

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  
**2019**  
Open to Public Inspection

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

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

**C** Name of organization  
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 \$ 646,575,605

**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)	<b>3</b>	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	4,301
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,104
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	39,577,405	38,511,132
<b>9</b> Program service revenue (Part VIII, line 2g)	587,414,091	589,565,394
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,063,120	8,641,394
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,976,498	9,725,085
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	644,031,114	646,443,005
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,111,043	9,359,631
<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)	267,256,455	285,868,987
<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)	303,082,623	300,260,302
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	584,450,121	595,488,920
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	59,580,993	50,954,085
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	911,398,842	970,496,679
<b>21</b> Total liabilities (Part X, line 26)	141,487,687	144,672,508
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	769,911,155	825,824,171

## 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: MARCELLA DODERER, PRESIDENT & CEO  
Date: 2021-05-13

**Paid Preparer Use Only**  
Print/Type preparer's name: KPMG LLP  
Preparer's signature: [Signature]  
Date: [Date]  
Check  if self-employed  
PTIN: P01226647  
Firm's EIN: 13-5565207  
Firm's address: 303 PEACHTREE STREET NE SUITE 2000, ATLANTA, GA 303083210  
Phone no.: (404) 739-5994

**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 \$ 487,950,018 including grants of \$ 9,359,631 ) (Revenue \$ 592,709,397 )  
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** ▶ 487,950,018

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

<p><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 . . . . .</p>	<b>2a</b>	4,301			
<p><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)</p>			<b>2b</b>	Yes	
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>		No
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>			<b>3b</b>		
<p><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)? . . . . .</p>			<b>4a</b>		No
<p><b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>		No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>		No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>		
<p><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? . . . . .</p>			<b>6a</b>		No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<p><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? . . . . .</p>			<b>7a</b>		No
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>		No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>		No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>		No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>		
<p><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? . . . . .</p>			<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>					
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter:					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>				
<p><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.) . . . . .</p>	<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?					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<p><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.</p>			<b>13a</b>		
<p><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 . . . . .</p>	<b>13b</b>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>		No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>			<b>14b</b>		
<p><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.</p>			<b>15</b>		No
<p><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.</p>			<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 (15), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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.
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:







Part VIII Statement of Revenue

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

Table with 5 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 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and noncash contributions, ending with 1h Total.

Table for Program Service Revenue with 5 columns (A-D). Rows include 2a-2f for various services like PAYMENTS FOR MED SVCS, and 2g Total.

Table for Other Revenue with 5 columns (A-D). Rows include 3-11 for investment income, rental income, gaming activities, and sales of inventory, ending with 12 Total 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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	8,829,534	8,829,534		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	530,097	530,097		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	5,533,033	3,340,358	2,192,675	
<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) . . . . .	36,807	36,807		
<b>7</b> Other salaries and wages . . . . .	237,276,269	182,200,799	55,075,470	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .	43,022,878	35,957,077	7,065,801	
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	8,776,242	8,697,871	78,371	
<b>b</b> Legal . . . . .	14,727	14,352	375	
<b>c</b> Accounting . . . . .	2,813		2,813	
<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)	123,661,674	106,507,075	17,154,599	
<b>12</b> Advertising and promotion . . . . .	835,104	17,342	817,762	
<b>13</b> Office expenses . . . . .	7,561,244	4,442,488	3,118,756	
<b>14</b> Information technology . . . . .	15,458,083	5,219,939	10,238,144	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	4,036,931	3,213,994	822,937	
<b>17</b> Travel . . . . .	1,276,744	1,074,064	202,680	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	665,725	606,028	59,697	
<b>20</b> Interest . . . . .	3,818,025		3,818,025	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	38,367,992	32,823,617	5,544,375	
<b>23</b> Insurance . . . . .	23,873	23,873		
<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	86,965,893	86,662,004	303,889	
<b>b</b> OTHER ADMINISTRATIVE EX	6,296,035	5,631,506	664,529	
<b>c</b> MINOR EQUIPMENT	1,269,943	1,048,356	221,587	
<b>d</b> DUES & SUBSCRIPTIONS	1,229,254	1,072,837	156,417	
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	595,488,920	487,950,018	107,538,902	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 . . . . .	44,309	<b>1</b>	46,543
	<b>2</b> Savings and temporary cash investments . . . . .	53,307,193	<b>2</b>	92,732,526
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	78,203,326	<b>4</b>	64,274,094
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	40,000	<b>5</b>	25,003
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	10,056,345	<b>8</b>	10,267,148
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,542,340	<b>9</b>	6,800,883
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 631,426,431		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 353,418,917	297,230,258	<b>10c</b> 278,007,514
	<b>11</b> Investments—publicly traded securities . . . . .	310,919,650	<b>11</b>	342,562,404
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	648,106	<b>12</b>	711,818
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	423,585	<b>13</b>	549,433
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	152,983,730	<b>15</b>	174,519,313
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	911,398,842	<b>16</b>	970,496,679	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	40,964,551	<b>17</b>	39,187,884
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	10,917,740
	<b>20</b> Tax-exempt bond liabilities . . . . .	100,523,136	<b>20</b>	91,361,027
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<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	0	<b>25</b>	3,205,857
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	141,487,687	<b>26</b>	144,672,508
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	738,898,181	<b>27</b>	792,839,818
	<b>28</b> Net assets with donor restrictions . . . . .	31,012,974	<b>28</b>	32,984,353
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	769,911,155	<b>32</b>	825,824,171	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	911,398,842	<b>33</b>	970,496,679	

**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>	646,443,005
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	595,488,920
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	50,954,085
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	769,911,155
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	10,449,408
<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>	-5,490,477
<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>	825,824,171

**Part XII Financial Statements and Reporting**

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

		Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes	
<p><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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	<b>2c</b>	Yes	
<p><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?</p>	<b>3a</b>	Yes	
<p><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.</p>	<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 71-0236857

**Name:** ARKANSAS CHILDREN'S HOSPITAL

Form 990 (2019)

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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. ACH IS LICENSED FOR 336 OPERATING BEDS, OF WHICH 180 ARE INTENSIVE CARE BEDS AND 143 ARE MEDICAL/SURGICAL BEDS. DURING THE YEAR ENDED JUNE 30, 2020, ACH EXPERIENCED THE FOLLOWING: 15,315 ADMISSIONS WITH AN AVERAGE STAY OF 5.56 DAYS; 79,824 PATIENT DAYS; 218.1 AVERAGE DAILY CENSUS; 234,285 OUTPATIENT VISITS, EXCLUDING ER VISITS WHICH WERE 57,548; AND 14,303 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	0.61 ..... 56.24	X		X				0	1,422,651	165,970
GENA WINGFIELD ..... EVP/CHIEF FINANCIAL OFFICER	0.00 ..... 48.00			X				0	650,992	82,829
CHANDA CHACON ..... EVP/COO	0.00 ..... 50.00				X			0	587,315	24,742
JONATHAN GOLDBERG ..... SVP/CIO	0.00 ..... 50.00				X			0	526,140	26,975
GREGORY SHARP MD ..... SVP/CHIEF MEDICAL OFFICER	54.88 ..... 0.12				X			444,341	0	57,090
LEE ANNE EDDY ..... SVP/CHIEF NURSING OFFICER	50.00 ..... 0.00				X			410,941	0	54,280
JARED CAPOUYA ..... VP QUALITY & SAFETY	45.00 ..... 0.00					X		363,818	0	12,194
ANN KRUGER ..... VP AMBULATORY CARE SVC	57.00 ..... 0.00				X			302,123	0	29,565
AMY CRESS ..... VP FACILITIES & SUPPORT SVC	50.00 ..... 0.00				X			297,641	0	16,480
RENEE BORNEMEIER MD ..... TRUSTEE/DIRECTOR-CHIEF OF STAFF	54.80 ..... 0.00	X						258,554	0	45,898

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			
CINDY HILL ..... VP FINANCIAL SERVICES	54.00 ..... 0.00				X			274,690	0	28,900
LE'KITA BROWN ..... VP REVENUE CYCLE	50.00 ..... 0.00				X			281,211	0	15,589
SHANNON HENDRIX ..... VP CLINICAL/DIAG SVC	50.00 ..... 0.00				X			265,773	0	24,390
JEFF HOUSE ..... VP STRATEGIC MARKETING	45.00 ..... 0.00					X		268,145	0	16,567
MARY SALASSI-SCOTTER ..... VP PATIENT CARE SVC	50.00 ..... 0.00				X			241,532	0	16,578
CHRISTIAN EISENRING ..... SURGICAL ASSISTANT COORDINATOR	45.00 ..... 0.00					X		244,019	0	8,931
TAMMY WEBB ..... VP ACUTE CARE (PARTIAL YEAR)	46.00 ..... 0.00				X			202,512	0	17,295
BETH PETLAK ..... VP POPULATION HEALTH/PHO EXEC DIR	14.00 ..... 41.00					X		203,227	0	15,759
MEL STIMSON ..... PHARMACY DIRECTOR	50.00 ..... 0.00				X			186,162	0	20,991
JOANN STOCKS ..... RN III - AMBULATORY SURGERY	45.00 ..... 0.00					X		164,024	0	22,018

**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			
ART SHUMATE ..... PERIOPERATIVE SERVICES DIRECTOR	50.00 ..... 0.00				X			170,163	0	4,825
LUANN JONES ..... NEONATAL SERVICES NURSING DIRECTOR	40.00 ..... 0.00				X			165,616	0	8,901
JOHN MCNALLY ..... MEDICAL ADMIN DIRECTOR	40.00 ..... 0.00				X			170,489	0	1,269
CARRIE LEE ..... VP PATIENT CARE SERVICES	55.00 ..... 0.00				X			154,706	0	15,215
ROBIN MITCHELL ..... LAB ADMIN DIRECTOR	40.00 ..... 0.00				X			152,492	0	1,221
JOHN BALE JR ..... TRUSTEE/DIRECTOR	0.25 ..... 0.17	X						0	0	0
TOM BAXTER ..... TRUSTEE/DIRECTOR	0.25 ..... 0.18	X						0	0	0
MELISSA GRAHAM MD ..... TRUSTEE/DIRECTOR	0.28 ..... 0.00	X						0	0	0
DORSEY JACKSON ..... TRUSTEE/DIRECTOR	0.21 ..... 0.00	X						0	0	0
DOUGLAS JACKSON ..... TRUSTEE/DIRECTOR	0.25 ..... 0.00	X						0	0	0





**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 instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

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

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

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<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? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<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? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<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))? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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? <i>If "Yes," provide detail in Part VI.</i>		
	<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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<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**

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

<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 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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



## 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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

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
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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 . . . . .	309,182,507	296,307,577	279,051,286	265,682,157	263,164,433
<b>b</b> Contributions . . . . .	4,459,025	5,224,717	1,174,503	4,087,548	2,013,304
<b>c</b> Net investment earnings, gains, and losses	3,961,742	20,943,820	24,842,576	22,707,945	1,498,535
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	6,740,852	13,293,607	8,760,788	13,426,364	994,115
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	310,862,422	309,182,507	296,307,577	279,051,286	265,682,157

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 71.440 %
- b** Permanent endowment ▶ 16.400 %
- c** Temporarily restricted endowment ▶ 12.160 %

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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**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 . . . . .		14,749,929		14,749,929
<b>b</b> Buildings . . . . .		359,917,456	201,181,337	158,736,119
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		228,530,162	140,793,838	87,736,324
<b>e</b> Other . . . . .		28,228,884	11,443,742	16,785,142
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				278,007,514

**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	1,287,824
(2) ESTIMATED 3RD PARTY SETTLEMENT (MCD)	147,381,051
(3) SUPPLEMENTAL MEDICAID RECEIVABLE	12,576,176
(4) GME RECEIVABLE	1,723,917
(5) OTHER RECEIVABLES	10,758,468
(6) INTEREST RECEIVABLE - FUNDED DEPR	202,900
(7) DUE FROM AFFILIATES	588,977
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	174,519,313

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED PAYROLL TAXES PAYABLE (UNDER CARES ACT)	3,205,857
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	3,205,857

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 <b>1</b> :			
<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 <b>1</b> :			
<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 CHILDREN'S, INC., ARKANSAS CHILDREN'S HOSPITAL, ARKANSAS CHILDREN'S FOUNDATION, ARKANSAS CHILDREN'S RESEARCH INSTITUTE, ARKANSAS CHILDREN'S NORTHWEST, ARKANSAS CHILDREN'S CARE NETWORK, ARKANSAS CHILDREN'S MEDICAL GROUP, AND SACOVA INSURANCE COMPANY (COLLECTIVELY, ARKANSAS CHILDREN'S). FOOTNOTE: ARKANSAS CHILDREN'S APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC TOPIC 740 (TOPIC 740), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. TOPIC 740 CLARIFIES 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 CHILDREN'S AND HAS CONCLUDED THAT AS OF JUNE 30, 2020 AND 2019, THERE ARE NO UNCERTAIN POSITIONS 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  
**Name of the organization**  
 ARKANSAS CHILDREN'S HOSPITAL

**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.**

**Employer identification number**  
 71-0236857

OMB No. 1545-0047  
**2019**  
**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**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			11,593,838		11,593,838	1.950 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			355,628,294	347,087,052	8,541,242	1.430 %
<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 . . . . .			367,222,132	347,087,052	20,135,080	3.380 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			8,735,885	1,414,850	7,321,035	1.230 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			23,269,816	8,357,140	14,912,676	2.500 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			39,092,530	17,296,752	21,795,778	3.660 %
<b>h</b> Research (from Worksheet 7) . . . . .			9,976,074		9,976,074	1.680 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			513,061	36,352	476,709	0.080 %
<b>j Total.</b> Other Benefits . . . . .			81,587,366	27,105,094	54,482,272	9.150 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			448,809,498	374,192,146	74,617,352	12.530 %

**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			11,700	7,700	4,000	0 %
3 Community support			13,500	820	12,680	0 %
4 Environmental improvements						
5 Leadership development and training for community members			7,500	675	6,825	0 %
6 Coalition building						
7 Community health improvement advocacy			59,267	1,601	57,666	0.010 %
8 Workforce development			6,500	1,250	5,250	0 %
9 Other			73,862	73,862		
<b>10 Total</b>			172,329	85,908	86,421	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	2,838,840
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	2,748,701
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	90,139
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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

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

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

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

**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 of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</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/RESOURCES/COMMUNITY-NEEDS-ASSESSMENT</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>19</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/RESOURCES/COMMUNITY-NEEDS-ASSESSMENT</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:	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? . . . . .	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):	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</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: <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)	19	No
<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 (if not, describe in Section C) <b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <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: <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)	21	Yes
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**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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	



**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 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 FORINDIVIDUALS 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:	<p>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.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>ACH CONTRIBUTES TO THE COMMUNITIES IT SERVES AT A NEIGHBORHOOD, COMMUNITY, CITY AND STATE 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. ACH SUPPORTS THE DOWNTOWN LITTLE ROCK PARTNERSHIP AND ITS WORK TO CONTINUE AND GROW A THRIVING DOWNTOWN, RICH IN BUSINESS, ARTS AND CULTURE. ACH ALSO FINANCIALLY SUPPORTS OTHER ORGANIZATIONS THAT SEEK TO ADDRESS THE NEEDS OF CHILDREN AND FAMILIES, INCLUDING THE ARKANSAS CHAPTER OF THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION, WOMEN &amp; CHILDREN FIRST, CENTERS FOR YOUTH AND FAMILIES, AND OUR HOUSE SHELTER. 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 SUPPORTS A VARIETY OF NONPROFIT ORGANIZATIONS AND COMMUNITY GROUPS THAT HELP BUILD SAFETY AND RESILIENCY FOR CHILDREN AND THEIR CAREGIVERS ACROSS THE STATE. THESE ORGANIZATIONS ADDRESS HOMELESSNESS, JOB SUPPORT/SKILLS, DOMESTIC VIOLENCE, EDUCATION, AND NEIGHBORHOOD ENGAGEMENT. A FEW OF THE ORGANIZATIONS THAT ACH PARTNERS WITH INCLUDE: THE BOYS AND GIRLS CLUB, WHICH HELPS KIDS AND TEENS DEVELOP ESSENTIAL SKILLS, MAKE LASTING CONNECTIONS AND HAVE FUN WITH ENRICHMENT AND EDUCATIONAL ACTIVITIES; WOMEN AND CHILDREN FIRST, WHICH ADDRESSES FAMILY VIOLENCE THROUGH SAFETY, STRENGTH, AND HOPE FOR VICTIMS OF FAMILY VIOLENCE; THE WOMEN'S FOUNDATION OF ARKANSAS, WHICH INVESTS IN YOUNG GIRLS TO PROMOTE FINANCIAL STABILITY AND EDUCATIONAL ACHIEVEMENT; ARKANSAS FOOD BANK; HELPING HAND FOOD PANTRY; AND LEGAL AIDE OF ARKANSAS. ACH PROVIDES OFFICE SPACE AT HIGHLY DISCOUNTED RATES FOR CHILD MALTREATMENT SERVICES.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	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.

**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:	<p>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.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	PLEASE SEE PART III, LINE 9B DESCRIPTION ON PAGE 65.

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 21 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 72.2% OF ITS OUTPATIENT POPULATION AND 62.1% OF ITS INPATIENT POPULATION FROM PULASKI COUNTY AND SURROUNDING COUNTIES, INCLUDING SALINE, FAULKNER, LONOKE, AND JEFFERSON. ACH ALSO SERVES PATIENTS FROM WHITE COUNTY IN NORTH CENTRAL ARKANSAS, GARLAND COUNTY IN EAST CENTRAL ARKANSAS, WASHINGTON COUNTY IN THE NORTHWEST CORNER OF THE STATE, AND SEBASTIAN COUNTY IN WEST CENTRAL ARKANSAS. ALTHOUGH PULASKI COUNTY IS THE HOSPITAL'S PRIMARY SERVICE AREA, WITH 42.0% OF OUTPATIENT DISCHARGES AND 26.4% OF INPATIENT DISCHARGES DURING FY2020.ACH'S CURRENT PHYSICAL LOCATIONS INCLUDE A MAIN CAMPUS AND TWO OUTPATIENT CLINICS IN LITTLE ROCK 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 2019 CENSUS DATA INDICATED POPULATION TOTALS TO BE 3,017,804 FOR ARKANSAS AND 391,911 FOR PULASKI COUNTY. ALSO ACCORDING TO ESTIMATED 2019 CENSUS DATA, APPROXIMATELY 23.2% OF THE ARKANSAS POPULATION WAS UNDER 18 YEARS OF AGE AND 6.2% WAS UNDER THE AGE OF 5. THE UNEMPLOYMENT RATE FOR THE STATE OF ARKANSAS FOR CALENDAR YEAR 2019 WAS 3.5%. THE PER CAPITA PERSONAL INCOME FOR THE STATE OF ARKANSAS FOR 2019 WAS \$26,577. THE PERCENT OF ALL PEOPLE IN POVERTY IN ARKANSAS WAS 17.0% AND THE PERCENT OF CHILDREN 18 OR YOUNGER IN POVERTY WAS 23.7%, 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 700,843 ARKANSAS CHILDREN UNDER AGE 18 REPRESENTED 23.2% OF THE STATE'S TOTAL POPULATION FOR 2019. 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 2019 INDICATE THAT THE HISPANIC CHILD POPULATION IN ARKANSAS WAS 12.3% AND THE AFRICAN AMERICAN CHILD POPULATION WAS 17.5%. THE RATE OF POVERTY IN ARKANSAS (2019 ESTIMATE) WAS APPROXIMATELY 17.0%, WITH APPROXIMATELY 23.7% 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 4.8% OF CHILDREN LACKING COVERAGE AS OF 2019. 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 FY20. THE STAFF IS COMPRISED OF APPROXIMATELY 588 PHYSICIANS, OVER 200 RESIDENTS IN PEDIATRICS AND PEDIATRIC SPECIALTIES AND APPROXIMATELY 4,300 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. ARKANSAS CHILDREN'S HOSPITAL (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. ARKANSAS CHILDREN'S VOLUNTEER ENGAGEMENT GROUP'S 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. FROM JULY 2019 TO MARCH 2020, ACH HAD APPROXIMATELY 1,100 VOLUNTEERS, AND 27 DOG AND HANDLER TEAMS FOR ANIMAL ASSISTED INTERVENTION (AAI). DUE TO COVID-19, CAMPUS WAS CLOSED TO VOLUNTEERS FROM MID-MARCH 2020 THROUGH MAY 2020. IN JUNE 2020, 14 VOLUNTEERS WENT THROUGH AN APPROPRIATE SCREENING AND TRAINING PROCESS TO RETURN TO CAMPUS. THESE VOLUNTEERS PACKED FACE MASKS IN THE CONFERENCE SPACE OF AN OFFICE BUILDING. THESE FACE MASKS WERE AVAILABLE IN CLINICS FOR ANY PATIENT OR CAREGIVER WHO NEEDED ONE. THE HOSPITAL'S WINNIE M. LOWE FAMILY RESOURCE CENTER IS STAFFED BY THREE 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 BIBLIOTHECAPIY PROGRAM, WHICH INCLUDES CHILDREN'S BOOKS THAT CONVEY HEALTH INFORMATION. THIS MAY ALLOW A CHILD OR HIS OR HER SIBLING(S) 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 PREVENTING INJURIES 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, SLEEP SAFETY, 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. 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 ONE FAMILY ADVISORY BOARD, BUT THIS HAS NOW GROWN TO TEN FAMILY ADVISORY BOARDS AND ONE 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, AND THE DEVELOPMENT OF PATIENT AND FAMILY HEALTH INFORMATION. PATIENT AND FAMILY ADVISORS ARE ENGAGED IN OTHER CAPACITIES, INCLUDING HOSPITAL COMMITTEES, A MENTORING PROGRAM, OUR E-COUNCIL, ETC. THESE ADVISORS ARE A SIGNIFICANT 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 THROUGH SIMULATIONS EDUCATION (PULSE), ARKANSAS CHILDREN</p>

Form and Line Reference	Explanation
PART VI, LINE 5:	<p>'S HEALTH PROFESSIONALS, NON-ACH HEALTH PROFESSIONALS, PATIENT FAMILIES AND OTHER INTEREST ED COMMUNITY MEMBERS AROUND THE STATE HAVE BEEN TRAINED ON LIFE-SAVING PEDIATRIC CARE SKIL LS. THE AMOUNT OF TRAINED PEOPLE AROUND THE STATE HAS INCREASED AS MORE COMMUNITY-BASED PR OGRAMMING IS PROVIDED, LIKE PROJECT ADAM TRAINING TO PREVENT SUDDEN CARDIAC ARREST.THE ADV ANCE CARDIAC LIFE SUPPORT (ACLS) TRAINING, AN AMERICAN HEART ASSOCIATION COURSE, TEACHES T HE RECOGNITION AND TREATMENT OF CARDIAC DYSRHYTHMIAS IN CHILDREN OVER TEN YEARS OF AGE. IN STRUCTORS HAVE HELPED SEVERAL COMMUNITIES AND BUSINESSES LEARN TOOLS FOR BASIC LIFE SUPPOR T. THEY TRAIN PATIENT FAMILIES TO BE PREPARED TO TAKE CARE OF THEIR CHILD AFTER DISCHARGE; IN ADDITION TO ALSO GOING TO SCHOOLS, PLACES OF WORSHIP, YOUTH AND ADULT ACTIVITIES AND B USINESS TO EDUCATE IN FIRST AID AND BASIC LIFE SUPPORT. THE TEAM HAS TAUGHT PEDIATRIC ASSE SMENT RECOGNITION AND STABILIZATION (PEARS) TO SCHOOL NURSES. MANY INSTRUCTORS TEACH FIRS T AID TO DAYCARES AND BUSINESSES AS WELL. THE HOSPITAL'S ANGEL ONE TRANSPORT PROGRAM TRAIN S HEALTHCARE PROFESSIONALS IN TWO PROGRAMS, INCLUDING NEONATAL RESUSCITATION AS WELL AS TH E STABLE PROGRAMS THAT FOCUS ON IMPROVING OUTCOMES FOR NEWBORNS BY INCREASING THE NUMBER O F HEALTH CARE PROFESSIONALS TRAINED IN RURAL AND COMMUNITY HOSPITALS, WHICH MAY BE THE FIR ST LINE OF INTERVENTION FOR PATIENTS.ARKANSAS CHILDREN'S CARE NETWORK (ACCN), WITHIN THE A RKANSAS CHILDREN'S SYSTEM, COLLABORATES WITH ACH. ACCN SEEKS TO FUNDAMENTALLY AND POSITIVE LY TRANSFORM HEALTH IN THE CHILDREN OF ARKANSAS THROUGH A CLINICALLY INTEGRATED NETWORK (C IN) COMPRISED OF HEALTH CARE PROFESSIONALS WHO PROVIDE COORDINATED AND ACCOUNTABLE PEDIATR IC CARE. ACCN WILL ACHIEVE THIS BY IMPROVING QUALITY, ACCESS, AND PATIENT/FAMILY EXPERIENC E, WHILE IMPACTING THE AFFORDABILITY OF HEALTH CARE AND INCREASING PHYSICIAN ENGAGEMENT AN D SATISFACTION.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>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), ARKANSAS CHILDREN'S MEDICAL GROUP (ACMG), AND SACOVA INSURANCE COMPANY. 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. SACOVA IS A SINGLE PARENT CAPTIVE INSURANCE COMPANY PROVIDING PROFESSIONAL AND GENERAL LIABILITY AND WORKER'S COMPENSATION COVERAGE. 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.</p>

**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>  (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>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	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, ARKANSAS CHILDREN'S HOSPITAL (ACH) CONSIDERS ITS COMMUNITY TO INCLUDE ALL 700,000 CHILDREN IN THE STATE. THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONTAINED INFORMATION ABOUT THE STATEWIDE COALITION IT CONVENES, THE NATURAL WONDERS PARTNERSHIP COUNCIL (NWPC), WHICH WORKS TOGETHER TO IMPROVE CHILD HEALTH. NATURAL WONDERS USES THE NEEDS ASSESSMENT AS ITS 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 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 MEDICAL SCIENCES COLLEGE OF PUBLIC HEALTH, 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 600 PEOPLE AROUND THE STATE GAVE FEEDBACK ON CHILD HEALTH ASSETS AND NEEDS THROUGH THE CHNA PROCESS, HELPING 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 169 PARENTS AND CHILDREN'S SERVICE PROVIDERS FROM DIVERSE REGIONS AND POPULATIONS A CROSS 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 TWO 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, HEALTH POLICY EXPERTS, HEALTH CARE PROVIDERS AND ADMINISTRATORS, NON-PROFIT EXECUTIVES, STATE AGENCY LEADS, C</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	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, EQUI TABLE ACCESS TO CARE, FOOD INSECURITY, CHILD OBESITY, REPRODUCTIVE HEALTH, ORAL HEALTH, CHILD INJURY, AND IMMUNIZATIONS. THESE ELEVATED AND PRIORITIZED ISSUES FORMED THE DEVELOPMENT OF THE 2020-2022 IMPLEMENTATION STRATEGY.

**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 ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES. MEMBERS OF THE NATURAL WONDERS PARTNERSHIP COUNCIL, A COALITION OF STATEWIDE ORGANIZATIONS, PROVIDED INPUT AND FEEDBACK ON THE COMMUNITY HEALTH NEEDS ASSESSMENTS FOR ARKANSAS CHILDREN'S HOSPITAL AS WELL AS ARKANSAS CHILDREN'S NORTHWEST. MANY ALSO PROVIDED DATA AND INTERVIEWS TO THE ARKANSAS CHILDREN'S STAFF MEMBERS WHO WORKED ON THE NEEDS ASSESSMENTS. THE NEEDS ASSESSMENTS OF BOTH HOSPITALS WERE USED IN CREATING THE ACTION PLAN FOR NATURAL WONDERS' EFFORTS TO IMPROVE CHILD HEALTH. NATURAL WONDERS MEMBER ORGANIZATIONS INCLUDE THE FOLLOWING: AMERICAN ACADEMY OF PEDIATRICS, ARKANSAS CHAPTER ARKANSAS ACCESS TO JUSTICE COMMISSION ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES ARKANSAS ASSOCIATION OF EDUCATION ADMINISTRATORS ARKANSAS BLUE CROSS BLUE SHIELD ARKANSAS CAMPAIGN FOR GRADE-LEVEL READING ARKANSAS CENTER FOR HEALTH IMPROVEMENT ARKANSAS CHILDREN'S HOSPITAL ARKANSAS COALITION FOR OBESITY PREVENTION ARKANSAS DEPARTMENT OF EDUCATION ARKANSAS DEPARTMENT OF HEALTH ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF BEHAVIORAL HEALTH SERVICES ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES (MEDICAID) ARKANSAS FOOD BANK ARKANSAS FOUNDATION FOR MEDICAL CARE ARKANSAS HOME VISITING NETWORK ARKANSAS HUNGER RELIEF ALLIANCE ARKANSAS MINORITY HEALTH COMMISSION ARKANSAS PHARMACIST ASSOCIATION BLUE &amp; YOU FOUNDATION COMMUNITY HEALTH CENTERS OF ARKANSAS DELTA DENTAL OF ARKANSAS UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF PUBLIC HEALTH UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES COLLEGE OF MEDICINE</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 WORKGROUPS. ADDITIONALLY, THE 2019 CHNA RESULTS WERE SIMPLIFIED AND COMBINED TO GENERATE A NEW 2020-2022 NATURAL WONDERS ACTION PLAN REPORT. THE 2019 CHNA, 2020-2022 IMPLEMENTATION STRATEGY FOR ACH, AND THE 2020-2022 NATURAL WONDERS ACTION PLAN ARE EACH AVAILABLE FOR PUBLIC VIEW ON THE ARKANSAS CHILDREN'S 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: COMMUNITY HEALTH IMPROVEMENT INTRODUCTION: IN 2020, ARKANSAS CHILDREN'S HOSPITAL (ACH) BEGAN WORK ON THE NEW ACTIONS AND CONTINUING INITIATIVES IN THE 2020-2022 ACH IMPLEMENTATION STRATEGY. THE IMPLEMENTATION STRATEGY INCLUDES DESCRIPTIONS OF THE PROPOSED NEW ACTIONS, CONTINUING INITIATIVES, ANTICIPATED IMPACT, AND STAKEHOLDER GROUPS FOR EACH OF THE TEN CHILD HEALTH NEEDS IDENTIFIED IN THE 2020 ACH COMMUNITY HEALTH NEEDS ASSESSMENT. THE 2020-2022 IMPLEMENTATION STRATEGY WAS APPROVED BY THE ACH BOARD OF DIRECTORS IN OCTOBER 2019. UPDATES ON ACTIONS UNDERTAKEN DURING FY20 FOR EACH OF THE 2019 CHNA PRIORITIZED ISSUES ARE LISTED BELOW. SOME STRATEGIES WERE LED BY THE NATURAL WONDERS PARTNERSHIP COUNCIL MEMBER ORGANIZATIONS WHO IDENTIFIED KEY WAYS FOR ACH TO PARTNER WITH THEM ON CHILD HEALTH IMPROVEMENT. OTHER STRATEGIES WERE SUPPORTED THROUGH THE ARKANSAS CHILDREN'S HOSPITAL INNOVATION FUND AND COMPLETED BY A CONTRACTED PARTNER. ADDRESSING COMMUNITY IMPACTS OF COVID-19: IN THE SPRING OF 2020, AN UNPRECEDENTED SITUATION CHANGED THE WAY ARKANSAS CHILDREN'S WORKS TO FULFILL ITS MISSION OF MAKING CHILDREN BETTER TODAY AND HEALTHIER TOMORROW. THE WORLD HEALTH ORGANIZATION DECLARED COVID-19, CORONAVIRUS DISEASE 2019, A PANDEMIC ON MARCH 11, 2020. SOON AFTER, COVID-19 BEGAN TO AFFECT COMMUNITIES IN ARKANSAS WITH THE CLOSURES OF SCHOOLS, CLINICS AND OTHER COMMUNITY SPACES. ARKANSAS CHILDREN'S QUICKLY PIVOTED TO INCREASING TELEMEDICINE OPTIONS, PROVIDING NECESSARY EDUCATIONAL AND FACTUAL INFORMATION ABOUT THE SPREAD OF THE VIRUS, AND HELPING TO MEET FAMILIES' BASIC NEEDS. THE ARKANSAS CHILDREN'S TELEHEALTH DEPARTMENT CREATED THE CAPABILITY FOR MORE THAN 70 CLINICS TO HAVE TELEMEDICINE APPOINTMENTS. BEFORE THE ONSET OF THE COVID-19 PANDEMIC, ARKANSAS CHILDREN'S HELD ANYWHERE FROM 10 TO 20 TELEMEDICINE VISITS PER DAY. HOWEVER, WITH THE EXPANDED TELEMEDICINE CLINIC CAPABILITIES, THAT NUMBER HAS GROWN TO OVER 200 VISITS A DAY ACROSS THE ARKANSAS CHILDREN'S SYSTEM, INCLUDING VISITS FOR PATIENTS OF ARKANSAS CHILDREN'S HOSPITAL AND ARKANSAS CHILDREN'S NORTHWEST. ADDITIONALLY, ARKANSAS CHILDREN'S SET UP A STATEWIDE HOTLINE TO FIELD CALLS RELATED TO COVID-19 AND CHILDREN'S HEALTH. THE HOTLINE BEGAN ON MARCH 12, 2020 AND FACILITATED OVER 10,000 PHONE CALLS BY THE END OF JUNE. THIS SERVICE CONTINUED FOR SEVEN MONTHS AND ENDED ON OCTOBER 25, 2020. CALLS WERE ANSWERED 24 HOURS A DAY, SEVEN DAYS A WEEK BY CLINICAL SUPPORT STAFF; THESE 63 TEAM MEMBERS HELPED PROVIDE INFORMATION, CLINICAL EXPERTISE AND GREAT COMFORT TO CAREGIVERS AND FAMILIES WITH QUESTIONS ABOUT COVID-19. ARKANSAS CHILDREN'S STRATEGIC MARKETING DEPARTMENT CREATED PUBLIC SERVICE COMMUNICATION TO ENCOURAGE HAND WASHING, SOCIAL DISTANCING, AND WEARING MASKS. THESE MESSAGES WERE SHARED WITH OTHER HEALTHCARE FACILITIES FOR COLLABORATION. ARKANSAS CHILDREN'S CHILD LIFE LEADERS ANSWERED QUESTIONS ON PLATFORMS LIKE FACEBOOK LIVE, GIVING ADVICE TO FAMILIES PREPARING FOR CLINIC VISITS AS WELL.</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>ELL AS INSTRUCTION ON HOW TO PROPERLY WEAR A MASK.AS ARKANSAS CHILDREN'S WORKED TO SERVE T HE STATE THROUGH THE PANDEMIC, COMMUNITIES SHARED THEIR GENEROSITY WITH ARKANSAS CHILDREN' S, AS WELL. FROM MARCH TO JUNE 2020, 27,973 CLOTH MASKS WERE DONATED TO ARKANSAS CHILDREN' S HOSPITAL FOR DISTRIBUTION TO ANY PATIENT OR CAREGIVER THAT NEEDED ONE WHEN ATTENDING AN APPOINTMENT AT AN ARKANSAS CHILDREN'S FACILITY. DURING MAY AND JUNE, ALMOST 3,000 MASKS WE RE PROVIDED TO PATIENTS OR CAREGIVERS WHO NEEDED ONE. ARKANSAS CHILDREN'S SENIOR LEADERSHI P SERVED IN VARIOUS CAPACITIES ON LOCAL AND STATEWIDE ADVISORY BOARDS. ARKANSAS CHILDREN'S PARTICIPATED IN A COLLABORATIVE TASK FORCE THAT FOCUSED ON PROVIDING RESOURCES FOR SCHOOL S, EDUCATORS, STUDENTS AND FAMILIES, AS THE STATE PREPARED FOR A RETURN TO IN-PERSON LEARN ING. ARKANSAS CHILDREN'S PRESIDENT AND CEO, MARCY DODERER, SERVED ON THE GOVERNANCE COMMIT TEE OF THIS TASKFORCE. DR. FREDERICK (RICK) BARR, CHAIR OF PEDIATRICS AND PEDIATRICIAN IN CHIEF, SERVED AS THE CHAIR OF THE SCHOOL RESOURCE CENTER &amp; HOTLINE WORK GROUP. DR. MARISHA DICARLO, VICE PRESIDENT OF COMMUNITY ENGAGEMENT, ADVOCACY, AND HEALTH, SERVED AS THE CHAI R OF THE HEALTHY SCHOOLS GUIDE WORK GROUP. THIS TASKFORCE PROVIDED IMPORTANT AND TIMELY GU IDES AND INFORMATION TO SCHOOLS AND FAMILIES ABOUT SCHOOLS REOPENING IN FALL 2020. DR. JAR ED CAPOUYA, VICE PRESIDENT OF QUALITY AND SAFETY, SERVED ON THE LITTLE ROCK MAYOR'S COVID- 19 TASKFORCE. ALL OF THESE TASK FORCES PROVIDED GUIDANCE AND INFORMATIONAL PRODUCTS THAT W ERE USED ACROSS BROAD COMMUNITIES AND A VARIETY OF SECTORS IN THE STATE.(1) PARENTING SUPP ORTS:ACH FACILITATED THE NATURAL WONDERS PARENTING SUPPORTS WORKGROUP IN ORDER TO IDENTIFY EFFECTIVE STRATEGIES TO BETTER UNDERSTAND PARENT EDUCATIONAL NEEDS AND EXPAND THEM, PROMO TE COMMUNITY-WIDE UNDERSTANDING OF SOME CHALLENGES PARENTS AND CAREGIVERS FACE, AND EXPAND EXISTING PROGRAMS THAT HELP IMPROVE FAMILIES. COMMITTED PARENTS AND CAREGIVERS ARE VERY I MPORTANT IN THE WELL-BEING AND DEVELOPMENT OF CHILDREN. ACH AND ITS PARTNERS KNOW THAT A S TRONG COMMUNITY CAN AND SHOULD PROVIDE VARIOUS SOCIAL AND COMMUNITY SUPPORTS TO HELP MORE ARKANSAS PARENTS RAISE HAPPY, HEALTHY CHILDREN CAPABLE OF LIFE-LONG LEARNING. THE ARKANSAS HOME VISITING NETWORK (AHVN), A PARTNERSHIP BETWEEN THE ARKANSAS DEPARTMENT OF HEALTH AND ACH (SUPPORTED WITH A FEDERAL GRANT TO ADH AND CONTRACTED TO ACH), HAS IMPROVED MATERNAL- CHILD HEALTH OUTCOMES FOR CHILDREN IN THE PROGRAM. AHVN IS A THRIVING COALITION OF PROVIDE RS AND STAKEHOLDERS THAT WORK TOGETHER TO HELP PARENTS AND CHILDREN. THE AHVN CONTINUES TO IMPLEMENT SIX EVIDENCE-BASED HOME VISITING MODELS: FOLLOWING BABY BACK HOME (FBBH); HEALT HY FAMILIES ARKANSAS (HFA); HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS (HIPPY); NURSE FAMILY PARTNERSHIP (NFP); PARENTS AS TEACHERS (PAT); AND SAFECARE. IN FY20, THESE PR OGRAMS HELPED APPROXIMATELY 8,000 FAMILIES WITH CHILDREN, RANGING FROM PRENATAL TO AGE FIV E, IN 73 OF THE 75 COUNTIES IN</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>THE STATE. IN RESPONSE TO THE COVID PANDEMIC, EACH OF THE HOME VISITING MODELS ADAPTED IT S APPROACH. THE MAJORITY OF THE MODELS STOPPED IN-PERSON HOME VISITING SERVICES AT THE END OF MARCH 2020 AND RAPIDLY TRANSITIONED TO VIRTUAL FORMATS BY EARLY MAY. HIPPI'S PROGRAM Y EAR ENDED WITH MANDATORY SCHOOL CLOSING ON MARCH 23, 2020. NORMALLY, THE PROGRAM WOULD END FOR THE SUMMER IN EARLY MAY, BUT ALL PARENTS WHO HAD PARTICIPATED IN 26 WEEKS OF CURRICUL UM DELIVERY (THE MINIMUM FOR OFFICIAL COMPLETION), BY MARCH 23RD WERE GRADUATED FOR 2020. APPROXIMATELY 20% OF FAMILIES SERVED THROUGH HOME VISITING MODELS HAVE NO ACCESS TO VIRTUA L MEANS FOR CONDUCTING VISITS; FOR THOSE FAMILIES, HOME VISITORS ARE CONDUCTING A MIX OF V ISITS IN PERSON UTILIZING PERSONAL PROTECTIVE EQUIPMENT (PPE) AND VISITS BY PHONE. ADDITIO NALLY, ACH CONTINUED TO LEASE OFFICE SPACE ON ITS CAMPUS AT A DISCOUNTED RATE OF \$1 PER YE AR TO THE NATIONAL HOME VISITING PARTNER HEADQUARTERED IN LITTLE ROCK, HIPPI USA, FOR THEI R NATIONAL OFFICE.THE ARKANSAS CHILDREN'S INJURY PREVENTION CENTER (IPC) PROVIDES MANY PRO GRAMS TO ASSIST PARENTS AND CAREGIVERS. THE SAFETY ZONE IS A PUBLIC SPACE ON THE ACH CAMPU S WHERE FAMILIES CAN RECEIVE EDUCATION AND PRODUCTS TO PROMOTE SAFETY. IN FY20, THE SAFETY ZONE HELPED 703 VISITORS AND DISTRIBUTED 1,734 PRODUCTS SUCH AS SMOKE ALARMS AND CABINET LOCKS. THE INJURY PREVENTION CENTER ALSO PROVIDES SAFE SLEEP TRAINING THROUGHOUT THE STATE . A GOAL FOR FY20 WAS TO TEACH MORE FIRST-RESPONDERS TO BE ABLE TO RECOGNIZE POOR SLEEPING CONDITIONS WHEN MAKING HOUSE CALLS; 433 FIREFIGHTERS WERE TRAINED IN FY20. IN RESPONSE TO THE COVID PANDEMIC, IPC STAFF PIVOTED TO PROVIDING MANY OF ITS SERVICES OVER VIDEO CALLS, INCLUDING HELPING PARENTS PROPERLY INSTALL CAR SEATS. ADDITIONALLY, STAFF ADAPTED THE SAF ETY BABY SHOWER MODEL TO BE CONDUCTED THROUGH ZOOM, CONTINUING TO REACH NEW PARENTS IN A D IFFERENT WAY.IN ARKANSAS, 95% OF BIRTHING HOSPITALS ARE NOW SAFE-SLEEP CERTIFIED BY CRIBS FOR KIDS, A NATIONAL STANDARD. ARKANSAS HAS ONE OF THE HIGHEST PERCENTAGES OF CERTIFICATIO NS IN THE NATION. THE INJURY PREVENTION CENTER PLAYED A LEAD ROLE IN ACCOMPLISHING THIS IN PARTNERSHIP WITH THE COLLABORATIVE GROUP CONVENED BY THE ARKANSAS DEPARTMENT OF HEALTH. I NFANTS BORN IN ARKANSAS ARE NOW VERY LIKELY TO BE BORN AT HOSPITALS WHERE SAFE SLEEP IS DE MONSTRATED AND TAUGHT TO NEW PARENTS.</p>



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Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED</p>	<p>(2) SOCIAL ISSUES:THE ENVIRONMENTAL AND SOCIOECONOMIC NEEDS IDENTIFIED IN THE 2019 CHNA, SUCH AS POVERTY, HOUSING, LACK OF TRANSPORTATION, EDUCATION, AND DISCRIMINATION WERE BUNDLED IN A SOCIAL ISSUES STRATEGY IN THE 2020-2022 IMPLEMENTATION STRATEGY. THE ACH CIRCLE OF FRIENDS PRIMARY CARE CLINIC HAS LED THE WAY WITHIN THE ARKANSAS CHILDREN'S SYSTEM TO IDENTIFY AND HELP MEET THE NEEDS OF PATIENTS AND THEIR FAMILIES. SINCE 2016, THE SOCIAL NEEDS SCREENER HAS EXPANDED TO FOUR OTHER CLINICS, INCLUDING CIRCLE OF FRIENDS (COF) PRIMARY CARE CLINIC, SOUTHWEST LITTLE ROCK PRIMARY CARE CLINIC, GENERAL PEDIATRICS, AND THE ADOLESCENT CLINIC. 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 TO HELP 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. THE ARKANSAS CHILDREN'S MEDICAL LEGAL PARTNERSHIP IS AN EXAMPLE OF ONE OF THE REFERRALS FROM THE SOCIAL NEEDS SCREENER. FROM JULY 2019 THROUGH JUNE 2020, THE LEGAL AID PARTNER ATTORNEYS CLOSED 295 CASES FOR ELIGIBLE PATIENTS AND FAMILIES. THE MOST FREQUENT TYPES OF CASES WERE TO SUPPORT FAMILY STABILITY, INCLUDING CHILD CUSTODY, DIVORCE, AND ADDRESSING DOMESTIC VIOLENCE. (3) MENTAL HEALTH AND SUBSTANCE USE:ACH'S CENTER FOR GOOD MOURNING, A MEMBER OF THE NATIONAL ALLIANCE FOR GRIEVING CHILDREN, PROVIDED OVER 70 GRIEF SUPPORT GROUPS AROUND THE STATE WITH ABOUT 750 PEOPLE PARTICIPATING. THESE SESSIONS PROVIDED SUPPORT AND ASSISTANCE TO BEREAVED CHILDREN, FAMILIES AND PROFESSIONAL CAREGIVERS IN ARKANSAS THROUGH EDUCATION, PROGRAM DEVELOPMENT, AND GRIEF SUPPORT PROGRAMS.ACH PROVIDED A \$1 PER YEAR LEASE TO THE CHILDREN'S PROTECTION CENTER IN THE CLARK CENTER FOR CHILDREN. THE DAVID M. CLARK CENTER FOR SAFE AND HEALTHY CHILDREN IS DEDICATED TO THE CARE AND TREATMENT OF NEGLECTED AND ABUSED CHILDREN AND 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. THE 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 THREE 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. ADDITIONALLY, THE ACH INJURY PREVENTION CENTER IS PART OF A SMALL GROUP OF ORGANIZATIONS THAT ARE OFFERING ASSISTANCE TO SCHOOLS AND COMMUNITIES TO PREVENT INTENTIONAL INJURY. PROJECT PREVENT I</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>S A STATEWIDE YOUTH TOBACCO PREVENTION COALITION THAT BELIEVES YOUTH HAVE THE POWER TO CHANGE SOCIAL NORMS AND SUPPORT WHAT THEY CREATE. THIS COALITION GREW DURING FY20, BEGINNING THE SCHOOL YEAR WITH 47 CHAPTERS AND INCREASING TO 78 CHAPTERS. OVER 1,200 YOUTH HAVE PARTICIPATED IN ACTIVITIES INCLUDING AN ANNUAL CONFERENCE AND A FILM CONTEST TO PROMOTE MESSAGING FOR YOUTH TO AVOID TOBACCO. AFTER BEING ESTABLISHED IN FY19, A NATURAL WONDERS BEHAVIORAL HEALTH WORKGROUP CONTINUED BUILDING STRUCTURE AND GOALS IN 2020. THE GROUP IS WORKING TO IMPROVE CHILD HEALTH IN ARKANSAS BY CREATING A CULTURE OF EMOTIONAL RESILIENCE IN SCHOOLS AND THE BROADER COMMUNITY. IN THIS FUTURE WORK, THEY WILL FOCUS ON SCHOOL AND COMMUNITY MENTAL HEALTH AND SUBSTANCE USE INTERVENTIONS, LIKE TRAINING SCHOOL PERSONNEL ON EVIDENCE-BASED MENTAL HEALTH FIRST AID. THE ARKANSAS CHILDREN'S HOSPITAL INNOVATION FUND SUPPORTED TWO DIFFERENT PROJECTS WITHIN THE MENTAL HEALTH NEED. ONE OF THE ACH INNOVATION FUND AWARDS WENT TOWARD A MENTAL HEALTH RESERVE CORPS AIMED TO DEVELOP COMMUNITY TEAMS THAT COULD SUPPORT SCHOOLS OR OTHER GROUPS AFTER TRAUMATIC EVENTS. THE PURPOSE OF THIS PROJECT IS TO GROW AWARENESS FOR COMMUNITY-LEVEL MENTAL HEALTH SUPPORT AND TO DEVELOP AN INITIAL VOLUNTEER BASE FOR THE RESERVE CORPS. THESE VOLUNTEERS CAN SUPPORT SCHOOLS AND COMMUNITIES TO RESPOND TO THE SOCIAL-EMOTIONAL CHALLENGES OF TRAUMATIC EVENTS. 103 PEOPLE COMPLETED THE FIRST TRAINING, WHICH FOCUSED ON BUILDING SKILLS, CREATING REGIONAL TEAMS AND PLANNING FOR FUTURE TRAININGS. PARTICIPANTS LEARNED ABOUT THE DIFFERENCES BETWEEN GRIEF AND TRAUMA, HOW TO RESPOND TO A CRISIS, AND GENERAL INFORMATION ABOUT ADVERSE CHILDHOOD EXPERIENCES (ACES). AN ADDITIONAL ACH INNOVATION FUND PROJECT WAS GRANTED FOR A REGIONAL MENTAL HEALTH FORUM: SCHOOL NURSE AND SCHOOL COUNSELOR TEAM APPROACH. SCHOOL NURSES ACROSS ARKANSAS ARE SEEING AN INCREASED NUMBER OF STUDENTS PRESENTING WITH MENTAL HEALTH NEEDS, AND HAVE REQUESTED MORE TRAINING TO BE ABLE TO SUPPORT STUDENTS' MENTAL AND BEHAVIORAL HEALTH. THIS TRAINING OCCURRED IN FEBRUARY 2020; 72 NURSES AND COUNSELORS REPRESENTING 38 SCHOOL DISTRICTS WERE TRAINED. THIS PROJECT BRINGS THE SCHOOL COUNSELOR AND THE SCHOOL NURSE TOGETHER TO REALIZE THEIR ROLE AS A TEAM, AND OFFER A NETWORKING OPPORTUNITY THAT WILL ENSURE A MORE ROBUST LEVEL OF COMMUNICATION AND HEALTH SERVICES. THE FEBRUARY TRAINING INCLUDED A MORNING SESSION ON INTENSE MENTAL HEALTH STRATEGIES, AFTERNOON BREAKOUT SESSIONS, AND CONCLUDED WITH TEAM NETWORKING OPPORTUNITIES.(4) ACCESS TO QUALITY CARE:RONALD MCDONALD HOUSE, THE FAMILY HOME OF THE RONALD MCDONALD HOUSE CHARITIES OF ARKANSAS, IS LOCATED ON THE CAMPUS OF ARKANSAS CHILDREN'S HOSPITAL. ACH OWNS THE LAND OF THE BUILDING'S LOCATION AND PROVIDES A \$1 A YEAR LEASE AS A BENEFIT TO THE ORGANIZATION. THE RONALD MCDONALD HOUSE IS OPEN TO FAMILIES WITH A CHILD UNDER THE AGE OF 21 AND WHO LIVE MORE THAN 50-MILES AWAY FROM LITTLE ROCK. MANY FAMILIES HAVE A CHILD BEING TREATED</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED	<p>ATED AT ACH, BUT IT IS OPEN TO FAMILIES WITH CHILDREN TREATED AT OTHER HOSPITAL FACILITIES AS WELL. ON THE HOSPITAL CAMPUS, ACH FINANCIAL COUNSELORS HELPED PATIENTS, AS WELL AS SIB LINGS 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 FY20, 35 FINANCIAL COUNSELORS PROCESSED 8,206 MEDICAID APPLICATIONS. FAMILIES ALSO BENEFIT FROM AN AFTER-HOURS RESOURCE LINE STAFFED BY REGISTERED NURSES AT ACH. IN FY20, DEDICATED NURSES RESPONDED TO 27,723 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 AND 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 800 CASES FOR PATIENTS AND THEIR FAMILIES. THE STEPHENS ELEMENTARY SCHOOL-BASED HEALTH CLINIC, SUPPORTED BY ACH-FUNDED PRACTITIONERS, PERFORMED 679 VISITS IN FY20. THIS WAS A 118% INCREASE FROM 311 VISITS IN FY17. THE SCHOOL-BASED CLINIC ALSO ENSURES STUDENTS ARE CONNECTED TO OTHER TYPES OF CARE. THE CLINIC PROVIDED 393 VACCINATIONS, MADE 49 SPECIALTY CARE REFERRALS, AND 47 BEHAVIORAL HEALTH CARE REFERRALS IN FY20.</p>

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Form and Line Reference	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED</p>	<p>(5) FOOD INSECURITY: IN RESPONSE TO THE COVID-19 PANDEMIC, ARKANSAS CHILDREN'S HOSPITAL WORKED TO ENSURE THAT MORE FAMILIES IN ARKANSAS DID NOT GO HUNGRY. FROM THE BEGINNING OF APRIL THROUGH THE END OF JUNE, ARKANSAS CHILDREN'S HOSPITAL PREPARED AND DELIVERED 6,248 SACK LUNCHESES TO PATIENT FAMILIES ON-CAMPUS, AND TO THE SOUTHWEST LITTLE ROCK CLINIC AND WEST LITTLE ROCK CLINIC. THESE WERE PAID FOR BY ACH AND NOT REIMBURSED THROUGH THE TRADITIONAL USDA SACK LUNCH PROGRAM THAT WE TYPICALLY USE YEAR-ROUND. ADDITIONALLY, THE ARKANSAS FOOD BANK DONATED MEALS FROM PANERA BREAD ON TWO SEPARATE OCCASIONS, ONCE IN APRIL AND AGAIN IN MAY. THESE MEALS WERE DISTRIBUTED TO PATIENT FAMILIES THROUGH OUTPATIENT CLINICS. FOR THE TWO DATES COMBINED, WE RECEIVED AND DISTRIBUTED APPROXIMATELY 1,600 MEALS. ACH SUPPORTED COOKING 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, AND 'POP-UP COOKING MATTERS' (A CURRICULUM FOR HIGH SCHOOL STUDENTS). DURING FY20, THE SIX-SESSION COOKING MATTERS CLASSES ENGAGED 23 ADULTS AND 36 TEENAGERS. THE HOSPITAL CONTINUED TO ADDRESS FOOD INSECURITY ON THE ACH CAMPUS THROUGH A VARIETY OF EFFORTS. EACH YEAR, THOUSANDS OF USDA MEALS ARE PROVIDED TO CHILDREN THANKS TO ACH'S EFFORTS TO MAINTAIN AND GROW THE HOSPITAL'S NUTRITION AND FEEDING PROGRAMS. OVER 2,000 BAGS OF NON-PERISHABLE GROCERIES WERE DISTRIBUTED TO PATIENT FAMILIES THROUGH A PARTNERSHIP WITH NEARBY HELPING HAND FOOD PANTRY. THE ON-CAMPUS COMMUNITY GARDEN PRODUCED 4,425 POUNDS OF FRESH PRODUCE WHICH WE'RE PROVIDED TO HELPING HAND FOOD PANTRY. THE ARKANSAS CHILDREN'S HOSPITAL INNOVATION FUND SUPPORTED ONE DIFFERENT PROJECT WITHIN THE AREA OF FOOD SECURITY. THE ARKANSAS HUNGER RELIEF ALLIANCE PLANNED TO USE ITS INNOVATION FUND TO SUPPORT SCHOOLS IN ACHIEVING FIVE TO THRIVE, A STRATEGY TO ENSURE THAT SCHOOL-AGE CHILDREN GET THE MEALS AND NUTRITION THEY NEED TO SUCCEED IN THE CLASSROOM. IN THE WAKE OF COVID-19, THE HUNGER RELIEF ALLIANCE SHIFTED TO ENSURE THAT FOOD PANTRIES AND MEAL SITES SAFELY SERVE AN INCREASED NUMBER OF HUNGRY CHILDREN AND FAMILIES. FUNDING WENT TO ENSURE THAT CHILDREN WHO ARE OUT OF SCHOOL HAD SAFE ACCESS TO MEALS THROUGH PUBLIC LIBRARIES AND OTHER COMMUNITY SPACES. (6) CHILDHOOD OBESITY: IN RESPONSE TO THE COVID-19 PANDEMIC, ARKANSAS CHILDREN'S HEALTH EDUCATORS HELPED COMPILER FREE, DIGITAL RESOURCES FOR TEACHERS TO SHARE WITH THEIR STUDENTS. WE WANTED TO ENSURE THAT CHILDREN HAD ACCESS TO SAFE, AGE-APPROPRIATE DIGITAL CONTENT TO USE WHILE SHELTERING IN PLACE. IN FY20, ACH PROVIDED STATEWIDE ACCESS TO AN ENHANCED VERSION OF GONOODLE, A PHYSICAL ACTIVITY PROGRAM THAT ALLOWS TEACHERS TO UTILIZE 2-5 MINUTE "BRAIN BREAKS" THAT ACTIVATE KIDS' BODIES AND BRAINS, TRANSFORMING THE HEALTH OF ARKANSAS KIDS. FOR THE 2019-20 SCHOOL YEAR, 11,943 CLASSROOMS USED GONOODLE AT LEAST ONCE DURING THE SCHOOL YEAR; THIS INCLUDES ALMOST EVERY ELEMENTARY SCHOOL</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>CLASSROOM IN ARKANSAS. DURING FY20, IT WAS DECIDED TO NO LONGER FUND THE ENHANCED VERSION OF GONOODLE GOING FORWARD, BEGINNING IN FY21. THERE ARE A FEW REASONS FOR THIS PIVOT. FIRST, GONOODLE WAS UNABLE TO PROVIDE MEANINGFUL DATA TO DEMONSTRATE AN IMPACT ON CHILDHOOD OBESITY. SECOND, ALTHOUGH GONOODLE WAS ABLE TO REACH YOUTH ACROSS THE STATE, THEY ARE PIVOTING THEIR PRODUCT OUTCOME FROM A FOCUS ON MOVEMENT FOR WEIGHT MANAGEMENT EFFORTS TO AN INCREASED FOCUS ON STRESS REDUCTION, WHICH DOES NOT FIT OUR 2020-2022 IMPLEMENTATION STRATEGY. RESOURCES ARE NOT BOUNDLESS, SO WE DETERMINED A NEED TO SUPPORT OTHER COMMUNITY HEALTH INITIATIVES BEYOND GONOODLE. ALL SCHOOLS IN THE STATE WILL STILL HAVE ACCESS TO A FREE VERSION OF GONOODLE. FY20 WAS THE FINAL YEAR THAT ARKANSAS CHILDREN'S HEALTH EDUCATORS IMPLEMENTED THE COORDINATED APPROACH TO CHILD HEALTH (CATCH) AND ORGAN WISE GUYS, FOCUSING ON IMPROVING NUTRITION KNOWLEDGE FOR CHILDREN AND ADOLESCENTS. ORGAN WISE GUYS REACHED TEN SCHOOLS AND CATCH REACHED 20 SCHOOLS. WHILE THESE PROGRAMS HAVE BEEN IMPACTFUL FOR THE SCHOOLS INVOLVED, DUE TO COVID RESTRICTIONS, WE WILL NOT BE ABLE TO BE PHYSICALLY PRESENT IN SCHOOLS FOR FY21 AND POTENTIALLY THE NEXT FEW YEARS. IT WAS DECIDED THAT WE SHOULD THEREFORE REDIRECT THESE EFFORTS ELSEWHERE. (7) REPRODUCTIVE HEALTH: ACH CONTINUED TO PROMOTE AND IMPLEMENT THE LOVE NOTES HEALTHY RELATIONSHIP PROGRAM. SINCE 2017, ACH HAS SUPPORTED 14 PILOTS OF THE LOVE NOTES PROGRAM. 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 DEMONSTRATED RESULTS THROUGH A CURRICULUM NOT FOCUSED SOLELY ON SEXUAL HEALTH, BUT INSTEAD INCLUDING SEXUAL HEALTH AS ONE ASPECT OF CREATING HEALTHY RELATIONSHIPS. IN FY20, ACH HEALTH EDUCATORS IMPLEMENTED THE LOVE NOTES PROGRAM IN TWO DIFFERENT HIGH SCHOOLS. IT'S AN IN-DEPTH PROGRAM TO COMPLETE AND REQUIRES THE RIGHT FIT WITH A SCHOOL AND TEACHER SPONSOR. 102 STUDENTS PARTICIPATED IN THE PROGRAM IN FY20 AND HAD FAVORABLE REVIEWS.</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
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - CONTINUED</p>	<p>(8) ORAL HEALTH:DURING FY20, 1,464 SCHOOL-AGE CHILDREN IN ARKANSAS RECEIVED 5,474 DENTAL SEALANTS. STUDENTS WERE ALSO SERVED BY MOBILE DENTAL CLINICS, WHERE 520 RESTORATIVE DENTAL VISITS AND 412 PREVENTIVE DENTAL VISITS OCCURRED. THOUGH PHILANTHROPIC AND COMMUNITY BENEFIT INVESTMENTS, ACH SUPPORTED FOUR REGIONAL, MOBILE DENTAL VANS THAT PROVIDED RESTORATIVE AND PREVENTIVE TREATMENT TO CHILDREN WITHOUT A DENTAL HOME IN DIVERSE COMMUNITY SITES IN THE CENTRAL, NORTHWEST, SOUTHEAST, AND SOUTHWEST REGIONS OF ARKANSAS. THE MOBILE DENTAL PROGRAM REACHES OVER 1,000 CHILDREN PER YEAR, OFFERING OVER \$1.2 MILLION IN DENTAL SERVICES. THE HOSPITAL'S SCHOOL-BASED SEALANT PROGRAM REACHES ABOUT 60 SCHOOLS AND OVER 6,000 CHILDREN EACH YEAR. (9) CHILD INJURY:IN FY20, THE ACH INJURY PREVENTION CENTER 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 ACCOMPLISH ITS GOALS. CHILD PASSENGER SAFETY IS ONE OF THE PRIMARY FOCUSES OF THE INJURY PREVENTION CENTER. CERTIFICATION COURSES EDUCATED OVER 700 PROFESSIONALS TO PROPERLY INSTALL CAR SEATS; FAMILIES HAVE ACCESS TO 26 SATELLITE SITES AROUND THE STATE. STAFF PROVIDED 326 CAR SEAT FITTINGS, WHICH WAS A DECREASE FROM FY19 BECAUSE OF LIMITATIONS DUE TO COVID-19. TEEN DRIVING SAFETY IS ANOTHER FOCUS OF THE INJURY PREVENTION CENTER. 200 STUDENTS PARTICIPATED IN THE TEEN DRIVING LEADERSHIP CONFERENCE. THERE WERE ALSO THREE DIFFERENT TEEN DRIVING "ROADEOS" REACHING 177 TEENS AND 77 ADULTS. (10) IMMUNIZATIONS:ACH'S 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 FY20, IMMUNIZE ARKANSAS' EXECUTIVE DIRECTOR FACILITATED THE NATURAL WONDERS CHILDHOOD IMMUNIZATION WORKGROUP, WHICH FOCUSED ON DEVELOPING A SPECIFIC PLAN FOR SCHOOL-BASED HEALTH CENTERS TO ASSIST IN IMMUNIZING STUDENTS ESPECIALLY IN COMPLETING A VACCINE SERIES. ADDITIONALLY, THE GROUP WORKED WITH OTHER HEALTHCARE LEADERS TO COMMUNICATE THE IMPORTANCE OF CATCHING UP ON VACCINATION SERIES THAT WERE DELAYED DUE TO CLINIC CLOSURES BECAUSE OF COVID-19. ARKANSAS CHILDREN'S HOSPITAL SPONSORED THE ANNUAL SUMMIT OF IMMUNIZE ARKANSAS, WHICH BRINGS TOGETHER ARKANSAS LEADERS WHO ARE FOCUSED ON INCREASING IMMUNIZATION COVERAGE RATES STATEWIDE.</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
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP WEBSITE	WWW.ARCHILDRENS.ORG/PATIENTS-AND-VISITORS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

**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
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION	<a href="http://WWW.ARCHILDRENS.ORG/PATIENTS-AND-VISITORS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE">WWW.ARCHILDRENS.ORG/PATIENTS-AND-VISITORS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE</a>



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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 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 16C - FAP PLAIN LANGUAGE SUMMARY	<a href="http://WWW.ARCHILDRENS.ORG/PATIENTS-AND-VISITORS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE">WWW.ARCHILDRENS.ORG/PATIENTS-AND-VISITORS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE</a>

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

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 General Information on Grants and Assistance

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 17
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
(1) MEALS	5760		221,807	COST	MEALS FOR PATIENT FAMILIES/CAREGIVERS
(2) INSURANCE PREMIUMS	33		61,508	COST	PAYMENT OF PREMIUMS FOR PATIENT'S FAMILIES ALLOWED BY COBRA
(3) TRANSPORTATION COSTS (BUS TOKENS, CAB FARE, GAS CARDS)	1104	27,548		COST	
(4) FUNERAL EXPENSES	27	11,513		COST	
(5) RENT, MORTGAGE EXPENSE, UTILITIES, LODGING	81	41,996		COST	
(6) CAR SEATS FOR INFANTS AND CHILDREN	797		51,221	COST	CAR SEATS FOR INFANTS AND CHILDREN
(7) GROCERY GIFT CARDS AND OTHER MISC. ASSISTANCE	151	114,504		COST	
(7)					

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

Return Reference	Explanation
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)	14,250				GENERAL SUPPORT
ARKANSAS ARTS CENTER FOUNDATION PO BOX 2137 LITTLE ROCK, AR 72203	23-7337495	501(C)(3)	6,000				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 CHILDREN'S FOUNDATION 1 CHILDRENS WAY LITTLE ROCK, AR 72202	71-0568795	501(C)(3)	623,698				GI PHYSICIAN ENDOWMENT
ARKANSAS CHILDREN'S NORTHWEST 2601 GENE GEORGE BLVD SPRINGDALE, AR 72762	81-0817660	501(C)(3)	1,570,429				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 CHILDREN'S RESEARCH INSTITUTE 13 CHILDRENS WAY LITTLE ROCK, AR 72202	71-0694931	501(C)(3)	3,843,339	2,106,776	FMV	INDIRECT SUPPORT	GENERAL SUPPORT
CAMP ALDERSGATE 2000 ALDERSGATE RD LITTLE ROCK, AR 72205	71-0265209	501(C)(3)	15,038				CAMP SUNSHINE & CAMP LAUGHTER

**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
GREAT 100 NURSES FOUNDATION 2748 METAIRIE LAWN DR METAIRIE, LA 72002	46-5606080	501(C)(3)	6,900				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
HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS (HIPPIY) 1221 BISHOP LITTLE ROCK, AR 72202	13-3672592	501(C)(3)		40,535	FMV	PROVIDE OFFICE SPACE & PHONE	GENERAL SUPPORT
LITTLE ROCK ZOO 1 ZOO DRIVE LITTLE ROCK, AR 72205	35-2241655	501(C)(3)	5,000				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
MARCH OF DIMES PO BOX 932852 ATLANTA, GA 31193	13-1846366	501(C)(3)	5,000				GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES 1009 WOLFE STREET LITTLE ROCK, AR 72202	71-0525252	501(C)(3)	14,410	20,000	FMV	PROVIDE LAND	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
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 W MARKHAM LITTLE ROCK, AR 72205	71-6056774	GOV'T ENTITY	204,000	25,000	TRADE IN VALUE	VENTILATORS	GENERAL SUPPORT
ARKANSAS 4-H FOUNDATION 1 4-H WAY LITTLE ROCK, AR 72223	71-6060767	501(C)(3)	10,095				RETREAT 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
WOMEN & CHILDREN FIRST PO BOX 1954 LITTLE ROCK, AR 72203	71-0513011	501(C)(3)	113,900				GENERAL SUPPORT
ARKANSAS FOUNDATION FOR MEDICAL CARE 1020 W 4TH STREET LITTLE ROCK, AR 72201	23-7237381	501(C)(3)	8,000				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
NORTHWEST ARKANSAS COUNCIL - HEALTHCARE TRANSFORMATION DIVISION 4100 CORPORATE CENTER DRIVE SUITE 205 SPRINGDALE, AR 72762	46-0807914	501(C)(3)	60,000				GENERAL SUPPORT

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

MEALS	5760		221,807	COST	MEALS FOR PATIENT FAMILIES/CAREGIVERS
MEALS	5760		221,807	COST	MEALS FOR PATIENT FAMILIES/CAREGIVERS
INSURANCE PREMIUMS	33		61,508	COST	PAYMENT OF PREMIUMS FOR PATIENT'S FAMILIES ALLOWED BY COBRA
TRANSPORTATION COSTS (BUS TOKENS, CAB FARE, GAS CARDS)	1104	27,548		COST	
FUNERAL EXPENSES	27	11,513		COST	
RENT, MORTGAGE EXPENSE, UTILITIES, LODGING	81	41,996		COST	

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

CAR SEATS FOR INFANTS AND CHILDREN	797		51,221	COST	CAR SEATS FOR INFANTS AND CHILDREN
CAR SEATS FOR INFANTS AND CHILDREN	797		51,221	COST	CAR SEATS FOR INFANTS AND CHILDREN
GROCERY GIFT CARDS AND OTHER MISC. ASSISTANCE	151	114,504		COST	

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ARKANSAS CHILDREN'S HOSPITAL

Employer identification number  
71-0236857

**Part I Questions Regarding Compensation**

	Yes	No
<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.		
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
<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 on Line 1a?	2 Yes	
<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.		
<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		
<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:		
<b>a</b> Receive a severance payment or change-of-control payment?	4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<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:		
<b>a</b> The organization?	5a	No
<b>b</b> Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
<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:		
<b>a</b> The organization?	6a	No
<b>b</b> Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
<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.	7	No
<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.	8	No
<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)?	9	

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

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

**Note.** The sum of columns (B)-(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)-(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, 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. NINE 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>
PART I, LINE 3	<p>COMPENSATION FOR ANY ACH EXECUTIVE OR SENIOR OFFICER (PRESIDENT; EXECUTIVE VICE 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 ITS MINUTES THE BASIS FOR ITS DECISIONS. A VERBAL REPORT IS PROVIDED TO THE BOARD BY THE CHAIR OF THE COMMITTEE. MINUTES ARE AVAILABLE FOR REVIEW UPON BOARD MEMBER REQUEST TO THE BOARD CHAIR.</p>
PART I, LINE 4B	<p>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 2019 (FISCAL YEAR 2020), THE FOLLOWING ACH REPORTABLE EMPLOYEES WERE ELIGIBLE AND PARTICIPATING IN THE DEFERRED COMPENSATION PLAN: - MARCELLA DODERER: ACH PRESIDENT AND CEO - \$117,166 - LEE ANNE EDDY: ACH SVP AND CNO - \$33,023 - JONATHAN GOLDBERG: ACH SVP AND CIO - \$37,782 - GENA WINGFIELD: ACH EVP AND CFO - \$57,984 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.</p>
FORM 990, SCHEDULE J, PART I, LINES 5-7	<p>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".</p>
FORM 990, PART VII, SECTION A, LINE 5:	<p>CHIEF MEDICAL OFFICER, GREGORY SHARP, M.D., AND DIRECTOR AND CHIEF OF MEDICAL STAFF, RENEE BORNEMEIER, 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.</p>



<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>21</b> ART SHUMATE PERIOPERATIVE SERVICES DIRECTOR	(i)	154,260	15,000	903	0	4,825	174,988	0
	(ii)	0	0	0	0	0	0	0
<b>1</b> LUANN JONES NEONATAL SERVICES NURSING DIRECTOR	(i)	152,138	13,282	196	4,175	4,726	174,517	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> JOHN MCNALLY MEDICAL ADMIN DIRECTOR	(i)	155,605	14,588	296	0	1,269	171,758	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> CARRIE LEE VP PATIENT CARE SERVICES	(i)	142,478	12,121	107	8,255	6,960	169,921	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> ROBIN MITCHELL LAB ADMIN DIRECTOR	(i)	142,296	10,027	169	0	1,221	153,713	0
	(ii)	0	0	0	0	0	0	0

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ 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 instructions and the latest information.

OMB No. 1545-0047

**2019**

**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>	ARKANSAS DEVELOPMENT FINANCE AUTHORITY	71-0503641	000000000	09-05-2013	19,800,000	SEE SCHEDULE K, PART VI.		X		X		X
<b>B</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	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Amount of bonds retired . . . . .		13,573,245		100,000			
<b>2</b>	Amount of bonds legally defeased . . . . .							
<b>3</b>	Total proceeds of issue . . . . .		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 . . . . .		702,808					
<b>8</b>	Credit enhancement from proceeds . . . . .							
<b>9</b>	Working capital expenditures from proceeds . . . . .							
<b>10</b>	Capital expenditures from proceeds . . . . .							
<b>11</b>	Other spent proceeds . . . . .		98,018,339					
<b>12</b>	Other unspent proceeds . . . . .							
<b>13</b>	Year of substantial completion . . . . .		2015		2016			

	2015		2016		Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No								
<b>14</b>	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .			X		X						
<b>15</b>	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		X		X							
<b>16</b>	Has the final allocation of proceeds been made? . . . . .		X		X							
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .		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						
<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						
<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 %		0.040 %				
<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 %		0.040 %				
<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				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .	X			X				
<b>c</b> No rebate due? . . . . .		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				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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				
<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				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	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				

**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. PROCEEDS USED TO PURCHASE TWO SIKORSKY S-76D HELICOPTERS TO BE USED FOR MEDICAL TRANSPORT. PART I, LINE B - DESCRIPTION OF PURPOSE. TO REFUND HOSPITAL REVENUE BONDS (ARKANSAS CHILDREN'S HOSPITAL PROJECT), SERIES 2009, ISSUED 5/28/2009. PART IV, LINE 6, COLUMN B: 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

**2019**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](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 Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

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

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

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

(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
(1) JONATHAN GOLDBERG	CHIEF INFORMATION OFFICER	RECRUITMENT		X	50,000	12,427		No		No	Yes	
(2) JONATHAN GOLDBERG	CHIEF INFORMATION OFFICER	RECRUITMENT		X	50,000	12,576		No		No	Yes	
<b>Total</b>						\$	25,003					

**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	36,807	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**

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.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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	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 LISTED PERSONS WERE EMPLOYEES OF THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES (UAMS) DURING THE TAX YEAR: GREGORY S HARP, M.D. AND RENEE BORNEMEIER, M.D. EACH WAS COMPENSATED BY ACH VIA ITS CONTRACT WITH UAMS.

**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 HOLD S A FACULTY APPOINTMENT IN THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, COLLEGE OF MED ICINE 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 IMPR OVED 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 OFF ICER; AND TO LISTEN TO MEDICAL STAFF AND TEAM MEMBERS AND FOSTER CHANGE THAT WILL POSITIVE LY IMPACT PATIENT CARE.

**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 SINGLE 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**

Return Reference	Explanation
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; EXECUTIVE VICE 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 ITS MINUTES THE BASIS FOR ITS DECISIONS. A VERBAL REPORT IS PROVIDED TO THE BOARD BY THE CHAIR OF THE COMMITTEE. MINUTES ARE AVAILABLE FOR REVIEW UPON BOARD MEMBER REQUEST TO THE BOARD CHAIR</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 11G	PHYSICIANS' REMUNERATION: PROGRAM SERVICE EXPENSES 84,623,268. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 84,623,268. TESTING: PROGRAM SERVICE EXPENSES 4,153,993. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,153,993. REPAIRS & MAINTENANCE: PROGRAM SERVICE EXPENSES 2,937,614. MANAGEMENT AND GENERAL EXPENSES 23,438. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,961,052. OTHER FEES FOR SERVICE : PROGRAM SERVICE EXPENSES 14,792,200. MANAGEMENT AND GENERAL EXPENSES 17,131,161. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 31,923,361.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	UNEXPENDED GRANT CARRYOVER ADJUSTMENTS -162,157. ALLOCATION OF ADDITIONAL COSTS - PARENT - 3,074,865. TRANSFER OF FUNDS TO ACCN -920,000. TRANSFER OF FUNDS TO ACMG -1,333,455.

**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 TERM INATE 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**

**2019**

Department of the Treasury  
Internal Revenue Service

▶ 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.

**Open to Public  
Inspection**

Employer identification number  
71-0236857

Name of the organization  
ARKANSAS CHILDREN'S HOSPITAL

**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
(1)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
(2)ARKANSAS CHILDREN'S RESEARCH INSTITUTE 13 CHILDRENS WAY LITTLE ROCK, AR 72202 71-0606585	RESEARCH	AR	501(C)3	LINE 7	ARKANSAS CHILDREN'S INC		No
(3)ARKANSAS CHILDREN'S HOSPITAL AUXILIARY 1 CHILDRENS WAY LITTLE ROCK, AR 72202 81-0817660	FUNDRAISING & VOLUNTEERS	AR	501(C)3	LINE 12A, I	ARKANSAS CHILDREN'S INC THRU ARKANSAS CHILDREN'S HOSPITAL AND FOUNDATION		No
(4)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
(5)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
(6)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.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner; (k) Percentage ownership.

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.

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity.

**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

**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.

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





**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.