS THESE COSTS ARE GREATER THAN WHAT IS ALLOWED ON THE MEDICARE COST REPORT, AND THAT LOSS HAS BEEN REPORTED IN SUBSIDIZED HEALTH SERVICES SIMILARLY, ACH INCURS LOSSES FROM PROVIDING PEDIATRIC LAB SERVICES TO ITS MEDICARE PATIENT POPULATION THAT ARE REIMBURSED LESS THAN COST THOSE LOSSES ARE ALSO INCLUDED AS SUBSIDIZED HEALTH SERVICES

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	ACH CONTRIBUTES TO THE COMMUNITY IT SERVES BOTH AT A NEIGHBORHOOD LEVEL AND AT A STATEWIDE LEVEL. LOCALLY, ACH IS A MAJOR EMPLOYER IN THE DOWNTOWN LITTLE ROCK AREA AND SERVES AS AN ACTIVE MEMBER OF THE BUSINESS COMMUNITY'S WORK TO REVITALIZE THE AREA FOR BOTH COMMERCE AND LIVING. DURING 2018 ACH STOOD BY ITS COMMITMENT TO COMMUNITY FINANCIAL WELLBEING BY INCREASING ITS MINIMUM WAGE FROM \$10.10 TO \$14 AN HOUR. THIS EXCEEDS THE RECENT STATE MINIMUM WAGE INCREASE OF \$11. ACH SUPPORTS A VARIETY OF NEIGHBORHOOD-BASED ORGANIZATIONS IN THE GEOGRAPHIC AREA SURROUNDING THE HOSPITAL, INCLUDING FORMAL NEIGHBORHOOD ASSOCIATIONS, BY ATTENDING MEETINGS AND SPONSORING INITIATIVES THAT SUPPORT THE COMMUNITY. ACH SUPPORTED A VARIETY OF NONPROFIT ORGANIZATIONS AND COMMUNITY GROUPS THAT HELP BUILD SAFETY AND RESILIENCY FOR CHILDREN AND THEIR CARETAKERS ACROSS THE STATE. THESE ORGANIZATIONS ADDRESS HOMELESSNESS, JOB SUPPORTS/SKILLS, DOMESTIC VIOLENCE, EDUCATION, AND NEIGHBORHOOD ENGAGEMENT. THERE ARE MULTIPLE EXAMPLES OF ORGANIZATIONS THAT ACH SUPPORTS. FOR INSTANCE, THE BOYS AND GIRLS CLUB HELPS KIDS AND TEENS DEVELOP ESSENTIAL SKILLS, MAKE LASTING CONNECTIONS AND HAVE FUN WITH ENRICHING AND EDUCATIONAL ACTIVITIES. WOMEN AND CHILDREN FIRST TACKLES AN OFTEN UNSPOKEN PROBLEM IN THE COMMUNITY: FAMILY VIOLENCE. IT PROVIDES SAFETY, STRENGTH, AND HOPE FOR VICTIMS OF FAMILY VIOLENCE. ACH CONTINUED TO PROVIDE OFFICE SPACE AT HIGHLY DISCOUNTED RATES FOR CHILD MALTREATMENT SERVICES. THE WOMEN'S FOUNDATION OF ARKANSAS INVESTS IN YOUNG GIRLS TO PROMOTE FINANCIAL STABILITY AND EDUCATIONAL ACHIEVEMENT.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	<p>UNCOLLECTIBLE UNCOMPENSATED CARE GENERALLY REPRESENTS STANDARD CHARGES THAT ARE UNREALIZED DUE TO AN UNWILLINGNESS TO PAY BY THOSE RESPONSIBLE FOR PAYMENT, THEREFORE BAD DEBT UNCOLLECTIBLE UNCOMPENSATED CARE IS REPORTED AS A DEDUCTION FROM GROSS PATIENT REVENUE TEXT OF FOOTNOTE IN CONSOLIDATED FINANCIAL STATEMENTS IN MAY 2014, THE FASB ISSUED ASU 2014-09, AMENDED BY 2015-14, REVENUE FROM CONTRACTS WITH CUSTOMERS, WHICH SUPERSEDES VIRTUALLY ALL EXISTING REVENUE RECOGNITION GUIDANCE UNDER U S GAAP THE ASU PROVIDES A FIVE-STEP MODEL FOR REVENUE RECOGNITION THAT ENTITIES WILL APPLY TO RECOGNIZE REVENUE IN A MANNER THAT REFLECTS THE TIMING OF THE TRANSFER OF SERVICES TO CUSTOMERS AND THE CONSIDERATION THAT AN ENTITY EXPECTS TO RECEIVE FOR THE GOODS AND SERVICES PROVIDED ARKANSAS CHILDREN'S ADOPTED ASU 2014-09 ON JULY 1, 2018 USING THE RETROSPECTIVE METHOD OF TRANSITION ARKANSAS CHILDREN'S PERFORMED AN ANALYSIS OF REVENUE STREAMS AND TRANSACTIONS UNDER ASU 2014-09 IN PARTICULAR, FOR NET PATIENT SERVICE REVENUE, ARKANSAS CHILDREN'S PERFORMED AN ANALYSIS INTO THE APPLICATION OF THE PORTFOLIO APPROACH AS A PRACTICAL EXPEDIENT TO GROUP PATIENT CONTRACTS WITH SIMILAR CHARACTERISTICS, SUCH THAT REVENUE FOR A GIVEN PORTFOLIO WOULD NOT BE MATERIALLY DIFFERENT THAN IF IT WERE EVALUATED ON A CONTRACT-BY-CONTRACT BASIS UPON ADOPTION, THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS PROVISION FOR UNCOLLECTIBLE ACCOUNTS AND PRESENTED AS A REDUCTION IN NET PATIENT SERVICE REVENUE ON THE CONSOLIDATED STATEMENTS OF OPERATIONS IS TREATED AS AN IMPLICIT PRICE CONCESSION THAT REDUCES THE TRANSACTION PRICE, WHICH IS REPORTED AS NET PATIENT SERVICE REVENUE FOR THE YEAR ENDED JUNE 30, 2018, ARKANSAS CHILDREN'S RECORDED APPROXIMATELY \$11 90 MILLION OF IMPLICIT PRICE CONCESSIONS AS A DIRECT REDUCTION OF PATIENT SERVICE REVENUE THAT WOULD HAVE BEEN RECORDED AS PROVISION FOR BAD DEBT PRIOR TO THE ADOPTION OF ASC 606 FOR THE YEAR ENDED JUNE 30, 2018, ARKANSAS CHILDREN'S RECORDED APPROXIMATELY \$5 42 MILLION AS A DIRECT REDUCTION OF PATIENT ACCOUNTS RECEIVABLE THAT WOULD HAVE BEEN REFLECTED AS ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS PRIOR TO THE ADOPTION OF ASC 606 THE NEW STANDARD ALSO REQUIRES ENHANCED DISCLOSURES RELATED TO THE DISAGGREGATION OF REVENUE AND SIGNIFICANT JUDGMENTS MADE IN MEASUREMENT AND RECOGNITION</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	THE ACH MEDICARE POPULATION IS PRIMARILY RENAL PEDIATRIC PATIENTS AND ADULT BURN PATIENTS ACH IS THE ONLY BURN CENTER IN THE STATE AND SERVES BOTH PEDIATRIC AND ADULT PATIENTS THE COST OF PROVIDING CARE FOR THE ACUTE ADULT PATIENTS IS TYPICALLY GREATER THAN THE REIMBURSEMENT THAT MEDICARE ALLOWS ON THE MEDICARE COST REPORT THEREFORE, THE MEDICARE SHORTFALL SHOULD BE INCLUDED AS A COMPONENT OF COMMUNITY BENEFIT BECAUSE THE REIMBURSEMENT IS NOT NEGOTIATED AND SERVICES CANNOT BE PROVIDED ELSEWHERE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B	<p>ARKANSAS CHILDREN'S HOSPITAL'S PATIENT ACCOUNTS DEPARTMENT USES ITS BEST EFFORTS TO ASSIST PATIENTS/GUARANTORS IN MEETING THEIR FINANCIAL RESPONSIBILITY FOR SERVICES PROVIDED AT ACH THE ACH POLICY IS TO ACT WITH INTEGRITY IN ALL ENDEAVORS, TREATING ALL PATIENTS AND THEIR FAMILIES WITH DIGNITY, RESPECT, AND COMPASSION THE STANDARD PROCESS INCLUDES OFFERING FINANCIAL ASSISTANCE TO ELIGIBLE FAMILIES NOTICES REGARDING THE FINANCIAL ASSISTANCE PROGRAM ARE POSTED IN ENGLISH AND SPANISH IN ALL REGISTRATION AREAS FINANCIAL ASSISTANCE BROCHURES ARE OFFERED AT REGISTRATION AND ARE AVAILABLE TO FAMILIES UPON REQUEST THE GUARANTOR STATEMENTS AND THE ACH WEBSITE CONTAIN INFORMATION ABOUT THIS PROGRAM THERE ARE FINANCIAL COUNSELORS AVAILABLE TO ALL REGISTRATION AREAS OF THE HOSPITAL TO ASSIST IN COMPLETING MEDICAID, CMS, SSI INTENTS, AND FINANCIAL ASSISTANCE APPLICATIONS IT IS STANDARD PRACTICE AT ACH TO UTILIZE INTERNAL RESOURCES FOR COLLECTION THROUGH THE PATIENT ACCOUNTS DEPARTMENT NO EXTRAORDINARY COLLECTION EFFORTS ARE TAKEN ACH DOES NOT REPORT TO CREDIT BUREAUS OR CHARGE INTEREST OR FILE LIENS AGAINST A PATIENT'S OR FAMILY'S RESIDENCE TO SECURE PAYMENT ON PATIENT ACCOUNT BALANCES UPON RECEIPT OF A PERSONAL BANKRUPTCY NOTICE, ANY OUTSTANDING SELF-PAY BALANCES FOR THE ASSOCIATED PATIENT ARE WRITTEN OFF ONCE ALL OTHER PAYMENTS HAVE BEEN RECEIVED ALL SELF-PAY COLLECTION ACTIVITY IS STOPPED UPON NOTIFICATION OF THE BANKRUPTCY UPFRONT DISCOUNTS ON SERVICES FOR THE UNINSURED ARE OFFERED THE FAMILY CAN ALSO REQUEST A PROMPT PAY DISCOUNT ADDITIONALLY, ACH ATTEMPTS TO ACCOMMODATE U S FAMILIES WHO DESIRE TO SET UP REASONABLE PAYMENT PLANS INTEREST IS NOT CHARGED THE HOSPITAL'S GUARANTOR STATEMENTS ARE DESIGNED TO KEEP THE GUARANTOR UPDATED AS TO WHETHER THE ACCOUNT IS STILL PENDING RESOLUTION BY INSURANCE OR DUE FROM THE GUARANTOR SELF-PAY COLLECTION ATTEMPTS ARE DISCONTINUED ONCE CHARGES ARE DETERMINED TO QUALIFY FOR FINANCIAL ASSISTANCE</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2	ARKANSAS CHILDREN'S HOSPITAL HAS BEEN CONDUCTING REGULAR NEEDS ASSESSMENTS OF THE STATUS OF CHILDREN'S HEALTH IN ARKANSAS SINCE 2006, WITH THE MOST RECENT CHNA AND IMPLEMENTATION STRATEGY ISSUED IN 2019 PLEASE SEE PART V, SECTION B FOR RELATED DETAILS AND DISCUSSION BUILDING ON YEARS OF EXPERIENCE ASSESSING THE NEEDS OF THE COMMUNITY THROUGH THE NATURAL WONDERS PARTNERSHIP COUNCIL'S EFFORTS, ACH'S CHNA IS VERY COMPREHENSIVE AND REACHES STATEWIDE HOWEVER, CLINICAL ASSESSMENT OF NEEDS HAS DRIVEN ADDITIONAL EFFORTS TO IMPROVE ACCESS TO APPROPRIATE HEALTH CARE FOR CHILDREN AND TO EDUCATE A VARIETY OF STAKEHOLDERS IN ARKANSAS FOR EXAMPLE, REALIZING THAT SOME HEALTH CARE WORKERS (FROM FIRST RESPONDERS TO SMALL HOSPITALS' STAFF MEMBERS) WERE UNFAMILIAR WITH PEDIATRIC PROTOCOLS, ACH HAS WORKED TO EDUCATE PROFESSIONALS ACROSS THE STATE THROUGH SIMULATION EDUCATION SCHOOL NURSES IDENTIFIED CERTAIN AREAS, SUCH AS TRACHEOSTOMY CARE, IN WHICH THEY FELT THEY NEEDED ADDITIONAL EDUCATION, AND ACH PARTNERED WITH THE AR DEPARTMENT OF HEALTH TO MEET THOSE NEEDS THROUGH THE SCHOOL NURSE ACADEMY ACH SUPPORT OF CAMPS FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS IS ALSO DRIVEN BY STAFF MEMBERS WHO WORK IN SPECIALTY CLINICS AND INPATIENT UNITS EACH DAY MEDICAL STAFF ALSO COLLECT AND ANALYZE DATA, FOR EXAMPLE, SEVERAL PHYSICIANS COLLECT DATA FOR CHILDREN'S HEALTH WATCH ON FOOD INSECURITY, HOUSING, AND OTHER BASIC NEEDS ACH'S FAMILY ADVISORY BOARD HELPS GUIDE THE HOSPITAL STAFF AND BOARD REGARDING ISSUES RELATED TO ITS SERVICES AND TO CREATING A FAMILY-FRIENDLY, FAMILY-CENTERED PLACE OF CARE

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	PLEASE SEE PART III, LINE 9B DESCRIPTION ON PAGE 66

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>AS THE CENTRAL PEDIATRIC MEDICAL CENTER IN THE STATE, ACH DEFINES THE COMMUNITY IT SERVES AS ALL CHILDREN FROM BIRTH TO AGE 18 IN THE STATE OF ARKANSAS. THOUGH THE HOSPITAL SERVES A SMALL NUMBER OF ADULT PATIENTS WITH PEDIATRIC CHRONIC CONDITIONS OR SEVERE BURNS AND A HANDFUL OF OUT-OF-STATE PATIENTS FOR PARTICULAR HEALTH CONDITIONS, THE MAJORITY OF ITS PATIENTS ARE FROM CENTRAL ARKANSAS AND THE REMAINDER OF THE STATE. ACH DRAWS APPROXIMATELY 73.6% OF ITS OUTPATIENT POPULATION AND 59.6% OF ITS INPATIENT POPULATION FROM PULASKI COUNTY AND SURROUNDING COUNTIES, INCLUDING SALINE, FAULKNER, LONOKE, AND JEFFERSON. ALTHOUGH PULASKI COUNTY IS THE HOSPITAL'S PRIMARY SERVICE AREA, ACH SERVES PATIENTS FROM WHITE COUNTY IN NORTH CENTRAL ARKANSAS, GARLAND COUNTY IN EAST CENTRAL ARKANSAS AND BENTON AND WASHINGTON COUNTIES IN THE NORTHWEST CORNER OF THE STATE. ACH'S CURRENT PHYSICAL LOCATIONS INCLUDE A MAIN CAMPUS AND TWO OUTPATIENT CLINICS IN LITTLE ROCK, A CLINIC IN NORTHWEST ARKANSAS, AND A CLINIC IN NORTHEAST ARKANSAS. GROWING TELEMEDICINE CAPABILITIES CONNECT ACH TO OFF-CAMPUS PROVIDERS AND ALLOW REMOTE SITES ACCESS TO SPECIALTIES INCLUDING NEONATOLOGY, EMERGENCY MEDICINE, PEDIATRIC INTENSIVE CARE, BURN, GENETICS, CARDIOLOGY, AND PULMONOLOGY. ACCORDING TO U.S. CENSUS BUREAU 2010 CENSUS DATA, POPULATION TOTALS AT THAT TIME WERE 2,915,918 FOR THE STATE OF ARKANSAS AND 382,748 FOR PULASKI COUNTY. ESTIMATED 2018 CENSUS DATA INDICATED POPULATION TOTALS TO BE 3,013,825 FOR ARKANSAS AND 392,680 FOR PULASKI COUNTY. ALSO ACCORDING TO ESTIMATED 2018 CENSUS DATA, APPROXIMATELY 23.3% OF THE ARKANSAS POPULATION WAS UNDER 18 YEARS OF AGE AND 6.3% WAS UNDER THE AGE OF 5. THE UNEMPLOYMENT RATE FOR THE STATE OF ARKANSAS FOR CALENDAR YEAR 2018 WAS 3.7%. THE PER CAPITA PERSONAL INCOME FOR THE STATE OF ARKANSAS FOR 2018 WAS \$25,635. THE PERCENT OF ALL PEOPLE IN POVERTY IN ARKANSAS WAS 17.6% AND THE PERCENT OF CHILDREN 18 OR YOUNGER IN POVERTY WAS 24.7%, INDICATING A SLIGHT IMPROVEMENT FROM THE PRIOR YEAR. ARKANSAS CHILDREN'S HOSPITAL (ACH) DEFINES ITS COMMUNITY AS ALL CHILDREN WHO RESIDE IN THE STATE. CHILDREN SERVED BY ACH COME FROM DIVERSE COMMUNITIES, RANGING FROM NORTHWEST ARKANSAS' BOOMING BUSINESS INDUSTRY TO THE PERSISTENT POVERTY OF THE MISSISSIPPI DELTA. RACIAL AND ETHNIC SUBCULTURES VARY ACROSS THE STATE INCLUDING A GROWING HISPANIC POPULATION IN THE NORTH AND WEST TO A LARGER AFRICAN AMERICAN POPULATION IN THE SOUTH AND EAST. IN GENERAL, ARKANSAS CHILDREN FARE WORSE THAN OTHERS IN THE U.S. IN TERMS OF HEALTH RISK FACTORS AND OUTCOMES, HIGHLIGHTING A NEED FOR INVESTMENTS IN PUBLIC HEALTH INITIATIVES. DESPITE THE PRESENCE OF LARGE PRIVATE EMPLOYERS INCLUDING THE CORPORATE HOMES FOR WAL-MART, TYSON FOODS, AND JONES TRUCK LINES, AND A STRONG AGRICULTURAL ECONOMY, THE CONSEQUENCES OF POVERTY ARE FELT IN MOST COMMUNITIES IN THE STATE. THE ESTIMATED 702,358 ARKANSAS CHILDREN UNDER AGE 18 REPRESENTED 23.3% OF THE STATE'S TOTAL POPULATION FOR 2018. DEMOGRAPHIC SHIFTS OCCUR RAPIDLY, THE HISPANIC CHILD POPULATION GREW DRAMATICALLY FROM 3.0% AS REPORTED IN THE 2000 CENSUS TO 9.3% AS REPORTED IN THE 2010 CENSUS, AND THE NUMBER OF AFRICAN AMERICAN CHILDREN UNDER AGE 18 ALSO GREW FROM 15.7% TO 19.3% DURING THE SAME PERIOD. ESTIMATES FOR 2018 INDICATE THAT THE HISPANIC CHILD POPULATION IN ARKANSAS WAS 12.1% AND THE AFRICAN AMERICAN CHILD POPULATION WAS 18.0%. THE RATE OF POVERTY IN ARKANSAS (2018 ESTIMATE) WAS APPROXIMATELY 17.6%, WITH APPROXIMATELY 24.7% OF CHILDREN UNDER AGE 18 LIVING IN POVERTY. WITH A PRIMARILY RURAL POPULATION LIVING IN MANY SMALL AND MEDIUM-SIZED COMMUNITIES, ACCESS TO HEALTH CARE SERVICES PRESENTS A VERY REAL CHALLENGE. ARKANSAS HAS SEEN A LARGE DECLINE IN UNINSURED CHILDREN SINCE 1990, WITH 4.7% OF CHILDREN LACKING COVERAGE AS OF 2018. ARKANSAS' "ARKIDS FIRST" HEALTH INSURANCE PROGRAM HAS BEEN A MAJOR FACTOR IN PROVIDING HEALTH INSURANCE FOR CHILDREN WHO MAY HAVE OTHERWISE GONE WITHOUT. ARKIDS FIRST WAS DESIGNED BY THE STATE OF ARKANSAS TO PROVIDE INSURANCE FOR CHILDREN OF WORKING FAMILIES WHO EARNED TOO MUCH FOR PUBLIC ASSISTANCE BUT COULD NOT AFFORD TO PURCHASE HEALTH INSURANCE.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>ARKANSAS CHILDREN'S HOSPITAL IS THE CENTRAL PEDIATRIC MEDICAL CENTER IN ARKANSAS AND ONE OF THE LARGEST IN THE UNITED STATES SERVING CHILDREN FROM BIRTH TO AGE 21. THE CAMPUS SPANS OVER 36 CITY BLOCKS AND HOUSED 336 OPERATING BEDS IN FY19. THE STAFF IS COMPRISED OF APPROXIMATELY 595 PHYSICIANS, OVER 200 RESIDENTS IN PEDIATRICS AND PEDIATRIC SPECIALTIES AND APPROXIMATELY 4,400 EMPLOYEES. THE PRIVATE, NONPROFIT HEALTHCARE FACILITY BOASTS AN INTERNATIONALLY RENOWNED REPUTATION FOR MEDICAL BREAKTHROUGHS AND INTENSIVE TREATMENTS, UNIQUE SURGICAL PROCEDURES AND FORWARD-THINKING MEDICAL RESEARCH - ALL DEDICATED TO FULFILLING ITS MISSION. ACH SERVES AS THE PEDIATRIC TEACHING AFFILIATE OF THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES (UAMS) AND IS HOME TO THE UAMS DEPARTMENT OF PEDIATRICS. ACH IS THE CLASSROOM WHERE MEDICAL STUDENTS STUDY THE PEDIATRIC COMPONENT OF ALL DISCIPLINES. UAMS FACULTY ON THE ACH CAMPUS ARE PRACTICING PHYSICIANS AS WELL AS TEACHERS TO UAMS STUDENTS IN MEDICINE, NURSING, PHARMACY, PUBLIC HEALTH, AND ALLIED HEALTH SPECIALTIES. ACH'S BURN CENTER IS THE ONLY ONE IN ARKANSAS AND TREATS BOTH PEDIATRIC AND ADULT BURN PATIENTS. THEIR OUTREACH PROGRAM HELPS TO PREVENT BURNS THROUGH SEVERAL OUTREACH AND EDUCATIONAL INITIATIVES. THEY EDUCATE EMERGENCY MEDICAL PERSONNEL IN THE EMERGENCY TREATMENT OF BURNS, INCLUDING EMERGENCY MEDICAL TECHNICIANS (EMTs), DOCTORS, NURSES, AND PARAMEDICS. IN ADDITION, THEY DELIVER BURN PREVENTION EDUCATION TO CHILDREN AND FAMILIES STATEWIDE THROUGH HEALTH FAIRS, SCHOOLS AND OTHER COMMUNITY-BASED VENUES. IN COLLABORATION WITH THE VOLUNTEER FIRE FIGHTERS PROGRAM THEY DISTRIBUTE SMOKE DETECTORS TO REACH RURAL COMMUNITIES. THEY ALSO REACHED RURAL COMMUNITIES THROUGH A MAIL CAMPAIGN OF MORE THAN 6,000 BURN PREVENTION EDUCATION MATERIALS TO ALL COUNTIES OF THE STATE. THE HOSPITAL'S CHILD ADVOCACY AND PUBLIC HEALTH DIVISION EMPLOYS MORE THAN 60 STAFF FOCUSED ON HEALTH PROMOTION AND PREVENTION, HOME VISITING SERVICES FOR VULNERABLE FAMILIES, UNIQUE ACCESS TO CARE SOLUTIONS SUCH AS SCHOOL-BASED HEALTH, AND POPULATION HEALTH SERVICES SUCH AS A MEDICAL-LEGAL PARTNERSHIP. MUCH OF THIS WORK IS GRANT-FUNDED OR CONTRACT-FUNDED, MEANING THAT IT IS NOT COUNTED AS COMMUNITY BENEFIT, BUT IT IS THE HOSPITAL'S INFRASTRUCTURE FOR ITS BROADER MISSION OF DELIVERING ON THE PROMISE OF A HEALTHIER TOMORROW FOR ARKANSAS CHILDREN. THE HOSPITAL'S WINNIE M. LOWE FAMILY RESOURCE CENTER IS STAFFED BY 3 EMPLOYEES AND IS HOME TO A FAMILY LIBRARY, SAFETY ZONE AND MEDICAL LIBRARY. IN THE FAMILY LIBRARY, PATIENTS, FAMILIES AND COMMUNITY MEMBERS CAN ACCESS EVIDENCE-BASED, PEER-REVIEWED HEALTH INFORMATION TO LEARN ABOUT A NEW OR EXISTING DIAGNOSIS OR CONDITION. THE LIBRARY OFFERS MANY HEALTH APPS WHERE PATIENTS AND FAMILIES CAN INTERACT WITH BODY SYSTEMS IN 2D FORMAT. THE FAMILY LIBRARY INCLUDES A BIBLIOTHERAPY PROGRAM, WHICH ARE CHILDREN'S BOOKS THAT CONVEY HEALTH INFORMATION. THIS MAY ALLOW A CHILD OR THEIR SIBLINGS TO UNDERSTAND WHAT MAY BE OCCURRING WITH THEIR BODY OR AN UPCOMING SURGERY OR HOSPITAL ADMISSION. THE SAFETY ZONE IS A WONDERFUL PLACE WHERE VISITORS CAN LEARN ABOUT INJURY PREVENTION WHILE AT HOME, WHILE DRIVING, AND WHILE DOING RECREATIONAL ACTIVITIES. FAMILIES COMPLETE AN INJURY PREVENTION ASSESSMENT AND RECEIVE TAILORED, EVIDENCE-BASED INJURY PREVENTION INFORMATION. TOPICS RANGE FROM GENERAL HOME SAFETY, SAFE SLEEP, WATER SAFETY, ATV SAFETY, GUN SAFETY, BURN PREVENTION SAFETY, CAR SEAT SAFETY AND MUCH MORE. FAMILIES WHO COMPLETE THE ASSESSMENT ARE ELIGIBLE FOR UP TO THREE FREE SAFETY PRODUCTS TO ADDRESS SAFETY RISKS IDENTIFIED. THE FAMILY RESOURCE CENTER IS ALSO THE HUB FOR PATIENT AND FAMILY ENGAGEMENT IN THE HOSPITAL. ARKANSAS CHILDREN'S VOLUNTEER ENGAGEMENT VOLUNTEER RESOURCES ARE INTEGRATED INTO MORE THAN 35 DEPARTMENTS ACROSS BOTH ARKANSAS CHILDREN'S HOSPITAL AND ARKANSAS CHILDREN'S NORTHWEST. THERE ARE EIGHT SEPARATE VOLUNTEER PROGRAMS AT ACH INCLUDING A JUNIOR VOLUNTEER PROGRAM AND ANIMAL ASSISTED THERAPY. THERE WERE OVER 1,100 VOLUNTEERS AT ACH FOR FY19, AND 41 ANIMAL ASSISTED THERAPY VOLUNTEERS. THE ARKANSAS CHILDREN'S PATIENT AND FAMILY ADVISOR PROGRAM ENGAGES PARENTS AND CAREGIVERS IN A VARIETY OF WAYS TO CONTINUE ADVANCING OUR COMMITMENT TO PATIENT AND FAMILY-CENTERED CARE. THE HOSPITAL BEGAN WITH 1 FAMILY ADVISORY BOARD, AND THIS HAS GROWN TO 10 FAMILY ADVISORY BOARDS AND 1 YOUTH ADVISORY COUNCIL ACROSS THE ARKANSAS CHILDREN'S SYSTEM. THESE GROUPS HAVE BROUGHT ABOUT MANY MEANINGFUL CHANGES TO THE HOSPITAL INCLUDING VIDEO STREAMING, CO-DESIGNED PATIENT SAFETY INFORMATION, A MEAL ASSISTANCE PROGRAM, THE DEVELOPMENT OF PATIENT AND FAMILY HEALTH INFORMATION. PATIENT AND FAMILY ADVISORS ARE ENGAGED IN OTHER CAPACITIES, INCLUDING HOSPITAL COMMITTEES, A MENTOR PROGRAM, OUR E-COUNCIL, ETC. THE ADVISORS ARE A MAJOR ASSET IN THE COMMITMENT TO PATIENT SAFETY AND TO THE HOSPITAL MISSION THROUGH ARKANSAS CHILDREN'S SIMULATION CENTER, PREVIOUSLY CALLED THE PEDIATRIC UNDERSTANDING AND LEARNING.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>G THROUGH SIMULATIONS EDUCATION (PULSE), NON-ACH HEALTH PROFESSIONALS, PATIENT FAMILIES AND OTHER INTERESTED COMMUNITY MEMBERS AROUND THE STATE HAVE BEEN TRAINED ON LIFE-SAVING PEDIATRIC CARE SKILLS. THE AMOUNT OF PEOPLE AROUND THE STATE TRAINED HAS INCREASED AS MORE COMMUNITY-BASED TRAINING IS PROVIDED, LIKE PROJECT ADAM TRAINING TO PREVENT SUDDEN CARDIAC ARREST THE ADVANCE CARDIAC LIFE SUPPORT (ACLS), AN AMERICAN HEART ASSOCIATION COURSE, TEACHES THE RECOGNITION AND TREATMENT OF CARDIAC DYSRHYTHMIAS IN CHILDREN OVER 10 YEARS OF AGE. INSTRUCTORS HAVE HELPED SEVERAL COMMUNITIES AND BUSINESSES LEARN TOOLS FOR BASIC LIFE SUPPORT. THEY TRAIN PATIENT FAMILIES TO TAKE THEIR CHILDREN HOME AND ALSO GO TO SCHOOLS, CHURCHES, YOUTH AND ADULT ACTIVITIES AND BUSINESSES TO EDUCATE IN FIRST AID AND BASIC LIFE SUPPORT. THE TEAM HAS TAUGHT PEDIATRIC ASSESSMENT RECOGNITION AND STABILIZATION (PEARS) TO SCHOOL NURSES. MANY INSTRUCTORS TEACH FIRST AID TO DAYCARES AND BUSINESSES. THE HOSPITAL'S ANGEL ONE TRANSPORT PROGRAM TRAINS HEALTHCARE PROFESSIONALS IN TWO PROGRAMS: NEONATAL RESUSCITATION, AND THE STABLE PROGRAMS THAT FOCUS ON IMPROVING OUTCOMES FOR NEWBORNS BY INCREASING THE NUMBER OF HEALTH CARE PROFESSIONALS TRAINED IN RURAL AND COMMUNITY HOSPITALS WHICH MAY BE THE FIRST LINE OF INTERVENTION FOR PATIENTS. ARKANSAS CHILDREN'S CARE NETWORK (ACCN), WITHIN THE ARKANSAS CHILDREN'S SYSTEM, IS A COLLABORATOR WITH ACH. ACCN SEEKS TO FUNDAMENTALLY AND POSITIVELY TRANSFORM HEALTH IN THE CHILDREN OF ARKANSAS THROUGH A CLINICALLY INTEGRATED NETWORK (CIN) COMPRISED OF HEALTH CARE PROFESSIONALS WHO PROVIDE COORDINATED AND ACCOUNTABLE PEDIATRIC CARE. ACCN WILL ACHIEVE THIS BY IMPROVING QUALITY, ACCESS, AND PATIENT /FAMILY EXPERIENCE, WHILE IMPACTING THE AFFORDABILITY OF HEALTH CARE AND INCREASING PHYSICIAN ENGAGEMENT AND SATISFACTION.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6	ACH IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, FOR WHICH ARKANSAS CHILDRENS, INC , INCORPORATED IN DECEMBER 2015, SERVES AS THE PARENT CORPORATION THE ARKANSAS CHILDREN'S HEALTH SYSTEM CONSISTS OF ARKANSAS CHILDREN'S, INC , ARKANSAS CHILDREN'S HOSPITAL (ACH), ARKANSAS CHILDREN'S NORTHWEST (ACNW), ARKANSAS CHILDREN'S FOUNDATION (ACF), ARKANSAS CHILDREN'S RESEARCH INSTITUTE (ACRI), ARKANSAS CHILDREN'S CARE NETWORK (ACCN), AND ARKANSAS CHILDREN'S MEDICAL GROUP (ACMG) ACNW IS A NOT-FOR-PROFIT PEDIATRIC HOSPITAL LOCATED IN SPRINGDALE, ARKANSAS, THAT OPENED IN FEBRUARY 2018 ACNW SERVES AS THE ONLY EXCLUSIVELY PEDIATRIC HEALTH CARE FACILITY FOR CHILDREN IN THE NORTHWEST REGION OF THE STATE ACF IS A NOT-FOR-PROFIT ORGANIZATION THAT EXISTS AS THE FUNDRAISING BRANCH OF ARKANSAS CHILDREN'S ACRI OPERATES TO SUPPORT, THROUGH CHARITABLE, SCIENTIFIC, AND EDUCATIONAL MEANS, THE MISSION OF ARKANSAS CHILDREN'S ACCN IS A NOT-FOR-PROFIT PEDIATRIC STATEWIDE CLINICALLY INTEGRATED NETWORK ACMG WAS FORMED TO PROVIDE PHYSICIAN SERVICES TO ACH AND ACNW ALTHOUGH NOT CORPORATE AFFILIATES, ACH AND THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES (UAMS) ARE INVOLVED IN AN AGREEMENT IN THE PURSUIT OF PROFESSIONAL EDUCATION, RESEARCH, AND CLINICAL CARE FOR CHILDREN ALL PEDIATRIC SUB-SPECIALTY WORK IS CONDUCTED ON THE ACH CAMPUS WITH ACH PROVIDING SPACE, SUPPORTING STAFF AND SERVICES AND FUNDING FOR MAJOR EDUCATIONAL AND CLINICAL EXPERTISE

**Additional Data****Software ID:****Software Version:****EIN:** 71-0236857**Name:** ARKANSAS CHILDREN'S HOSPITAL**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>											
Name, address, primary website address, and state license number											
1	ARKANSAS CHILDREN'S HOSPITAL 1 CHILDRENS WAY LITTLE ROCK, AR 72202 WWW ARCHILDRENS ORG AR4640	X	X	X	X		X	X			

**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
ARKANSAS CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 3J IN ADDITION TO THE ITEMS CHECKED IN BOXES A - I, OTHER INFORMATION WAS INCLUDED IN THE NEEDS ASSESSMENT AS THE CENTRAL PEDIATRIC HOSPITAL IN THE STATE OF ARKANSAS, ACH CONSIDERS ITS COMMUNITY TO BE ALL 710,000 CHILDREN IN THE STATE THE NEEDS ASSESSMENT REPORT CONTAINED INFORMATION ABOUT THE STATEWIDE COALITION IT CONVENES, THE NATURAL WONDERS PARTNERSHIP COUNCIL (NWPC), WHICH UTILIZES THE COLLECTIVE IMPACT MODEL TO WORK TOGETHER TO IMPROVE CHILD HEALTH THE NWPC USES THE NEEDS ASSESSMENT AS ITS COMMON AGENDA FOR IMPROVING CHILD HEALTH IN ARKANSAS, INCLUDING IN AREAS THE HOSPITAL DOES NOT ADDRESS IN A LEADERSHIP ROLE SINCE CHILDREN'S HEALTH IS SO CLOSELY TIED TO ADULT HEALTH, ACH INCLUDED SOME INFORMATION ABOUT THE HEALTH STATUS OF ADULTS THE REPORT ALSO CONTAINED "BIG IDEAS AND "VISION" FROM THE QUALITATIVE DATA COLLECTION FOR IMPROVING CHILD HEALTH TO HELP INSPIRE THE WORK THAT RESULTS FROM THE NEEDS ASSESSMENT THE REPORT CONTAINED INFORMATION ABOUT THE IMPACT OF THE ACTIVITIES RESULTING FROM THE PREVIOUS CHNA



**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
ARKANSAS CHILDREN'S HOSPITAL	<p>PART V, SECTION B, LINE 5 IN TY18/FY19, THE HOSPITAL TOOK A COMPREHENSIVE APPROACH TO UNDERSTAND CHILD HEALTH AND CONSIDERED BOTH SECONDARY AND PRIMARY DATA AT THE LOCAL, REGIONAL, AND STATE LEVEL TO DETERMINE THE HEALTH NEEDS OF ARKANSAS' CHILDREN. SECONDARY DATA SETS REVIEWED INCLUDED U.S. CENSUS BUREAU, CENTERS FOR DISEASE CONTROL &amp; PREVENTION, ANNIE E. CASEY KIDS COUNT DATA CENTER, ARKANSAS STATE AGENCY DATABASES, THE YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM (YRBSS), AND RESEARCH FROM LOCAL ORGANIZATIONS. MEMBERS OF THE NATURAL WONDERS PARTNERSHIP COUNCIL PROVIDED INPUT AND FEEDBACK ON THE CHNA AT ALL STAGES OF ITS DEVELOPMENT, FROM DESIGN, TO INITIAL OUTCOMES, TO A FINAL REPORT. MANY MEMBERS ALSO PARTICIPATED BY PROVIDING DATA, TO AND INTERVIEWS FOR, THE CHNA TEAM. NATURAL WONDERS MEMBERS REPRESENT A VARIETY OF STAKEHOLDERS INCLUDING ARKANSAS DEPARTMENT OF HEALTH OFFICIALS, THE UNIVERSITY OF ARKANSAS FOR THE MEDICAL SCIENCES COLLEGE OF PUBLIC HEALTH, THE UNIVERSITY OF ARKANSAS CLINTON SCHOOL OF PUBLIC SERVICE, HEALTH POLICY ORGANIZATIONS, HEALTH CARE PROVIDERS, RESEARCHERS, NONPROFIT ORGANIZATIONS, MEMBERSHIP ORGANIZATIONS INCLUDING THE AMERICAN ACADEMY OF PEDIATRICS, THE ARKANSAS DEPARTMENTS OF EDUCATION AND HUMAN SERVICES, BEHAVIORAL HEALTH AGENCIES, DENTAL INSURANCE PROVIDERS, MEMBERS OF FAITH COMMUNITIES, LOW-INCOME LEGAL AID SERVICES, PRIVATE FOUNDATIONS, AND A STATEWIDE EDUCATION-FOCUSED COLLECTIVE IMPACT COALITION OVER 500 PEOPLE AROUND THE STATE. IN THE COMMUNITY THE HOSPITAL SERVES, GAVE FEEDBACK ON CHILD HEALTH ASSETS AND NEEDS THROUGH THE CHNA PROCESS, WHICH HELPED TO OBTAIN IN-DEPTH INFORMATION, OPINIONS, AND INSIGHT ABOUT IMPORTANT DIMENSIONS IN HEALTH, HEALTHCARE, AND HEALTH PROMOTION FROM THESE CRITICAL STAKEHOLDERS IN CHILD HEALTH. ALTHOUGH THE CHNA TEAM DID NOT SEEK FEEDBACK DIRECTLY FROM CHILDREN, MEANINGFUL ENGAGEMENT AND INPUT FROM A BROAD CROSS-SECTION OF ORGANIZATIONS AND INDIVIDUALS THROUGHOUT THE STATE WAS IMPORTANT TO THE SUCCESSFUL COMPLETION OF THE FY19 CHNA. AN ANONYMOUS TELEPHONE SURVEY OF 400 ARKANSAS PARENTS PROVIDED A STATISTICALLY SIGNIFICANT MEASURE OF PARENT OPINIONS AND PERCEIVED NEEDS AT THE STATE LEVEL TO GATHER A MORE IN-DEPTH UNDERSTANDING OF STATEWIDE CHILD HEALTH NEEDS, A PURPOSEFUL SAMPLE OF 164 PARENTS AND CHILDREN'S SERVICE PROVIDERS FROM DIVERSE REGIONS AND POPULATIONS ACROSS ARKANSAS WERE ENGAGED THROUGH 16 NINETY-MINUTE FOCUS GROUPS. DIVERSITY IN GEOGRAPHIC AND RURAL/URBAN STATUS WAS PRIORITIZED, AND LANGUAGE DIVERSITY WAS PRIORITIZED BY CONDUCTING THREE FOCUS GROUPS IN SPANISH AND ONE IN MARSHALLESE. NAMES WERE NOT COLLECTED IN THE FOCUS GROUPS OR THE STATEWIDE SURVEY TO ASSURE ANONYMITY FOR THE PARENTS AND CHILD SERVICE PROVIDERS WHO PARTICIPATED TO PROVIDE A DEEPER UNDERSTANDING OF THE SECONDARY DATA USED IN THE FY19 CHNA, ONE-HOUR INTERVIEWS WERE CONDUCTED WITH CHILD HEALTH THOUGHT LEADERS AND SUBJECT MATTER EXPERTS IN THE STATE. THE 39 KEY INFORMANT INTERVIEWS REACHED PUBLIC HEALTH OFFICIALS.</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
ARKANSAS CHILDREN'S HOSPITAL	<p>CIALS, HEALTH POLICY EXPERTS, HEALTH CARE PROVIDERS AND ADMINISTRATORS, NON-PROFIT EXECUTIVES, STATE AGENCY LEADS, COMMUNITY LEADERS, RESEARCHERS, AND HEALTH INSURANCE REPRESENTATIVES THROUGH THE FY19 CHNA PROCESS THE FOLLOWING CHILD HEALTH NEEDS WERE IDENTIFIED AND PRIORITIZED WITH PARTICIPATION OF THE NWPC PARENTING SUPPORTS, SOCIAL ISSUES, MENTAL HEALTH AND SUBSTANCE ABUSE, EQUITABLE ACCESS TO CARE, FOOD INSECURITY, CHILD OBESITY, REPRODUCTIVE HEALTH, ORAL HEALTH, CHILD INJURY, AND IMMUNIZATIONS THESE IDENTIFIED AND PRIORITIZED ISSUES FORMED THE DEVELOPMENT OF THE 2020-2022 IMPLEMENTATION STRATEGY</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
ARKANSAS CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 6A THE ARKANSAS CHILDREN'S HOSPITAL CHNA WAS CONDUCTED IN PARTNERSHIP WITH ARKANSAS CHILDREN'S NORTHWEST BOTH HOSPITALS ARE PART OF THE ARKANSAS CHILDREN'S SYSTEM AND NORTHWEST ARKANSAS IS A SHARED COMMUNITY OF BOTH HOSPITALS

**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
ARKANSAS CHILDREN'S HOSPITAL	<p>PART V, SECTION B, LINE 6B ARKANSAS CHILDREN'S CONDUCTED THE NEEDS ASSESSMENTS FOR EACH OF THE TWO HOSPITALS IN PARTNERSHIP WITH OTHER ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES MEMBERS OF THE NATURAL WONDERS PARTNERSHIP COUNCIL, A COALITION OF STATEWIDE ORGANIZATIONS, IN ADDITION TO OTHER ORGANIZATIONAL AND COMMUNITY PARTNERS PARTICIPATED THE FOLLOWING ORGANIZATIONS PROVIDED INPUT AND FEEDBACK ON THE ACH AND ACNW COMMUNITY HEALTH NEEDS ASSESSMENTS MANY ALSO PROVIDED DATA AND INTERVIEWS TO THE ARKANSAS CHILDREN'S STAFF MEMBERS WHO WORKED ON BOTH OF THE NEEDS ASSESSMENTS ARKANSAS CHILDREN'S HOSPITAL AND ARKANSAS CHILDREN'S NORTHWESTARKANSAS DEPARTMENT OF HEALTHARKANSAS DEPARTMENT OF EDUCATIONARKANSAS DEPARTMENT OF HUMAN SERVICESARKANSAS MINORITY HEALTH COMMISSIONTHE ARKANSAS COALITION FOR OBESITY PREVENTIONTHE ARKANSAS FOOD BANK AND THE NORTHWEST ARKANSAS FOOD BANKTHE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCETHE UNIVERSITY OF ARKANSAS' COLLEGE OF PUBLIC HEALTHTHE CLINTON SCHOOL OF PUBLIC SERVICEADVOCACY ORGANIZATIONS INCLUDING ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES, THE HUNGER RELIEF ALLIANCE, THENORTHWEST ARKANSAS WORKERS JUSTICE CENTER, AND THE HISPANIC WOMEN'S ORGANIZATION OF ARKANSASHEALTH POLICY ORGANIZATIONS INCLUDING THE ARKANSAS CENTER FOR HEALTH IMPROVEMENT AND THE ARKANSAS SUPPORT NETWORKHEALTH CARE PROVIDERS INCLUDING PEDIATRICIANS, FAMILY PRACTICE PHYSICIANS, AND NURSESHEALTH RESEARCHERSTHE ARKANSAS ORAL HEALTH COALITIONTHE ARKANSAS IMMUNIZATION ACTION COALITIONTHE ARKANSAS FOUNDATION FOR MEDICAL CARE (AFMC)THE NETWORK OF ARKANSAS SCHOOL-BASED HEALTH CENTERS AND THE SCHOOL-BASED HEALTH ALLIANCE OF ARKANSASNONPROFIT ORGANIZATIONS PROVIDING DIRECT SERVICESMEMBERSHIP ORGANIZATIONS INCLUDING THE AMERICAN ACADEMY OF PEDIATRICS, THE ARKANSAS HOSPITAL ASSOCIATION, PHARMACY REPRESENTATIVES, AND DENTIST REPRESENTATIVESCOMMUNITY HEALTH CENTERS OF ARKANSASBEHAVIORAL HEALTH AGENCIESDENTAL INSURANCE COMPANIES AND PROVIDERSPRIVATE HEALTH INSURANCE COMPANIESFAITH COMMUNITY REPRESENTATIVESLOW-INCOME LEGAL SERVICESPRIVATE FOUNDATIONS AND THE ARKANSAS COMMUNITY FOUNDATIONTHE ARKANSAS CAMPAIGN FOR GRADE-LEVEL READINGPRIVATE INDUSTRIES RANGING FROM PHARMACEUTICAL COMPANIES TO CHAMBERS OF COMMERCEPARENTS</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
ARKANSAS CHILDREN'S HOSPITAL	PART V, SECTION B, LINE 7D THE 2019 CHNA WAS DISTRIBUTED TO OVER 40 OF ITS PARTNERS THROUGH THE NATURAL WONDERS PARTNERSHIP COUNCIL (NWPC) AND ITS MULTIPLE SUB WORKGROUPS ADDITIONALLY, THE 2019 CHNA RESULTS WERE SIMPLIFIED AND COMBINED WITH NATURAL WONDERS' COLLECTIVE IMPACT STRATEGIC FRAMEWORK TO GENERATE A NEW 2020-2022 NATURAL WONDERS ACTION PLAN REPORT IT IS ALSO AVAILABLE FOR PUBLIC VIEW WITHOUT CHARGE ON THE ACH WEBSITE

**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
ARKANSAS CHILDREN'S HOSPITAL	<p>PART V, SECTION B, LINE 11 IN THE FALL OF 2017, ARKANSAS CHILDREN'S HOSPITAL (ACH) BEGAN TO CARRY OUT THE ACTIONS IN THE 2017-2019 IMPLEMENTATION STRATEGY BASED ON THE HOSPITAL'S 2016 CHNA WHICH WAS COMPLETED AT THE END OF TAX YEAR 2015 FROM MAY TO SEPTEMBER 2016, STA KEHOLDER GROUPS AND ACH ADMINISTRATIVE AND CLINICAL LEADERS WORKED TO IDENTIFY ACTION ORIENTED GOALS AND ACTIVITIES TO ADDRESS THE IDENTIFIED PRIORITY CHILD HEALTH NEEDS THE 2017- 2019 IMPLEMENTATION STRATEGY INCLUDES DESCRIPTIONS OF THE GOALS, EXPECTED OUTCOMES AND COL LABORATIVE PARTNERS FOR EACH CHILD HEALTH NEED BY THE FALL OF 2016 (TY16/FY17), ACH COMPL ETED AND RECEIVED APPROVAL FOR ITS COMMUNITY HEALTH IMPLEMENTATION STRATEGY FOR FY17 - FY19 BELOW IS A BRIEF BACKGROUND ON HOW THE HOSPITAL FACILITATED THE DEVELOPMENT OF THE IMPL EMENTATION STRATEGY AND UPDATED INFORMATION ON HOW THE HOSPITAL HAS ADDRESSED THE CHILD HE ALTH NEEDS IDENTIFIED IN THE 2016 CHNA DURING FY19 IN A CAPACITY BUILDING ROLE, ACH COMMU NITY BENEFIT STAFF SUPPORT THE COLLECTIVE IMPACT WORK OF THE NATURAL WONDRS PARTNERSHIP COUNCIL THE COALITION USES THE ACH CHNA AS ITS "SHARED MEASUREMENT SYSTEM" OF CHILD HEALTH INDICATORS AND DEVELOPS "MUTUALLY REINFORCING ACTIVITIES" THAT ADDRESS IDENTIFIED CHILD H EALTH NEEDS THE COLLECTIVE IMPACT FRAMEWORK HAS PROVIDED STRATEGIC DIRECTION AND ENSURED BACKBONE SUPPORT FROM ACH FOR PARTNER ORGANIZATIONS SEEKING TO IMPROVE THE HEALTH OF CHILD REN IN ARKANSAS ACH HAS PROVIDED NATURAL WONDRS WITH FINANCIAL SUPPORT, ADMINISTRATIVE GUIDANCE, AND PROGRAM EVALUATION CAPACITIES FOR PARTNERSHIP-DEVELOPMENT AND SUCCESSFUL REAL IZATION OF THE COMMON AGENDA ADDRESSING IDENTIFIED CHILD HEALTH NEEDS THE FY16 CHNA IDENT IFIED TWELVE CHILD HEALTH ISSUES WHICH WERE PRIORITIZED AND REGROUPED BASED ON TOPIC RELEV ANCE INTO TEN CHILD HEALTH ISSUES DURING THE SPRING AND SUMMER OF 2016, ACH WORKED WITH T HE NATURAL WONDRS TO UPDATE THE PARTNERSHIP'S "SHARED MEASUREMENT SYSTEM AND DEVELOP MEAS URABLE "MUTUALLY REINFORCING ACTIVITIES" AIMED TO MOVE FORWARD PRIORITIZED CHILD HEALTH ST RATEGIES DURING THE 3-YEAR CHNA CYCLE DURING THE SAME PERIOD, COMMUNITY BENEFIT STAFF ENG AGED A VARIETY OF STAKEHOLDERS THROUGHOUT THE ARKANSAS CHILDREN'S NETWORK AND WITHIN THE A RKANSAS CHILDREN'S HOSPITAL TO IDENTIFY WAYS TO ADDRESS THE NEEDS FOUND IN THE CHNA THESE INCLUDED HOSPITAL AND MEDICAL LEADERS, STAFF FROM PATIENT AND FAMILY-SERVING PROGRAMS IN THE HOSPITAL AND DIRECTORS AND STAFF FROM COMMUNITY-SERVING PROGRAMS BASED ON THESE STAKE HOLDERS' INPUT, COMMUNITY BENEFIT STAFF DEVELOPED AN OPERATIONAL 3-YEAR PLAN AND IDENTIFIE D APPROPRIATE INTERNAL LEADS AND RESOURCES FOR EACH OF THE ACTIONS GENERATED BY THE FALL OF 2016 (FY17), ACH HAD COMPLETED AND APPROVED ITS COMMUNITY HEALTH IMPLEMENTATION STRATEG Y IN TY16/FY17 ACH APPROVED A \$200,000 "CHILD HEALTH INNOVATION FUND" FOR THE NATURAL WON DERS PARTNERSHIP COUNCIL WHICH WAS DISTRIBUTED THROUGH CONTRACTS TO ORGANIZATIONS WORKING TO IMPROVE OUTCOMES FOR ISSUES</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
ARKANSAS CHILDREN'S HOSPITAL	<p>IDENTIFIED IN THE CHNA DURING TY16/FY17 ACH INVESTED SUBSTANTIALLY IN THE DEVELOPMENT OF ITS CHILD ADVOCACY AND PUBLIC HEALTH DIVISION BY HIRING NEW STAFF TO SUPPORT AND CONTINUE TO DEVELOP COLLABORATIVE AND COMMUNITY-INFORMED PROGRAMS THAT ADDRESS IDENTIFIED CHILD HEALTH NEEDS IN ITS SERVICE AREA STAFF WERE HIRED TO SUPPORT COMMUNITY BENEFIT, NATURAL WONDERS PARTNERSHIP COUNCIL, AND THE PROGRAM EVALUATION FOR INTERNAL AND NATURAL WONDERS INITIATIVES ALSO, STAFF WERE HIRED TO DO RURAL OUTREACH WORK ACROSS ARKANSAS TO ESTABLISH RELATIONSHIPS FOR NEW COMMUNITY-DRIVEN PROGRAMS, AND A COORDINATOR WAS HIRED FOR THE HOSPITAL'S MEDICAL-LEGAL PARTNERSHIP PROGRAM THIS CAPACITY-BUILDING WORK HAS IMPROVED THE FUNCTIONS AROUND COMMUNITY BENEFIT WORK AND INITIATED ACCOUNTABILITY STRUCTURES TO ENSURE PROGRESS IS MADE TOWARD IMPROVED CHILD HEALTH IN THE STATE UPDATES ON ACTIONS UNDERTAKEN DURING FY19 FOR EACH OF THE 2016 CHNA PRIORITIZED ISSUES ARE LISTED BELOW SOME STRATEGIES WERE LED BY NATURAL WONDERS PARTNERSHIP COUNCIL MEMBER ORGANIZATIONS WHO IDENTIFIED KEY WAYS FOR ACH TO PARTNER WITH THEM ON CHILD HEALTH IMPROVEMENT OR WERE SUPPORTED THROUGH THE NATURAL WONDERS INNOVATION FUND ACCESS TO QUALITY CARE THE ACCESS TO QUALITY CARE STRATEGY IS PRIMARILY FOCUSED ON ADDRESSING THE HEALTH CARE NEEDS OF CHILDREN AND ADOLESCENTS WHEN THEY ARE HEALTHY OR ILL IN A TIMELY MANNER, WITH HIGH QUALITY, AND WITH CARE CLOSE TO HOME WHERE VIABLE AND APPROPRIATE, ACTIONS ALSO ADDRESSED THE HEALTH OF PARENTS AND CARETAKERS ON THE HOSPITAL CAMPUS, ACH FINANCIAL COUNSELORS HELPED PATIENTS, AS WELL AS SIBLINGS AND PARENTS, SIGN UP FOR HEALTHCARE COVERAGE ACH DEDICATES MORE THAN \$3 MILLION EACH YEAR TO SUPPORT THIS EFFORT TO INCREASE EQUITABLE ACCESS TO CARE IN FY19 FINANCIAL COUNSELORS PROCESSED OVER 7,400 MEDICAID APPLICATIONS THEY ALSO HELPED FAMILIES COMPLETE VARIOUS OTHER PUBLIC ASSISTANCE APPLICATIONS WHICH ARE DIRECTLY SENT TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR PROCESSING OTHER SUPPORT FOR PATIENTS AND THEIR FAMILIES INCLUDED A WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM WITHIN ACH'S SOUTHWEST LITTLE ROCK CLINIC, WHICH OPENED IN AUGUST 2017 FAMILIES ARE ALSO HELPED BY AN AFTER-HOURS RESOURCE LINE, ANSWERED BY REGISTERED NURSES AT ACH IN FY19 DEDICATED NURSES RESPONDED TO ALMOST 27,000 AFTER-HOURS CALLS IN WHICH THEY PROVIDED MEDICAL ADVICE FOR EITHER NON-EMERGENT ISSUES, OR THEY HELPED TO IDENTIFY POTENTIAL COMPLICATIONS BEFORE THEY BECAME MORE SERIOUS PROBLEMS ANOTHER WAY ACH HELPS FAMILIES IS BY MAINTAINING ON-SITE SPANISH INTERPRETERS OR INTERPRETERS TO ASSIST NON-ENGLISH-SPEAKING FAMILIES TO ACCESS CARE, BEYOND TRANSLATION THAT IS REQUIRED FOR ACCREDITATION ACH SUPPORTED THE CONTINUATION AND EXPANSION OF THE MEDICAL-LEGAL PARTNERSHIP, A PROGRAM IMPLEMENTED IN COLLABORATION WITH LEGAL AID OF ARKANSAS TO REDUCE HEALTH-HARMING LEGAL NEEDS SINCE 2017, THE MEDICAL-LEGAL PARTNERSHIP ATTORNEYS HAVE CLOSED MORE THAN 700 CASES FOR PATIENTS AND THEIR</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
ARKANSAS CHILDREN'S HOSPITAL	<p>FAMILIES THE STEPHENS ELEMENTARY SCHOOL-BASED HEALTH CLINIC, SUPPORTED BY ACH-FUNDED PRAC TITIONERS, PERFORMED 534 ACUTE-CARE AND WELLNESS VISITS DURING FY19 THIS WAS A 170% INCRE ASE FROM THE LESS THAN 200 VISITS IN FY15, AND MORE THAN 20 VISITS MORE EACH MONTH COMPARI NG FY19 TO THE PREVIOUS YEAR, FY18 THE SCHOOL-BASED CLINIC ALSO ENSURES STUDENTS ARE CONN ECTED TO OTHER TYPES OF CARE THE CLINIC MADE 55 SPECIALTY CARE REFERRALS TO OTHER PROVIDE RS AND MORE THAN 30 BEHAVIORAL HEALTH CARE REFERRALS IN FY19 THE NWPC ACCESS TO CARE WORK GROUP ALLOWS STAKEHOLDERS, INCLUDING ACH PROGRAMS, TO MEET AND IDENTIFY SYSTEMATIC WAYS T O IMPROVE ACCESS FOR PATIENTS ACROSS THE SYSTEM OF CARE THAT SERVES CHILDREN IN ARKANSAS ACH ENGAGED ON AVERAGE 10 ACCESS TO CARE WORKGROUP MEMBERS AND HOSTED 6 BI-MONTHLY MEETING S</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
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED</p>	<p>CHILDHOOD OBESITY THE CHILDHOOD OBESITY STRATEGY WAS DEVELOPED WITH THE AIM TO DECREASE T HE HEALTH RISKS OF OBESITY FOR ARKANSAS CHILDREN BY ADDRESSING QUALITY HEALTHY FOOD AND SA FE OPPORTUNITIES FOR PHYSICAL ACTIVITY IN CHILDREN'S HOMES, SCHOOLS AND COMMUNITIES ACH W ORKS CLOSELY WITH THE ARKANSAS COALITION FOR OBESITY PREVENTION (ARCOP) TO INFORM AND GUID E THE COLLECTIVE AGENDA ON CHILDHOOD OBESITY IN ARKANSAS IT REGULARLY SUPPORTS AND PROMOT ES ARCOP INITIATIVES BY ATTENDING QUARTERLY MEETINGS AND SUPPORTING COMMUNITY EVENTS IN F Y19 ACH CONTINUED TO SUPPORT STATEWIDE ACCESS TO AN ENHANCED VERSION OF GONOODLE, A PHYSIC AL ACTIVITY PROGRAM THAT ALLOWS TEACHERS TO WORK 2-5 MINUTE "BRAIN BREAKS" THAT ACTIVATE K IDS' BODIES AND BRAINS, TRANSFORMING THE HEALTH OF ARKANSAS KIDS FOR THE 2018-19 SCHOOL Y EAR, 12,146 CLASSROOMS, WHICH REPRESENTS 93% OF ELIGIBLE ELEMENTARY CLASSROOM TEACHERS, US ED GONOODLE AT LEAST ONCE DURING THE SCHOOL YEAR ALMOST EVERY ELEMENTARY SCHOOL IN ARKANS AS IS ACTIVE WITH GONOODLE, AND IT HAS BEEN BUILT INTO THE CULTURE AT THE AR DEPARTMENT OF EDUCATION AND MANY SCHOOLS AND DISTRICTS ACROSS ARKANSAS IN FY19 ACH'S COMMUNITY OUTREAC H DEPARTMENT, PART OF ACH'S CHILD ADVOCACY AND PUBLIC HEALTH DIVISION, CONTINUED TO IMPLEM ENT THE COORDINATED APPROACH TO CHIL D HEALTH (CATCH) AND ORGAN WISE GUYS, FOCUSING ON IMPR Oving NUTRITION KNOWLEDGE FOR CHILDREN AND ADOLESCENTS THERE HAS BEEN SUCCESS WITH LONG-T ERM, EVIDENCE-BASED PROGRAMS CATCH, ORGAN WISE GUYS, AND POP-UP COOKING MATTERS PROGRAMS THESE PROGRAMS REACH THOUSANDS OF CHILDREN ACROSS AR PRIORITY WAS GIVEN TO DISTRICTS WITH HIGHER OBESITY RATES FOR THESE PROGRAMS THAT, TOGETHER, CAN REACH K-12 IN FY19, ORGAN WI SE GUYS REACHED 14 SCHOOLS, CATCH REACHED 20 SCHOOLS, AND POP-UP COOKING MATTERS REACHED 3 6 SITES IN SEPTEMBER 2015, ACH PARTNERED WITH THE ARKANSAS CHILDREN'S RESEARCH INSTITUTE A ND THE ARKANSAS GARDENCORPS PROGRAM TO MANAGE A COMMUNITY GARDEN THE COMMUNITY GARDEN PRO GRAM EXPANDED DRAMATICALLY IN THE PAST FEW YEARS THE GARDEN YIELDED 4,304 POUNDS OF PRODU CE FOR NEARBY HELPING HAND FOOD PANTRY IN FY19 NEIGHBORS, VOLUNTEERS AND BROADER COMMUNIT Y MEMBERS WERE ENGAGED IN WORKING THE GARDEN MANY OF THE FRESH FRUITS AND VEGETABLES PROV IDED TO HELPING HAND ARE GIVEN TO ACH'S PATIENTS AND FAMILIES WHO IDENTIFY AS FOOD INSECUR E OVER 1,600 BAGS OF FOOD FOR FOOD INSECURE PATIENTS AND FAMILIES WERE PROVIDED IN FY19 M ENTAL HEALTH AND SUBSTANCE USE IN FY17 ACH BEGAN EXPLORING OPPORTUNITIES FOR MENTAL AND BE HAVIORAL HEALTH PARTNERSHIPS AS PART OF ITS STRATEGIC PLANNING PROCESS ACH SUPPORTED A VA RIETY OF EVENTS AND FUNDRAISERS IN THE BEHAVIORAL HEALTH ARENA, AS WELL SEVERAL STATE INIT IATIVES ON BEHAVIORAL HEALTH IN FY19, ACH PROVIDED A \$1 PER YEAR LEASE TO THE CHILDREN'S PROTECTION CENTER IN THE CLARK CENTER FOR CHILDREN THE NEW DAVID M CLARK CENTER FOR SAFE AND HEALTHY CHILDREN, WHICH OPENED IN FY17, IS DEDICATED TO THE CARE AND TREATMENT OF NEG LECTED AND ABUSED CHILDREN AND</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
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED</p>	<p>THEIR FAMILIES IN THIS FACILITY, CHILDREN RECEIVE MEDICAL, PSYCHOLOGICAL AND SOCIAL HEALTH SERVICES THROUGH THE FOUR MAIN SERVICE PROVIDERS IT HOUSES CHILD AND ADOLESCENT PSYCHIATRY, CHILD MALTREATMENT, FAMILY TREATMENT PROGRAM AND THE PULASKI COUNTY CHILDREN'S ADVOCACY CENTER IN FY19, A NATURAL WONDERS BEHAVIORAL HEALTH WORKGROUP WAS ESTABLISHED AND BEGAN BUILDING THEIR ACTION PLAN FOR 2020-22 THE TEN-MEMBER GROUP IS WORKING TO IMPROVE CHILD HEALTH IN ARKANSAS BY CREATING A CULTURE OF EMOTIONAL RESILIENCE-BUILDING IN SCHOOLS AND THE BROADER COMMUNITY IN THIS FUTURE WORK, THEY WILL BE FOCUSING ON SCHOOL AND COMMUNITY MENTAL HEALTH AND SUBSTANCE USE INTERVENTIONS RANGING FROM TRAINING SCHOOL PERSONNEL ON EVIDENCE-BASED MENTAL HEALTH FIRST AID TO PROJECT PREVENT YOUTH COALITION YOUTH TOBACCO PREVENTION REGARDLESS OF PROVIDER AND PAYER ISSUES, SCHOOLS AND COMMUNITIES WILL BE TRAINED TO BUILD CULTURES THAT SUPPORT POSITIVE MENTAL HEALTH FOR CHILDREN REPRODUCTIVE HEALTH ACH AIMED TO ADDRESS ADOLESCENT REPRODUCTIVE HEALTH BY HELPING ADOLESCENTS REDUCE RISKY BEHAVIORS, DELAY SEXUAL ACTIVITY, AND PREVENT TEEN PREGNANCIES AND SEXUALLY TRANSMITTED INFECTIONS BY IMPROVING ACCESS TO NEEDED SERVICES FOR YOUTH ACH CONTINUED TO PROMOTE AND IMPLEMENT THE LOVE NOTES HEALTHY RELATIONSHIP PROGRAM THROUGH THE NATURAL WONDERS PARTNERSHIP CO UNCIL (NWPC) INNOVATION FUND SINCE 2017, THE LOVE NOTES PROGRAM HAS BEEN PILOTED AT 14 DIFFERENT SITES LOVE NOTES IS AN EVIDENCE-BASED PREGNANCY PREVENTION PROGRAM ACCORDING TO UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF ADOLESCENT HEALTH IT HAS SHOWN TO INCREASE RATES OF CONTRACEPTIVE USE, DELAY THE INITIATION OF SEXUAL ACTIVITY, REDUCE THE FREQUENCY OF SEXUAL ACTIVITY, AND REDUCE RATES OF PREGNANCY OR BIRTHS AMONG 14 -18 YEAR OLDS IT HAS PROVEN RESULTS THROUGH A CURRICULUM NOT FOCUSED SOLELY ON SEXUAL HEALTH BUT INSTEAD INCLUDES SEXUAL HEALTH AS AN ASPECT OF SKILLS TO LEARN TO CREATE HEALTHY RELATIONSHIPS IN FY19 THERE WERE TWO PILOT PROGRAMS TO TRAIN EDUCATORS THAT COULD IMPLEMENT THE EDUCATIONAL PROGRAM IN DIFFERENT SETTINGS TWO ARKANSAS CHILDREN'S EDUCATORS WERE TRAINED ON THE PROGRAM BY THE LOVE NOTES CREATOR, MARLINE PEARSON THEY WILL IMPLEMENT THE PROGRAM AT TWO SCHOOLS IN THE 2019-20 SCHOOL YEAR ADDITIONALLY, A CONSULTANT RECRUITED TWO LEADERS IN OTHER COMMUNITIES IN ARKANSAS THAT WERE TRAINED IN IMPLEMENTING THE LOVE NOTES PROGRAM THIS WAS A SEPARATE FOCUS OF THE PROJECT THAT MIGHT APPEAL TO CHILDREN IN A SETTING OUTSIDE OF SCHOOL SOCIAL ISSUES ALL THE ENVIRONMENTAL AND SOCIOECONOMIC NEEDS IDENTIFIED BY THE COMMUNITY IN THE FY16 CHNA SUCH AS COMMUNITY HEALTH, POOR HOME ENVIRONMENT, LACK OF TRANSPORTATION, HOMELESSNESS, EDUCATION, AND POVERTY WERE BUNDLED IN A SOCIAL ISSUES STRATEGY IN THE 2017-19 COMMUNITY HEALTH IMPLEMENTATION STRATEGY THE ACH CIRCLE OF FRIENDS PRIMARY CARE CLINIC HAS LED THE WAY WITHIN THE HOSPITAL TO IDENTIFY AND HELP MEET THEIR NEEDS IN 2016, ACH DEVELOPED AND</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED	<p>IMPLEMENTED A CHILD SOCIAL NEEDS SCREENING TOOL IN ITS CIRCLE OF FRIENDS (COF) PRIMARY CARE CLINIC THE SCREENING TOOL WAS IMPLEMENTED IN THE NEW SOUTHWEST LITTLE ROCK PRIMARY CARE CLINIC IN JUNE 2017 AND IN THE GENERAL PEDIATRICS CLINIC IN JUNE 2018 THE PAPER TOOL CONTAINS 14 YES-OR-NO QUESTIONS RELATED TO FOOD INSECURITY, HOUSING AND SPECIAL EDUCATION NEEDS - ALL AREAS IN WHICH ACH IS ABLE TO INTERVENE WITH FAMILIES THE SOCIAL NEEDS DATA OF PATIENTS AT THESE CLINICS HAS BEGUN TO HELP INFORM AND GUIDE DISCUSSION ON WHAT NEEDS THE HOSPITAL MAY BE APPROPRIATELY ABLE TO ADDRESS IN THE FUTURE OVER 12,000 SCREENERS WERE COMPLETED IN FY19, AND 43% OF THOSE HAD AT LEAST ONE SOCIAL-DETERMINANT NEED INDICATED OF THE LEGAL NEEDS, 24% REQUIRED EXTENDED SERVICES, WHICH INCLUDES COURT REPRESENTATION BY AN ATTORNEY EDUCATION, SUCH AS ENSURING APPROPRIATE ACCOMMODATIONS AT SCHOOL FOR A STUDENT WITH SPECIAL NEEDS, WAS THE MOST COMMON HEALTH-HARMING LEGAL NEED FOR THE YEAR, 22% OF THE MEDICAL-LEGAL PARTNERSHIP CASES WERE EDUCATION RELATED</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
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED</p>	<p>PARENTING SUPPORTS ACH FACILITATED THE NATURAL WONDERS PARENTING SUPPORTS WORKGROUP, IN OR DER TO IDENTIFY EFFECTIVE STRATEGIES TO BETTER UNDERSTAND PARENT EDUCATIONAL NEEDS AND EXP AND THEM, PROMOTE COMMUNITY-WIDE UNDERSTANDING OF SOME OF THE CHALLENGES PARENTS AND CAREG IVERS HAVE, AND EXPAND EXISTING PROGRAMS THAT HELP IMPROVE FAMILIES PARENTS AND CAREGIVER S ARE VERY IMPORTANT IN THE WELL-BEING AND DEVELOPMENT OF CHILDREN ACH AND ITS PARTNERS K NOW THAT A STRONG COMMUNITY CAN AND SHOULD PROVIDE VARIOUS SOCIAL AND COMMUNITY SUPPORTS T O HELP MORE ARKANSAS PARENTS RAISE HAPPY, HEALTHY CHILDREN CAPABLE OF LIFE-LONG LEARNING ACH SUPPORTED AND CONVENED THIS WORKGROUP THROUGHOUT THE YEAR WITH MONTHLY MEETINGS, NATUR AL WONDERS INNOVATION FUND SUPPORT AND STAFF TIME THE ARKANSAS HOME VISITING NETWORK (AHV N), A PARTNERSHIP BETWEEN THE ARKANSAS DEPARTMENT OF HEALTH AND ACH SUPPORTED WITH A FEDER AL GRANT TO ADH AND CONTRACTED TO ACH, HAS IMPROVED MATERNAL-CHILD HEALTH OUTCOMES FOR CHI LDREN IN THE PROGRAM THE AHVN CONTINUES TO IMPLEMENT SIX EVIDENCE BASED HOME VISITING MOD ELS (FOLLOWING BABY BACK HOME (FBBH), HEALTHY FAMILIES ARKANSAS (HFA), HOME INSTRUCTION F OR PARENTS OF PRESCHOOL YOUNGSTERS (HIPPY), NURSE FAMILY PARTNERSHIP (NFP), PARENTS AS TEA CHERS (PAT), AND SAFECARE) IN FY19, THESE PROGRAMS HELPED APPROXIMATELY 8,000 FAMILIES WI TH CHILDREN PRENATAL TO AGE FIVE IN 73 COUNTIES IN THE STATE SINCE THE BEGINNING OF THE 2 017-2019 IMPLEMENTATION STRATEGY, THE NUMBER OF AVAILABLE SLOTS HAS GROWN BY 1,700 AHV N I S A THRIVING COALITION OF PROVIDERS AND STAKEHOLDERS THAT WORK TOGETHER TO HELP PARENTS AN D CHILDREN THIS WORK IS A KEY COMPONENT OF THE STRATEGY TO ENSURE ARKANSAS PARENTS AND CA REGIVERS ARE CAPABLE AND THAT CHILDREN THRIVE ACH CONTINUED TO LEASE OFFICE SPACE ON ITS CAMPUS AT A DISCOUNTED RATE TO THE NATIONAL HOME VISITING PARTNER HEADQUARTERED IN LITTLE ROCK, HIPPY USA, FOR THE NATIONAL OFFICE ACH'S CENTER FOR GOOD MOURNING, A MEMBER OF THE N ATIONAL ALLIANCE FOR GRIEVING CHILDREN, PROVIDED OVER 70 GRIEF SUPPORT GROUPS AROUND THE S TATE, WITH AROUND 750 PEOPLE PARTICIPATING THESE SESSIONS PROVIDED SUPPORT AND ASSISTANCE TO BEREAVED CHILDREN AND FAMILIES AND PROFESSIONAL CAREGIVERS IN ARKANSAS THROUGH EDUCATI ON, PROGRAM DEVELOPMENT, AND GRIEF SUPPORT PROGRAMS THE NATURAL WONDERS PARENTING WORKGRO UP ENSURES THAT A DIVERSE, INCLUSIVE GROUP OF STAKEHOLDERS HELPS TO BUILD STRATEGIES TO IM PROVE CAREGIVER SUPPORT THE WORKGROUP MET FREQUENTLY DURING FY19 ORAL HEALTH ACH ORAL HE ALTH STRATEGIES IMPROVED ACCESS TO APPROPRIATE PREVENTIVE ORAL HEALTH AND DENTAL TREATMENT SERVICES AND INCREASED THE NUMBER OF CHILDREN AND ADOLESCENTS THAT ARE FREE FROM MOUTH OR GUM DISEASE DURING FY19, SCHOOL-AGE CHILDREN IN ARKANSAS RECEIVED 5,520 DENTAL SEALANTS AND 1,654 DENTAL VISITS THROUGH ACH'S COMMUNITY CLINICAL PROGRAMS' SCHOOL-BASED ORAL HEALTH H SERVICES THROUGH PHILANTHROPIC AND COMMUNITY BENEFIT INVESTMENTS, ACH SUPPORTED FOUR RE GIONAL, MOBILE DENTAL VANS THA</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
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED</p>	<p>T PROVIDED RESTORATIVE AND PREVENTIVE TREATMENT TO THOUSANDS OF CHILDREN WITHOUT A DENTAL HOME IN DIVERSE COMMUNITY SITES IN THE CENTRAL, NORTHWEST, SOUTHEAST, AND SOUTHWEST REGION S OF ARKANSAS THE MOBILE DENTAL PROGRAM REACHES OVER 1,000 CHILDREN PER YEAR, OFFERING OV ER \$1 2 MILLION IN DENTAL SERVICES THE HOSPITAL'S SCHOOL-BASED SEALANT PROGRAM REACHES AB OUT 60 SCHOOLS EACH YEAR ACH CCP STAFF ALSO CONVENED AND SUPPORTED 6 MEETINGS OF THE CHIL DREN'S ORAL HEALTH NETWORK, A SUBGROUP OF THE ARKANSAS ORAL HEALTH COALITION FOOD INSECUR ITY ACH FOOD INSECURITY PROGRAMS HELPED ENSURE THAT MANY CHILDREN AND FAMILIES DID NOT GO HUNGRY AND HELPED IN A SMALL WAY ALLEVIATE THE HEALTH TRADEOFFS THAT FAMILIES MAKE IN ORD ER TO FEED THEIR FAMILIES IT PROVIDED IN A VARIETY OF SETTINGS NUTRITIOUS FOOD FOR EVERYO NE IN THE HOME DURING FY19, ACH WORKED WITH THE ARKANSAS HUNGER RELIEF ALLIANCE TO IDENTI FY AND IMPLEMENT INNOVATIVE WAYS TO ADDRESS CHILDHOOD FOOD INSECURITY ACH SUPPORTED COOKI NG MATTERS PROGRAMS THAT TEACH LOW-INCOME RESIDENTS TO COOK HEALTHFUL, LOW-COST MEALS IN A VARIETY OF COMMUNITY SETTINGS, INCLUDING COOKING MATTERS, COOKING MATTERS AT THE STORE, A ND 'POP-UP COOKING MATTERS' A CURRICULUM FOR HIGH SCHOOL STUDENTS DURING FY19, THE 6-SESS ION COOKING MATTERS CLASSES ENGAGED 23 ADULTS AND 36 TEENS POP-UP COOKING MATTERS REACHED 36 SITES IN 17 COUNTIES AND PROVIDED 205 "TOURS" REACHING 4,722 STUDENTS THE COMMUNITY G ARDEN PRODUCED 4,304 POUNDS OF FRESH PRODUCE WHICH WERE PROVIDED TO HELPING HAND FOOD PANTRY NATURAL WONDERS SUPPORTED THE "FIVE TO THRIVE" SCHOOL NUTRITION ASSISTANCE PROGRAM WIT H THE ARKANSAS HUNGER RELIEF ALLIANCE THROUGH THE NATURAL WONDERS INNOVATION FUND IN 2019 THE INITIATIVE ASSISTS ARKANSAS SCHOOL DISTRICTS TO ADD OR EXPAND "BREAKFAST AFTER THE BE LL", SUMMER AND/OR AFTERSCHOOL MEAL PROGRAMMING, AND COOKING MATTERS OR OTHER NUTRITION ED UCATION, PLUS FACILITATES PLANS FOR SCHOOL PANTRIES AND PHYSICAL ACTIVITY PROGRAMMING WHER E NEEDED AFTER TWO YEARS OF THE "FIVE TO THRIVE" INITIATIVE, THERE ARE 22 TOTAL SCHOOL DI STRICTS WITH THESE COORDINATED RESOURCES OF THE 13 NEW DISTRICTS FOR 2019, THESE INCLUDE OVER 67,000 STUDENTS AND AN AVERAGE 72% FREE-REDUCED LUNCH SCHOOL POPULATION THE HOSPITAL CONTINUED TO ADDRESS FOOD INSECURITY ON THE ACH CAMPUS THROUGH A VARIETY OF INVESTMENTS ACH PROVIDED FOOD BAGS TO INPATIENT AND CLINIC PATIENT FAMILIES IDENTIFIED TO BE FOOD INSE CURE EACH YEAR THOUSANDS OF USDA MEALS ARE PROVIDED TO CHILDREN THANKS TO ACH'S EFFORTS T O MAINTAIN AND GROW THE HOSPITAL'S NUTRITION AND FEEDING PROGRAMS OVER 1,600 BAGS OF NON- PERISHABLE, HEALTHY GROCERIES WERE DISTRIBUTED TO PATIENT FAMILIES, AND 165 FAMILIES RECEI VED FRESH PRODUCE THROUGH A MOBILE FOOD PANTRY, BOTH MANAGED BY HELPING HAND FOOD PANTRY ADDITIONALLY, FAMILIES CAN OBTAIN ASSISTANCE THROUGH THE FINANCIAL COUNSELORS TO COMPLETE ENROLLMENT APPLICATIONS IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND MEET W ITH ARKANSAS DEPARTMENT OF HEA</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
SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED	LTH STAFF TO ENROLL IN WOMEN, INFANTS AND CHILDREN (WIC) ON THE ACH CAMPUS DUE TO STATE AG ENCY PARTNERSHIPS

**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
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED</p>	<p>CHILD INJURY IN FY19, THE ACH INJURY PREVENTION CENTER (IPC) CONTINUED TO WORK TO REDUCE CHILD INJURIES AND DEATHS THROUGH RESEARCH AND OUTREACH ON THE ISSUES OF MOTOR VEHICLE SAFETY, SAFE SLEEP/INFANT MORTALITY, INTENTIONAL INJURIES, AND RECREATIONAL SAFETY, UTILIZING A COMPREHENSIVE PUBLIC HEALTH APPROACH THAT INCLUDES EDUCATION, AWARENESS, AND ADVOCACY THE IPC OFFERS MORE THAN 20 DIFFERENT PROGRAMS THAT REACH ACROSS ARKANSAS TO REACH ITS GOALS ACH INJURY PREVENTION CENTER HAS PARTNERS IN MORE THAN 20 SITES TO CONDUCT CAR SEAT FITTINGS THIS HELPS ENSURE CHILDREN ARE PROPERLY RESTRAINED WITHIN THE CAR TO ADDRESS MOTOR VEHICLE-RELATED DEATHS, ONE OF THE LEADING CAUSES OF DEATH FOR INFANTS AND CHILDREN IN ARKANSAS, 93% OF BIRTHING HOSPITALS ARE SAFE-SLEEP CERTIFIED BY CRIBS FOR KIDS, A NATIONAL STANDARD ARKANSAS HAS ONE OF THE HIGHEST PERCENTAGE OF CERTIFICATIONS IN THE NATION THE ACH INJURY PREVENTION CENTER PLAYED A LEAD ROLE IN ACCOMPLISHING THIS IN PARTNERSHIP WITH THE COLLABORATIVE GROUP CONVENED BY THE ARKANSAS DEPARTMENT OF HEALTH INFANTS BORN IN ARKANSAS ARE VERY LIKELY TO BE BORN AT HOSPITALS WHERE SAFE SLEEP IS DEMONSTRATED AND TAUGHT TO NEW PARENTS THE ACH INJURY PREVENTION CENTER USED THE CENTERS FOR DISEASE CONTROL &amp; PREVENTION (CDC) FRAMEWORK OF INJURY PREVENTION TO ADDRESS THE PROBLEM OF INTENTIONAL INJURIES STAFF ARE NOW TRAINED ON 3 EVIDENCE-BASED PROGRAMS FOR SUICIDE PREVENTION AND POSITIVE MENTAL HEALTH MENTAL HEALTH FIRST AID, APPLIED SUICIDE INTERVENTION SKILLS TRAINING (ASIST), AND SAFETALK THESE ARE AVAILABLE TO SCHOOLS, COMMUNITY MEMBERS, AND WORKPLACES AS NEEDED A FIREARM COALITION HAS WORKED EXTENSIVELY TO DEFINE MESSAGING FOR SAFE GUN STORAGE THE ACH INJURY PREVENTION CENTER COMPLETED FOCUS GROUPS IN SOUTHERN STATES WITH GUN OWNERS ABOUT SAFE STORAGE THEY MADE RECOMMENDATIONS FOR MESSAGING STRATEGIES AND MESSENGERS, PRESENTING TO THE NATURAL WONDERS PARTNERSHIP COUNCIL TO SHARE WITH OTHER STAKEHOLDERS TASK FORCE ON SAFE FIREARM STORAGE CONTINUES TO REFINE THE MESSAGING IN PRACTICE THE ACH INJURY PREVENTION CENTER IS PART OF A SMALL GROUP OF ORGANIZATIONS THAT ARE OFFERING IMPORTANT HELP TO SCHOOLS AND COMMUNITIES TO PREVENT INTENTIONAL INJURY THE ACH INJURY PREVENTION CENTER CONTINUES TO MOVE FORWARD WITH THE CDC FRAMEWORK OF INJURY PREVENTION ON THE TOPIC OF MOTOR VEHICLE SAFETY IN ADDITION TO ITS CAR SEAT WORK, THEY HAVE PARTNERED WITH SCHOOLS TO CONDUCT TEEN DRIVING SURVEYS AND LEADERSHIP WORK AS WELL AS TEEN DRIVING ROADEOS THAT EQUIP TEENAGERS WITH THE SKILLS THEY NEED TO BE SAFE DRIVERS IMMUNIZATION ARKANSAS CHILDREN'S HOSPITAL IMMUNIZATION FOCUSED PROGRAMS INCREASED THE NUMBER OF CHILDREN THAT RECEIVED ALL NEEDED VACCINATIONS IN ORDER TO PROTECT THEIR LIVES AND HEALTH AS WELL AS THE HEALTH OF THE BROADER COMMUNITY IN TY18/FY19 THE ARKANSAS IMMUNIZATION ACTION COALITION'S EXECUTIVE DIRECTOR FACILITATED THE NATURAL WONDERS CHILDHOOD IMMUNIZATION WORKGROUP THE GROUP HAS GAINED IMPRESSIVE MOMENTUM</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
SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED	, HOSTING CONTINUING EDUCATION EVENTS, DRAWING 20 PLUS MEMBERS TO MEETINGS AND IMPLEMENTIN G MINI-GRANTS



Note: To capture the full content of this document, 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

**2018**

**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](http://www.irs.gov/Form990) for the latest information.

Name of the organization

ARKANSAS CHILDREN'S HOSPITAL

Employer identification number

71-0236857

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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 Part II can be duplicated if additional space is needed

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .	▶	18
3	Enter total number of other organizations listed in the line 1 table . . . . .	▶	0

**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
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**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
PART I, LINE 2	THE HOSPITAL CONSIDERS REQUESTS FROM NON-PROFIT OR GOVERNMENTAL ENTITIES FOR PROGRAMS OR ACTIVITIES THAT ALIGN WITH ITS PLAN TO ADDRESS NEEDS AS IDENTIFIED IN THE CHNA OR THAT OTHERWISE SUPPORT THE HOSPITAL'S MISSION THE HOSPITAL ANTICIPATES THAT THESE NON-PROFIT OR GOVERNMENTAL ENTITIES WILL MONITOR THE USE OF FUNDS IN ACCORDANCE WITH NON-PROFIT OR GOVERNMENTAL REQUIREMENTS THE HOSPITAL PROVIDES SOME ASSISTANCE TO INDIGENT FAMILIES THE HOSPITAL'S SOCIAL WORK DEPARTMENT EVALUATES THE NEED ON A CASE BY CASE BASIS AND PROVIDES THE APPROPRIATE ASSISTANCE, WHICH IS TYPICALLY FOOD, CLOTHING, SHELTER, OR TRAVEL VOUCHERS CASH OR CASH EQUIVALENT ASSISTANCE IS SOMETIMES PROVIDED THE ASSISTANCE PROVIDED IS DOCUMENTED BY THE HOSPITAL'S SOCIAL WORK DEPARTMENT

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 71-0236857  
**Name:** ARKANSAS CHILDREN'S HOSPITAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 909 W 2ND STREET LITTLE ROCK, AR 72201	13-2932696	501(C)(3)	19,838				GENERAL SUPPORT
ARKANSAS ADVOCATES FOR CHILDREN & FAMILIES 1400 W MARKHAM SUITE 306 LITTLE ROCK, AR 72201	71-0492205	501(C)(3)	5,875				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 72203	23-7337495	501(C)(3)	6,000				GENERAL SUPPORT
ARKANSAS CHILDREN'S FOUNDATION 1 CHILDRENS WAY LITTLE ROCK, AR 72202	71-0568795	501(C)(3)	2,568,000				TRAUMA/CARDIAC ENDOWMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARKANSAS CHILDREN'S NORTHWEST 2601 GENE GEORGE BLVD SPRINGDALE, AR 72762	81-0817660	501(C)(3)	4,240,633				GENERAL SUPPORT
ARKANSAS CHILDREN'S RESEARCH INSTITUTE 13 CHILDRENS WAY LITTLE ROCK, AR 72202	71-0694931	501(C)(3)	3,867,879	2,279,083	FMV	INDIRECT SUPPORT	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMP ALDERSGATE 2000 ALDERSGATE RD LITTLE ROCK, AR 72205	71-0265209	501(C)(3)	15,723				CAMP SUNSHINE
CENTERS FOR YOUTH & FAMILIES 5800 WEST 10TH STREET SUITE 402 LITTLE ROCK, AR 72225	71-0826334	501(C)(3)	6,750				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S PROTECTION CENTER 1123 BISHOP LITTLE ROCK, AR 72202	26-1086937	501(C)(3)		46,766	FMV	PROVIDE OFFICE SPACE	GENERAL SUPPORT
FERNCLIFF CAMP 1720 FERNCLIFF ROAD LITTLE ROCK, AR 72223	71-0657898	501(C)(3)	7,199				CAMP FOR BURN SURVIVORS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREAT 100 NURSES FOUNDATION 2748 METAIRIE LAWN DR METAIRIE, LA 72002	46-5606080	501(C)(3)	6,900				GENERAL SUPPORT AND CAMPS FOR CHILDREN WITH PHYSICAL CONDITIONS
HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS (HIPPI) 1221 BISHOP LITTLE ROCK, AR 72202	13-3672592	501(C)(3)	5,000	40,200	FMV	PROVIDE OFFICE SPACE & PHONE	GENERAL SUPPORT



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LITTLE ROCK ZOO 1 ZOO DRIVE LITTLE ROCK, AR 72205	35-2241655	501(C)(3)	5,000				GENERAL SUPPORT
MARCH OF DIMES PO BOX 932852 ATLANTA, GA 31193	13-1846366	501(C)(3)	46,997				NICU FAMILY SUPPORT PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES 1009 WOLFE STREET LITTLE ROCK, AR 72202	71-0525252	501(C)(3)	13,578				GENERAL SUPPORT
SUSAN G KOMEN FOUNDATION ARKANSAS AFFILIATE 904 AUTUMN ROAD SUITE 500 LITTLE ROCK, AR 72211	71-0724439	501(C)(3)	5,720				GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE WISE FOUNDATION 8177 S HARVARD AVE BOX 203 TULSA, OK 74137	46-3077129	501(C)(3)	25,000				GENERAL SUPPORT
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 W MARKHAM LITTLE ROCK, AR 72205	71-6056774	GOV'T ENTITY	24,000				GENERAL SUPPORT

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
MEALS	8959		532,759	COST	MEALS FOR PATIENT FAMILIES/CAREGIVERS
INSURANCE PREMIUMS	27		64,897	COST	PAYMENT OF PREMIUMS FOR PATIENT'S FAMILIES ALLOWED BY COBRA
TRANSPORTATION COSTS (BUS TOKENS, CAB FARE, GAS CARDS)	1287	32,304		COST	
FUNERAL EXPENSES	19	8,880		COST	
RENT, MORTGAGE EXPENSE, UTILITIES, LODGING	62	26,738		COST	

**Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.**

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
CAR SEATS FOR INFANTS AND CHILDREN	649		43,962	COST	CAR SEATS FOR INFANTS AND CHILDREN
GROCERY GIFT CARDS AND OTHER MISC ASSISTANCE	50	67,419		COST	
ADDITIONAL FAMILY ASSISTANCE (TRANSPORTATION, FOOD, GENERAL)	0	240		COST	

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
ARKANSAS CHILDREN'S HOSPITAL

Employer identification number  
71-0236857

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> First-class or charter travel  <input checked="" type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <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)                 </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification 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)			
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification 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)				
<p><b>b</b> If any of the boxes in 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</p>	<b>1b</b>	Yes			
<p><b>2</b> 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 in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <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                 </td> </tr> </table>	<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			
<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				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes			
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> 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.</p>	<b>7</b>		No		
<p><b>8</b> 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.</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

**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
PART I, LINE 1A	<p>CHARTER TRAVEL IS USED BY ARKANSAS CHILDREN'S AND AFFILIATED ENTITIES' BOARD MEMBERS AND STAFF (AND OCCASIONALLY ACCOMPANYING SPOUSES/COMPANIONS) WHEN IT IS DEEMED THE MOST EFFICIENT METHOD OF TRAVEL TO DISTANT AREAS WITHIN THE STATE OR TO SURROUNDING STATES FOR PURPOSES RELATED TO ARKANSAS CHILDREN'S BUSINESS. SEPARATE TRAVEL (NON-CHARTER) FOR COMPANIONS IS REIMBURSED BY THE EMPLOYEE IF SUCH TRAVEL IS ON AN INDIVIDUAL BASIS, THUS, SUCH TRAVEL IS NOT CONSIDERED TAXABLE COMPENSATION TO THE EMPLOYEE. SEVEN OFFICERS/EMPLOYEES AND ONE BOARD MEMBER USED CHARTER TRAVEL DURING THE CALENDAR YEAR. BECAUSE THE CHARTER TRAVEL WAS USED FOR ARKANSAS CHILDREN'S BUSINESS PURPOSES, IT WAS NOT CONSIDERED AS TAXABLE WAGES.</p>



Return Reference	Explanation
PART I, LINE 3	COMPENSATION FOR ANY ARKANSAS CHILDREN'S HOSPITAL EXECUTIVE OR SENIOR OFFICER (PRESIDENT, SENIOR VICE PRESIDENT) WHO IS NOT A CONTRACTED UAMS EMPLOYEE IS REVIEWED BY THE ARKANSAS CHILDREN'S HUMAN RESOURCES AND COMPENSATION COMMITTEE WHICH IS ESTABLISHED THROUGH THE BYLAWS OF ARKANSAS CHILDREN'S, INC THE HUMAN RESOURCES AND COMPENSATION COMMITTEE HAS THE FULL AUTHORITY AND SPECIFIC RESPONSIBILITY FOR REVIEWING AND APPROVING COMPENSATION POLICIES, BASE SALARY AND INCENTIVE COMPENSATION LEVELS, EXECUTIVE RETIREMENT AND OTHER EXECUTIVE BENEFIT PLANS FOR HEALTH SYSTEM SENIOR MANAGEMENT, INCLUDING OFFICERS OF THE CORPORATION AND AFFILIATES WHO ARE "DISQUALIFIED PERSONS" UNDER SECTION 4958 OF THE CODE THE POLICIES AND PROGRAMS REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE SHALL BE DESIGNED TO ENSURE THAT THE CORPORATION AND ITS AFFILIATES REMAIN COMPETITIVE AND REASONABLE RELATIVE TO THE COMPENSATION AND BENEFITS PRACTICES OF SIMILARLY SITUATED HEALTH SYSTEMS LOCALLY AND NATIONALLY, AND TO PERMIT THE CORPORATION AND SUCH AFFILIATES TO ATTRACT AND RETAIN SUPERIOR SENIOR MANAGEMENT, IN FURTHERANCE OF THE CORPORATION'S AND AFFILIATES PURPOSES THE HUMAN RESOURCES AND COMPENSATION COMMITTEE SHALL HAVE, TO THE FULLEST EXTENT OF THE LAW, THE AUTHORITY TO APPROVE THE COMPENSATION PACKAGES FOR SENIOR MANAGEMENT OF THE CORPORATION AND THE AFFILIATES IN ITS PROCESS, THE COMMITTEE SHALL OBTAIN AND MUST RELY UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION OF REASONABLENESS WITH RESPECT TO THE COMPENSATION ARRANGEMENTS OF DISQUALIFIED PERSONS APPROPRIATE DATA INCLUDES, BUT IS NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE CORPORATION, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE DISQUALIFIED PERSON THE COMMITTEE MAY RELY UPON OPINIONS OF QUALIFIED LEGAL, ACCOUNTING, VALUATION AND EXECUTIVE COMPENSATION EXPERTS CONTEMPORANEOUSLY WITH MAKING ITS DETERMINATION OF REASONABLENESS WITH RESPECT TO THE COMPENSATION ARRANGEMENT OF THE CEO AND DISQUALIFIED PERSONS, THE COMMITTEE SHALL DOCUMENT IN A WRITTEN REPORT THE BASIS FOR ITS DECISIONS AND FORWARD THE REPORT TO THE BOARD

Return Reference	Explanation
PART I, LINES 4A-B	<p>SCHEDULE J, PART I, LINE 4A ONE FORMER ACH KEY EMPLOYEE WAS PARTY TO A SEVERANCE AGREEMENT, WHICH INCLUDED COMPENSATION-RELATED PAYMENTS AS FOLLOWS *SALARY AND BENEFIT PAYMENTS FROM THE FINAL DATE OF EMPLOYMENT THROUGH THE SUBSEQUENT SIX (6) MONTHS, ALTHOUGH THIS KEY EMPLOYEE WAS NOT EMPLOYED IN FY19, A PORTION OF THIS SEVERANCE COMPENSATION WAS PAID OUT WITHIN THE FISCAL YEAR SCHEDULE J, PART I, LINE 4B AC'S DEFERRED COMPENSATION PLAN (DCP), WAS INSTITUTED ON 6/30/2014 THE DCP IS A 457(F) NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN, PROVIDING ANNUAL CONTRIBUTIONS TO CERTAIN EXECUTIVES AT A PERCENTAGE OF THEIR BASE SALARY IN EFFECT ON JUNE 30 OF THE PLAN YEAR THE SUPPLEMENTAL COMPENSATION SERVES TO ENCOURAGE CONTINUED EMPLOYMENT WITH ARKANSAS CHILDREN'S AND ITS AFFILIATES THE PLAN PROVIDES THAT DEFERRED AMOUNTS ARE PAID AS SOON AS ADMINISTRATIVELY POSSIBLE AFTER BEING VESTED IT IS INTENDED THAT SUCH PAYMENTS QUALIFY FOR THE "SHORT-TERM DEFERRAL" EXEMPTION FROM IRC SECTION 409A, AND FOR TAX DEFERRAL UNDER IRC SECTION 457(F) PER THE PLAN DOCUMENT, EACH DCP CONTRIBUTION FOR A PLAN YEAR AND ITS ASSOCIATED EARNINGS VEST AS FOLLOWS, ON THE EARLIER OF - (SUBACCOUNT)- THE FIRST DAY OF THE PLAN YEAR FOLLOWING THREE (3) CONTINUOUS PLAN YEARS OF EMPLOYMENT BY THE PARTICIPANT WITH ARKANSAS CHILDREN'S OR AFFILIATE, WHICH BEGINS ON THE FIRST DAY OF THE PLAN YEAR FOR WHICH THE CONTRIBUTION IS CREDITED - (PRIMARY ACCOUNT, INCLUDING SUBACCOUNTS) - ATTAINMENT OF AGE 65 AND AT LEAST 3 YEARS OF SERVICE AS A DCP PARTICIPANT - (PRIMARY ACCOUNT, INCLUDING SUBACCOUNTS) - DEATH OR PERMANENT DISABILITY - (PRIMARY ACCOUNT, INCLUDING SUBACCOUNTS) - INVOLUNTARY TERMINATION (OTHER THAN FOR CAUSE) - (PRIMARY ACCOUNT, INCLUDING SUBACCOUNTS) - PLAN TERMINATION FOR TAX YEAR 2018 (FISCAL YEAR 2019), THE FOLLOWING ACH REPORTABLE EMPLOYEES WERE ELIGIBLE AND PARTICIPATING IN THE DEFERRED COMPENSATION PLAN - MARCELLA DODERER ACH PRESIDENT AND CEO - LEE ANNE EDDY ACH SVP AND CNO - JONATHAN GOLDBERG AC SVP AND CIO - GENA WINGFIELD ACH EVP AND CFO PER THE PLAN DOCUMENT, UPON BECOMING VESTED IN A PLAN YEAR SUBACCOUNT AND AS SOON AS ADMINISTRATIVELY PRACTICABLE AFTER SUCH VESTING DATE, BUT NO LATER THAN THE END OF THE CALENDAR YEAR IN WHICH SUCH VESTING DATE OCCURRED, INDIVIDUAL PARTICIPANTS WILL BE PAID A LUMP SUM PAYMENT EQUAL TO THE PLAN YEAR SUBACCOUNT BALANCE AS OF THE JUNE 30 IMMEDIATELY PRECEDING SUCH VESTING DATE FOUR ACH REPORTABLE EMPLOYEES ELIGIBLE AND PARTICIPATING IN THE PLAN RECEIVED PAYMENTS IN FY19, DISTRIBUTED AS PER THE PLAN DOCUMENT SUCH AMOUNTS ARE NOTED IN SCHEDULE J, PART II, COLUMN F AS PREVIOUSLY EARNED</p>

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, SCHEDULE J, PART I, LINES 5-7	THE INCENTIVE PLANS FOR ALL ENTITIES CHANGED WITH THE 2013 TAX RETURNS, AND THERE ARE SPECIFIC RULES AND CALCULATIONS FOR BONUSES. NONE ARE CONTINGENT ON REVENUES OR NET EARNINGS OF THE ORGANIZATIONS (ANY), AND SINCE THEY ARE CALCULATED BASED ON A SPECIFIC FORMULA, THEY ARE NOT "NON-FIXED". THE QUESTIONS 5, 6, AND 7 IN PART I TO SCHEDULE J ARE ALL CORRECTLY ANSWERED "NO".

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VII, SECTION A, LINE 5	SVP/CHIEF QUALITY/MEDICAL OFFICER (PARTIAL YEAR) JAY DESHPANDE, M D AND DIRECTOR AND CURRENT CHIEF MEDICAL OFFICER GREGORY SHARP, M D WERE COMPENSATED BY UAMS AS EMPLOYEES FOR SERVICES RENDERED TO ARKANSAS CHILDREN'S HOSPITAL (ACH) AND FOR WHICH ACH REMITTED PAYMENT LISTED AS "REPORTABLE COMPENSATION FROM THE ORGANIZATION" IN PART VII THE AMOUNTS NOTED AS COMPENSATION IN SCHEDULE J FOR THE PHYSICIANS NOTED ABOVE WERE THE DESIGNATED AMOUNTS PER THE RELATED CONTRACTS WITH UAMS



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 71-0236857  
**Name:** ARKANSAS CHILDREN'S HOSPITAL

**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				
MARCELLA DODERER PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	827,233	228,000	105,590	137,101	11,494	1,309,418	101,134
RENEE BORNEMEIER MD TRUSTEE/DIRECTOR-CHIEF OF STAFF	(i)	304,511	4,011	0	0	55,969	364,491	0
	(ii)	0	0	0	0	0	0	0
GENA WINGFIELD EVP/CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	462,223	101,966	57,643	73,716	10,351	705,899	54,329
CHANDA CHACON EVP/COO	(i)	0	0	0	0	0	0	0
	(ii)	452,780	95,572	300	61,337	10,344	620,333	0
AMY CRESS VP FACILITIES & SUPPORT SVC	(i)	242,588	48,001	215	0	20,851	311,655	0
	(ii)	0	0	0	0	0	0	0
JAY DESHPANDE SVP/CMO (PARTIAL YEAR)	(i)	222,440	92,705	0	0	27,660	342,805	0
	(ii)	0	0	0	0	0	0	0
LEE ANNE EDDY SVP/CHIEF NURSING OFFICER	(i)	303,429	64,367	32,862	50,517	5,978	457,153	31,017
	(ii)	0	0	0	0	0	0	0
JONATHAN GOLDBERG SVP/CIO	(i)	0	0	0	0	0	0	0
	(ii)	352,188	78,905	450	52,169	12,485	496,197	32,676
SHANNON HENDRIX VP CLINICAL/DIAG SVC	(i)	186,072	22,786	173	11,087	7,003	227,121	0
	(ii)	0	0	0	0	0	0	0
MARY SALASSI-SCOTTER VP PATIENT CARE SVC	(i)	183,588	25,608	1,119	16,848	8,779	235,942	0
	(ii)	0	0	0	0	0	0	0
GREGORY SHARP MD SVP/CHIEF MEDICAL OFFICER	(i)	273,750	1,875	0	0	53,567	329,192	0
	(ii)	0	0	0	0	0	0	0
MEL STIMSON PHARMACY DIRECTOR	(i)	171,788	1,250	560	12,031	5,592	191,221	0
	(ii)	0	0	0	0	0	0	0
TAMMY WEBB VP ACUTE CARE	(i)	180,363	23,810	237	8,561	2,781	215,752	0
	(ii)	0	0	0	0	0	0	0
LE'KITA BROWN VP REVENUE CYCLE	(i)	188,844	47,000	159	0	3,014	239,017	0
	(ii)	0	0	0	0	0	0	0
CINDY HILL VP FINANCIAL SERVICES	(i)	203,356	35,759	848	15,565	10,605	266,133	0
	(ii)	0	0	0	0	0	0	0
JEFF HOUSE VP STRATEGIC MARKETING	(i)	229,673	23,660	298	0	5,447	259,078	0
	(ii)	0	0	0	0	0	0	0
CAROL HUDGENS VP REVENUE CYCLE (PARTIAL YEAR)	(i)	201,626	39,012	2,252	18,739	8,820	270,449	0
	(ii)	0	0	0	0	0	0	0
ANN KRUGER VP AMBULATORY CARE SVC	(i)	248,063	43,836	1,063	15,397	11,908	320,267	0
	(ii)	0	0	0	0	0	0	0
KATHERINE LEA VP ED/SURGICAL CARE-FORMER	(i)	188,149	23,275	204	15,403	3,381	230,412	0
	(ii)	0	0	0	0	0	0	0
ANDREE TROSCLAIR SVP/CHIEF PEOPLE OFFICER-FORMER	(i)	0	0	0	0	0	0	0
	(ii)	278,112	46,788	1,875	19,972	6,371	353,118	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**

▶ 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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ARKANSAS CHILDREN'S HOSPITAL

Employer identification number  
71-0236857

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	PULASKI COUNTY ARKANSAS	71-6006487	745392HR4	11-17-2010	31,051,199	SEE SCHEDULE K, PART VI		X		X		X
<b>B</b>	ARKANSAS DEVELOPMENT FINANCE AUTHORITY	71-0503641	000000000	09-05-2013	19,800,000	SEE SCHEDULE K, PART VI		X		X		X
<b>C</b>	PULASKI COUNTY ARKANSAS	71-6006487	745392JN1	08-24-2016	98,721,147	SEE SCHEDULE K, PART VI		X		X		X

**Part II Proceeds**

	A	B	C	D				
<b>1</b> Amount of bonds retired . . . . .	22,850,000	11,776,496						
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	31,051,199	19,800,000	98,721,147					
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	192,600		702,808					
<b>8</b> Credit enhancement from proceeds . . . . .	206,911							
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .		19,800,000						
<b>11</b> Other spent proceeds . . . . .	30,651,688		98,018,339					
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2010		2015		2016			
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	X			X		X		
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X		X	X			
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X	X					
<b>b</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					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X	X					
<b>d</b> 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					
<b>4</b> 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 %		0 030 %				
<b>5</b> 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 . . . . . ▶		0 %		0 %				
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 030 %				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> 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				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> 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					

**Part IV Arbitrage**

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



**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> 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
SCHEDULE K SUPPLEMENTAL INFORMATION	PART I, LINE A - DESCRIPTION OF PURPOSE TO REFUND HOSPITAL REVENUE BONDS (ARKANSAS CHILDREN'S HOSPITAL PROJECT), SERIES 2002A AND SERIES 2002B REFUNDING, ISSUED 7/31/2002 PART I, LINE B - DESCRIPTION OF PURPOSE PROCEEDS USED TO PURCHASE TWO SIKORSKY S-76D HELICOPTERS TO BE USED FOR MEDICAL TRANSPORT PART I, LINE C - DESCRIPTION OF PURPOSE TO REFUND HOSPITAL REVENUE BONDS (ARKANSAS CHILDREN'S HOSPITAL PROJECT), SERIES 2009, ISSUED 5/28/2009 PART IV, LINE 6, COLUMN C THIS QUESTION IS BEING ANSWERED WITHOUT REGARD TO A YIELD-RESTRICTED ADVANCE REFUNDING ESCROW FUNDED WITH PROCEEDS OF THE BONDS

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

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ARKANSAS CHILDREN'S HOSPITAL

**Employer identification number**  
71-0236857

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

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			Yes	No			Yes	No	Yes	No	Yes	No
(1) JONATHAN GOLDBERG	CHIEF INFORMATION OFFICER	RECRUITMENT		X	50,000	20,000		No		No	Yes	
(2) JONATHAN GOLDBERG	CHIEF INFORMATION OFFICER	RECRUITMENT		X	50,000	20,000		No		No	Yes	
<b>Total</b>						▶ \$	40,000					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**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) DAVID M WEBB	SEE PART V FAMILY MEMBER	71,446	SEE PART V DAVID M WEBB IS A FAMILY MEMBER OF KEY EMPLOYEE, TAMMY WEBB CONSISTENT WITH ARKANSAS CHILDREN'S HOSPITAL POLICY, HE DID NOT WORK WITHIN MS WEBB'S LINE OF AUTHORITY AT ANY POINT DURING THE YEAR HIS COMPENSATION WAS REASONABLE FOR SERVICES RENDERED		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART II -LOANS TO AND/OR FROM INTERESTED PERSONS	ALTHOUGH NOT SPECIFICALLY APPROVED BY A BOARD OR COMMITTEE, THE RECRUITMENT LOANS TO JONATHAN GOLDBERG WERE REVIEWED WITH TOM BAXTER, THE CHAIRMAN OF THE ACH BOARD

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

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization

ARKANSAS CHILDREN'S HOSPITAL

Employer identification number

71-0236857

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	<p>THE BOARD OF DIRECTORS MAY DELEGATE SUCH OF ITS POWERS AS IT DEEMS NECESSARY OR ADVISABLE TO COMMITTEES OF THE BOARD, PROVIDED, HOWEVER, THAT NO COMMITTEE OF THE BOARD SHALL HAVE THE AUTHORITY TO (I) AUTHORIZE DISTRIBUTIONS, (II) ELECT, APPOINT OR REMOVE DIRECTORS OR FILL VACANCIES ON THE BOARD OR ANY OF ITS COMMITTEES, (III) ADOPT, AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS, OR (IV) APPOINT OR ELECT THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION ANY COMMITTEE MAY EXERCISE SUCH OF THE BOARD'S AUTHORITY AS IS GRANTED BY THE BOARD OF DIRECTORS, SUBJECT TO THE RESTRICTIONS CONTAINED IN THE CORPORATION'S ARTICLES OF INCORPORATION OR THE BYLAWS THE FOLLOWING DIRECTORS WERE EMPLOYEES OF THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES (UAMS) DURING THE TAX YEAR GREGORY SHARP, M D AND RENEE BORNEMEIER, M D EACH WAS COMPENSATED BY ACH VIA ITS CONTRACT WITH UAMS</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 3	THE HOSPITAL'S SVP/CHIEF MEDICAL OFFICER POSITION IS HELD BY GREGORY SHARP, M D , WHO HOLDS A FACULTY APPOINTMENT IN THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, COLLEGE OF MEDICINE DEPARTMENT OF NEUROSCIENCES ALTHOUGH DR SHARP IS AN EMPLOYEE OF UAMS, AS SVP/CMO, HE IS ALSO A KEY EMPLOYEE OF ACH AS A UAMS EMPLOYEE, THE HOSPITAL REIMBURSES UAMS FOR HIS ROLE, WHICH IS TO FURTHER DEVELOP AND ENHANCE PATIENT/FAMILY CENTERED ROUNDS WITH AN IMPROVED DELIVERY OF CARE AND PATIENT/FAMILY EXPERIENCE, TO PARTNER WITH THE CNO AND OTHERS TO FOCUS ON TEAM CARE, TO IMPROVE EFFICIENCY OF CARE, TO WORK CLOSELY WITH CHIEF QUALITY OFFICER, AND TO LISTEN TO MEDICAL STAFF AND TEAM MEMBERS AND FOSTER CHANGE THAT WILL POSITIVELY IMPACT PATIENT CARE THE CHIEF MEDICAL OFFICER POSITION WAS PREVIOUSLY HELD BY DR JAY DESHPANDE, WHO HOLDS FACULTY APPOINTMENTS IN THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, COLLEGE OF MEDICINE DEPARTMENTS OF PEDIATRICS AND ANESTHESIOLOGY ALTHOUGH DR DESHPANDE IS AN EMPLOYEE OF UAMS, AS SVP/CQO AND CMO, DR DESHPANDE IS ALSO A KEY EMPLOYEE OF ACH SINCE HE IS A UAMS EMPLOYEE, THE HOSPITAL REIMBURSES UAMS FOR HIS ROLE, WHICH IS TO HELP BROADEN AND STRENGTHEN THE HOSPITAL'S QUALITY EFFORTS AND OVERALL QUALITY PROGRAM FOR PATIENT CARE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 4</p>	<p>ARKANSAS CHILDREN'S HOSPITAL AMENDED AND RESTATED ITS BYLAWS AS OF OCTOBER 2018. ACH REMAINS A NON-PROFIT PUBLIC BENEFIT CORPORATION UNDER THE LAWS OF THE STATE OF ARKANSAS. SIGNIFICANT CHANGES AFFECTING GOVERNANCE ARE AS FOLLOWS: * REGARDING THE ANNUAL MEETING, THE AMENDED BYLAWS CLARIFY THAT THE BOARD TREASURER WILL REPORT ON THE ACTIVITIES AND FINANCIAL CONDITION OF THE CORPORATION. * THE DIRECTORS' TERMS WERE AMENDED SUCH THAT EACH DIRECTOR SHALL HOLD OFFICE FOR A TERM OF THREE (3) YEARS THAT BEGINS JANUARY 1 FOLLOWING THE ANNUAL MEETING OF THE MEMBER AT WHICH HE OR SHE IS APPOINTED AND WHICH ENDS AT THE CLOSE OF THE THIRD CALENDAR YEAR FOLLOWING HIS OR HER APPOINTMENT, AND UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED AND QUALIFIED OR UNTIL HIS OR HER EARLIER RESIGNATION, REMOVAL OR DEATH. THE TERMS OF OFFICE OF APPOINTED DIRECTORS SHALL BE STAGGERED SUCH THAT, TO THE EXTENT POSSIBLE, THE TERMS OF ONE-THIRD (1/3) OF THE DIRECTORS SHALL EXPIRE EACH YEAR. THE MEMBER SHALL APPOINT DIRECTORS AT EACH ANNUAL MEETING TO REPLACE THOSE DIRECTORS WHOSE TERMS ARE EXPIRING AT THE END OF THE CALENDAR YEAR. * SPECIAL MEETINGS WERE FURTHER CLARIFIED TO STATE THAT THEY MAY BE CALLED BY THE CHAIR OF THE BOARD OF THE CORPORATION OR THE MEMBER, BY THE BOARD OR AT THE WRITTEN REQUEST OF AT LEAST TWENTY PERCENT (20%) OF THE DIRECTORS. * REGARDING THE OFFICERS OF THE BOARD, IT WAS CLARIFIED THAT THE CHAIR OF THE BOARD SHALL PRESIDE AT ALL MEETINGS OF THE BOARD OF DIRECTORS, AND SHALL PERFORM SUCH OTHER DUTIES AS ARE COMMONLY ASSOCIATED WITH SUCH OFFICE OR AS OTHERWISE DESIGNATED BY THE BOARD FROM TIME TO TIME. * IN REGARDS TO THE ORGANIZATION, APPOINTMENT AND HEARINGS OF MEDICAL STAFF, THE FOLLOWING AMENDMENTS WERE MADE: (A) ALL INDIVIDUALS WHO ARE NOT HOSPITAL EMPLOYEES WHO MAKE ENTRIES INTO THE HOSPITAL'S MEDICAL RECORDS SHALL BE CREDENTIALLED THROUGH THE APPROPRIATE MEDICAL, DENTAL OR ADVANCE PRACTICE PROFESSIONAL STAFFS. THE BOARD OF DIRECTORS ORGANIZES PHYSICIANS AND DENTISTS INTO A MEDICAL STAFF. OTHER LICENSED INDEPENDENT PRACTITIONERS GRANTED PRIVILEGES BY THE BOARD OF DIRECTORS ARE ORGANIZED AS ADVANCE PRACTICE PROFESSIONAL STAFF. THE MEDICAL STAFF AND ADVANCE PRACTICE PROFESSIONAL STAFF ARE GOVERNED BY THESE BYLAWS AND THE MEDICAL STAFF BYLAWS AS APPROVED BY THE BOARD OF DIRECTORS. (B) THE BOARD OF DIRECTORS SHALL CONSIDER RECOMMENDATIONS OF THE MEC (MEDICAL EXECUTIVE COMMITTEE) AND QUALITY AND SAFETY COMMITTEE, AND APPOINT PHYSICIANS, DENTISTS OR OTHER LICENSED INDEPENDENT PRACTITIONERS TO THE ACTIVE OR COURTESY MEDICAL, DENTAL, OR ADVANCE PRACTICE PROFESSIONAL STAFFS. (C) ALL INITIAL APPOINTMENTS TO THE MEDICAL, DENTAL, AND ADVANCE PRACTICE PROFESSIONAL STAFFS SHALL BE FOR A PERIOD NOT TO EXCEED TWO (2) YEARS FROM THE DATE OF INITIAL GRANTING OF PRIVILEGES, RENEWABLE BY THE BOARD OF DIRECTORS PURSUANT TO FORMAL REAPPLICATION. * CLARIFICATIONS WERE MADE TO THE ROLE OF THE CHIEF OF MEDICAL STAFF AS FOLLOWS: (A) THE CHIEF OF THE MEDICAL STAFF SHALL SERVE A</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 4	S LIAISON BETWEEN THE BOARD OF DIRECTORS, MEDICAL STAFF AND THE MEC, AND HIS/HER ACTIVITIES IN THIS CAPACITY SHALL BE DOCUMENTED AT LEAST QUARTERLY, INCLUDING THROUGH A REPORT TO THE BOARD WHICH SHALL BE PRESENTED AT LEAST QUARTERLY AND DOCUMENTED IN THE BOARD MINUTES HIS/HER RESPONSIBILITIES SHALL BE AS FOLLOWS (B) RECEIVE RECOMMENDATIONS FROM THE MEDICAL STAFF AND THE MEC, AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS ON ALL APPOINTMENTS TO THE MEDICAL STAFF AND ADVANCE PRACTICE PROFESSIONAL STAFF OF THE HOSPITAL AND ON ALL ASSIGNMENTS OF RESPONSIBILITIES WITHIN THE MEDICAL STAFF, INCLUDING DEFINITION OF THE SCOPE OF PRIVILEGES, REAPPOINTMENTS, AND REDUCTIONS, EXTENSIONS, SUSPENSIONS, AND TERMINATIONS OF PRIVILEGES (C) RECOMMEND TO THE BOARD OF DIRECTORS THE SPECIFIC CLINICAL PRIVILEGES TO BE GRANTED TO EACH MEMBER OF THE MEDICAL STAFF AND ADVANCE PRACTICE PROFESSIONAL STAFF CONSISTENT WITH THE SCOPE OF CLINICAL PRIVILEGES ALLOWED IN THE INSTITUTION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF ARKANSAS CHILDREN'S HOSPITAL IS ARKANSAS CHILDREN'S, INC



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	ARKANSAS CHILDREN'S, INC , ACH'S SOLE MEMBER, HAS THE RESERVED POWER TO FIX THE SIZE OF THE BOARD OF DIRECTORS, AND THE GOVERNING BOARD OF ANY AFFILIATE CONTROLLED BY THE CORPORATION, AND APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS OF THE CORPORATION, AND MEMBERS OF THE GOVERNING BOARD OF ANY AFFILIATE CONTROLLED BY THE CORPORATION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	ACH'S ARTICLES OF INCORPORATION MAY BE AMENDED, AND THE BYLAWS MAY BE ALTERED, AMENDED, OR REPEALED AND NEW BYLAWS MAY BE ADOPTED (I) UPON THE APPROVAL OF BOTH THE BOARD AND THE SOLE MEMBER, IF THE AMENDMENT DOES NOT RELATE TO THE NUMBER OF DIRECTORS, THE COMPOSITION OF THE BOARD, THE TERM OF OFFICE OF DIRECTORS, OR THE METHOD OR WAY IN WHICH DIRECTORS ARE ELECTED OR SELECTED, OR (II) BY THE MEMBER

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	HOSPITAL MANAGEMENT REVIEWS THE DRAFT FORM 990 AND RECONCILES IT TO THE HOSPITAL'S INTERNAL FINANCIALS AND CONSOLIDATED AUDIT REPORT THE REVIEWED DRAFT OF THE FORM 990 IS PROVIDED TO THE PLANNING & DEVELOPMENT COMMITTEE BY HOSPITAL MANAGEMENT IF THE REVIEW BY THE COMMITTEE RESULTS IN REVISIONS TO THE FORM 990, THOSE REVISIONS ARE MADE THE FORM 990 TO BE FILED IS THEN PROVIDED TO THE ENTIRE BOARD PRIOR TO FILING

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE HOSPITAL HAS A BOARD OF DIRECTORS CONFLICT OF INTEREST POLICY THAT IS ISSUED TO AND REVIEWED WITH ALL NEW BOARD MEMBERS DURING THEIR BOARD ORIENTATION IN ADDITION, THE INTERNAL GENERAL COUNSEL OR THE SYSTEM COMPLIANCE OFFICER WILL PERIODICALLY REVIEW THE POLICY WITH THE FULL BOARD DURING A REGULAR BOARD MEETING A DIRECTOR SHALL DISCLOSE IN WRITING TO THE BOARD OF DIRECTORS ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST WHEN THE SITUATION DEVELOPS, INCLUDING THE FACTS THAT MAKE IT AN ACTUAL OR POTENTIAL CONFLICT EACH DIRECTOR SHALL SIGN AN INITIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT UPON ELECTION TO THE BOARD OF DIRECTORS EACH DIRECTOR ALSO SHALL SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST DEVELOPS AFTER THE DIRECTOR'S INITIAL AND ANNUAL STATEMENTS ARE SIGNED, THE DIRECTOR SHALL IMMEDIATELY SIGN A NEW DISCLOSURE STATEMENT TO ADDRESS THE NEW SITUATION OR TRANSACTION CONFLICT OF INTEREST DISCLOSURE STATEMENTS OR DECLARED CONFLICTS WILL BE REVIEWED BY THE DIRECTOR BOARD OFFICERS REVIEW WILL RESULT IN ONE OF THE FOLLOWING ACTIONS BY MAJORITY VOTE (1) DETERMINED NOT TO BE A CONFLICT, (2) CONFLICT IS ACCEPTED, OR (3) CONFLICT IS NOT ACCEPTED AND THE DIRECTOR WILL NEED TO ABSTAIN FROM PARTICIPATION IN CERTAIN VOTES CONFLICT DISCLOSURES, FACTS AND ACTIONS WILL BE DOCUMENTED IN THE APPROPRIATE COMMITTEE OR BOARD MINUTES A DIRECTOR WITH A CONFLICT OF INTEREST WILL NOT PARTICIPATE IN DELIBERATIONS OR VOTE BY THE BOARD OF DIRECTORS, OR COMMITTEE THEREOF, ON THE MATTER GIVING RISE TO THE CONFLICT HE OR SHE MAY PRESENT RELEVANT INFORMATION ABOUT THE MATTER AND ALSO MAY RESPOND TO REQUESTS FOR FACTS NEEDED BY THE BOARD TO REACH AN INFORMED DECISION AFTER ANY DISCUSSION, THE INTERESTED DIRECTOR SHALL EITHER ABSTAIN FROM VOTE OR RECUSE COMPLETELY AND BE ABSENT DURING FURTHER DELIBERATIONS AND ACTION ON THE MATTER, AS DETERMINED BY THE DIRECTOR BOARD OFFICERS OF THE ENTITY</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	<p>COMPENSATION FOR ANY ACH EXECUTIVE OR SENIOR OFFICER (PRESIDENT, SENIOR VICE PRESIDENT) WHO IS NOT A CONTRACTED UAMS EMPLOYEE IS REVIEWED BY THE ARKANSAS CHILDREN'S HUMAN RESOURCES AND COMPENSATION COMMITTEE WHICH IS ESTABLISHED THROUGH THE BYLAWS OF ARKANSAS CHILDREN'S, INC THE HUMAN RESOURCES AND COMPENSATION COMMITTEE HAS THE FULL AUTHORITY AND SPECIFIC RESPONSIBILITY FOR REVIEWING AND APPROVING COMPENSATION POLICIES, BASE SALARY AND INCENTIVE COMPENSATION LEVELS, EXECUTIVE RETIREMENT AND OTHER EXECUTIVE BENEFIT PLANS FOR HEALTH SYSTEM SENIOR MANAGEMENT, INCLUDING OFFICERS OF THE CORPORATION AND AFFILIATES WHO ARE "DISQUALIFIED PERSONS" UNDER SECTION 4958 OF THE CODE THE POLICIES AND PROGRAMS REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE SHALL BE DESIGNED TO ENSURE THAT THE CORPORATION AND ITS AFFILIATES REMAIN COMPETITIVE AND REASONABLE RELATIVE TO THE COMPENSATION AND BENEFITS PRACTICES OF SIMILARLY SITUATED HEALTH SYSTEMS LOCALLY AND NATIONALLY, AND TO PERMIT THE CORPORATION AND SUCH AFFILIATES TO ATTRACT AND RETAIN SUPERIOR SENIOR MANAGEMENT, IN FURTHERANCE OF THE CORPORATION'S AND AFFILIATES PURPOSES THE HUMAN RESOURCES AND COMPENSATION COMMITTEE SHALL HAVE, TO THE FULLEST EXTENT OF THE LAW, THE AUTHORITY TO APPROVE THE COMPENSATION PACKAGES FOR SENIOR MANAGEMENT OF THE CORPORATION AND THE AFFILIATES IN ITS PROCESS, THE COMMITTEE SHALL OBTAIN AND MUST RELY UPON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING ITS DETERMINATION OF REASONABLENESS WITH RESPECT TO THE COMPENSATION ARRANGEMENTS OF DISQUALIFIED PERSONS APPROPRIATE DATA INCLUDES, BUT IS NOT LIMITED TO, COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE CORPORATION, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE DISQUALIFIED PERSON THE COMMITTEE MAY RELY UPON OPINIONS OF QUALIFIED LEGAL, ACCOUNTING, VALUATION AND EXECUTIVE COMPENSATION EXPERTS CONTEMPORANEOUSLY WITH MAKING ITS DETERMINATION OF REASONABLENESS WITH RESPECT TO THE COMPENSATION ARRANGEMENT OF THE CEO AND DISQUALIFIED PERSONS, THE COMMITTEE SHALL DOCUMENT IN A WRITTEN REPORT THE BASIS FOR ITS DECISIONS AND FORWARD THE REPORT TO THE BOARD</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE HOSPITAL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AS REQUIRED

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>PHYSICIANS' REMUNERATION PROGRAM SERVICE EXPENSES 80,567,196 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 80,567,196 TESTING PROGRAM SERVICE EXPENSES 3,702,239 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,702,239 REPAIRS &amp; MAINTENANCE PROGRAM SERVICE EXPENSES 2,678,915 MANAGEMENT AND GENERAL EXPENSES 740,142 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,419,057 OTHER FEES FOR SERVICE PROGRAM SERVICE EXPENSES 14,247,342 MANAGEMENT AND GENERAL EXPENSES 18,239,526 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 32,486,868</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	UNEXPENDED GRANT CARRYOVER ADJUSTMENTS 67,166 TEMPORARY TRANSFER OF NET ASSETS TO ACNW -15,000,000 ALLOCATION OF ADDITIONAL COSTS - PARENT -7,811,378 TRANSFER OF FUNDS TO ACCN -1,943,000 ASSET TRANSFER TO ACNW -118,953



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	<p>IT IS PART OF THE RESERVED POWERS OF ARKANSAS CHILDREN'S, INC TO RETAIN, OVERSEE AND TERMINATE INDEPENDENT EXTERNAL AUDITORS TO AUDIT THE FINANCIAL STATEMENTS OF ACH OR OF ANY AFFILIATE ONE OF THE STANDING COMMITTEES OF ARKANSAS CHILDREN'S, THE FINANCIAL PLANNING AND OVERSIGHT COMMITTEE, SHALL UNDERTAKE THE FOLLOWING DUTIES IN THE AREAS OF FINANCE AND AUDITS (I) CAUSING TO BE PREPARED, AND SUBMIT TO THE BOARD OF DIRECTORS AT ITS LAST MEETING BEFORE THE END OF THE FISCAL YEAR, THE CAPITAL AND OPERATING BUDGETS OF THE CORPORATION, AS WELL AS THE CAPITAL AND OPERATING BUDGETS OF AFFILIATES, (II) EXAMINING THE MONTHLY FINANCIAL REPORTS OF THE HEALTH SYSTEM, (III) REVIEWING THE INTERNAL AUDITING FUNCTIONS OF THE HEALTH SYSTEM, (IV) ENGAGING AN EXTERNAL AUDIT FIRM, SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS, (V) REVIEWING WITH THE INDEPENDENT AUDITOR THE SCOPE AND PLANNING OF THE AUDIT PRIOR TO THE COMMENCEMENT OF THE AUDIT, AS WELL AS UPON COMPLETION OF THE AUDIT, REVIEWING AND DISCUSSING WITH THE INDEPENDENT AUDITOR ANY MATERIAL RISKS OR WEAKNESSES IN INTERNAL CONTROLS IDENTIFIED BY THE AUDITOR, ANY RESTRICTIONS ON THE SCOPE OF THE AUDITOR'S ACTIVITIES OR ACCESS TO REQUESTED INFORMATION, ANY SIGNIFICANT DISAGREEMENTS BETWEEN THE AUDITOR AND MANAGEMENT, AND THE ADEQUACY OF THE HEALTH SYSTEM'S ACCOUNTING AND FINANCIAL REPORTING PROCESSES, (VI) ANNUALLY CONSIDERING THE PERFORMANCE AND INDEPENDENCE OF THE INDEPENDENT AUDITOR, (VII) REVIEWING AND REPORTING TO THE BOARD ON THE ANNUAL AUDITED FINANCIAL STATEMENT OF THE HEALTH SYSTEM CERTIFIED BY THE CORPORATION'S CERTIFIED PUBLIC ACCOUNTANTS, TOGETHER WITH SUCH CERTIFIED PUBLIC ACCOUNTANTS' MANAGEMENT LETTER TO THE CORPORATION WHICH THE COMMITTEE SHALL REVIEW AND REPORT ON TO THE BOARD OF DIRECTORS, (VIII) SUGGESTING MEANS TO IMPROVE FISCAL ACCOUNTABILITY AND INTERNAL AUDIT PROCEDURES FOR THOSE AREAS IDENTIFIED AS REQUIRING IMPROVEMENT, (IX) PROVIDING OVERSIGHT FOR THE HEALTH SYSTEM'S CORPORATE COMPLIANCE PROGRAM, INCLUDING CORPORATE ETHICS AND COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS, AND (X) REPORTING ON THE FINANCIAL PLANNING AND OVERSIGHT COMMITTEE'S ACTIVITIES TO THE FULL BOARD</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 3B	THE CONSOLIDATED ORGANIZATION IS REQUIRED TO UNDERGO AN AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AND DID UNDERGO THAT REQUIRED AUDIT

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ARKANSAS CHILDREN'S HOSPITAL

**Employer identification number**

71-0236857

**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

**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
<b>(1)</b> ARKANSAS CHILDREN'S FOUNDATION 1 CHILDRENS WAY  LITTLE ROCK, AR 72202 71-0568795	FUNDRAISING	AR	501(C)(3)	LINE 7	ARKANSAS CHILDREN'S INC		No
<b>(2)</b> ARKANSAS CHILDREN'S RESEARCH INSTITUTE 13 CHILDRENS WAY  LITTLE ROCK, AR 72202 71-0694931	RESEARCH	AR	501(C)(3)	LINE 7	ARKANSAS CHILDREN'S INC		No
<b>(3)</b> ARKANSAS CHILDREN'S HOSPITAL AUXILIARY 1 CHILDRENS WAY  LITTLE ROCK, AR 72202 71-0606585	FUNDRAISING & VOLUNTEERS	AR	501(C)(3)	LINE 12A, I	ARKANSAS CHILDREN'S INC THRU ARKANSAS CHILDREN'S HOSPITAL AND FOUNDATION		No
<b>(4)</b> ARKANSAS CHILDREN'S NORTHWEST 1 CHILDRENS WAY  LITTLE ROCK, AR 72202 81-0817660	HOSPITAL	AR	501(C)(3)	LINE 3	ARKANSAS CHILDREN'S INC		No
<b>(5)</b> ARKANSAS CHILDREN'S INC 1 CHILDRENS WAY  LITTLE ROCK, AR 72202 81-0801296	HEALTH CARE PARENT CORPORATION	AR	501(C)(3)	LINE 12B, II	N/A		No
<b>(6)</b> ARKANSAS CHILDREN'S MEDICAL GROUP 1 CHILDRENS WAY  LITTLE ROCK, AR 72202 82-0771462	HOSPITAL/PHYSICIAN SERVICES	AR	501(C)(3)	LINE 3	ARKANSAS CHILDREN'S INC		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	

**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
<b>(1)</b> CHILDREN'S HEALTHCARE SYSTEM INC 1 CHILDRENS WAY LITTLE ROCK, AR 72202 58-6304957	MANAGEMENT SERVICES	AR	N/A	C	209,652	749,265	50 000 %		No
<b>(2)</b> ARKANSAS CHILDREN'S CARE NETWORK 1 CHILDRENS WAY LITTLE ROCK, AR 72202 37-1854930	CLINICALLY INTEGRATED NETWORK	AR	N/A	C					No
<b>(3)</b> SACOVA INSURANCE COMPANY LTD 18 FORUM LANE 2ND FLOOR CAMANA BAY, GRAND CAYMAN KY1-1102 CJ 98-1472934	CAPTIVE INSURANCE COMPANY	CJ	N/A	C					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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b> Yes	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b> Yes	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b> Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b> Yes	

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

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

**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)

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE R, PART V, LINE 1E	ACH AND ARKANSAS CHILDREN'S FOUNDATION GUARANTEE THE OUTSTANDING BOND INDENTURES

Schedule Form 9020