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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
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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

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

Number and street (or P O box if mail is not delivered to street address) | Room/suite
601 Childrens Lane

City or town, state or province, country, and ZIP or foreign postal code
Norfolk, VA 23507

D Employer identification number
54-0506321

E Telephone number
(757) 668-7000

G Gross receipts $ 392,123,126

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW CHKD ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1961

M State of legal domicile VA

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	2,989
6	Total number of volunteers (estimate if necessary)	**6**	648
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	296,920
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	215,460

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	14,687,820	12,190,903
9	Program service revenue (Part VIII, line 2g)	316,175,745	344,410,937
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,436,872	3,433,344
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,272,927	4,137,803
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	342,573,364	364,172,987
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	21,032,114
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	151,794,837	152,661,110
16a	Professional fundraising fees (Part IX, column (A), line 11e)	640,112	20,154
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,725,610		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	145,357,554	160,980,021
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	297,792,503	334,693,399
19	Revenue less expenses Subtract line 18 from line 12	44,780,861	29,479,588

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	416,670,984	442,263,422
21	Total liabilities (Part X, line 26)	110,489,692	113,199,427
22	Net assets or fund balances Subtract line 21 from line 20	306,181,292	329,063,995

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

****** | 2016-05-13
Signature of officer | Date

DENNIS RYAN CFO/ASST SECRETARY/ASST TREAS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RAYMOND LY KPMG LLP	RAYMOND LY KPMG LLP	2016-05-10		P01205643

Firm's name ▶ KPMG LLP | Firm's EIN ▶

Firm's address ▶ 1676 International Drive, McLean, VA 22102 | Phone no (703) 286-8000

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 287,358,787 including grants of $ 21,032,114) (Revenue $ 347,590,731)

SEE SCHEDULE O

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** ▶ 287,358,787

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	127		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,989		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 23			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NC , VA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶ DENNIS RYAN
601 CHILDRENS LANE
NORFOLK, VA 23507 (757) 668-7000

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

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

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

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

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

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

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

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

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

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

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	3,484,096	2,832,207	1,664,826

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 123

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S SPECIALTY GROUP, PO BOX 11049 NORFOLK, VA 23517	MEDICAL	14,033,106
EASTERN VIRGINIA MED SCHOOL, PO BOX 1980 NORFOLK, VA 235011980	MEDICAL	10,566,779
AMERISOURCE BERGEN, PO BOX 642800 PITTSBURG, PA 15264	MEDICAL SUPPLIES	7,980,516
MEDLINE INDUSTRIES INC, ONE MEDLINE PLACE MUNDELINE, IL 60060	MEDICAL SUPPLIES	6,336,786
PHILIPS HEALTHCARE, PO BOX 100355 ATLANTA, GA 30384	MEDICAL SUPPLIES	3,702,207

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 164

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	214,773			
	d	Related organizations	1d	1,745,000			
	e	Government grants (contributions)	1e	1,948,348			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,282,782			
	g	Noncash contributions included in lines 1a-1f $		790,241			
	h	**Total.** Add lines 1a-1f			12,190,903		
Program Service Revenue			Business Code				
	2a	PATIENT SERVICES	900099	332,206,234	332,206,234		
	b	OTHER RELATED SERVICES	900099	11,907,783	11,907,783		
	c	LAB SERVICES	621500	287,120		287,120	
	d	SPORTS RELATED	900099	9,800		9,800	
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			344,410,937		
	3	Investment income (including dividends, interest, and other similar amounts)		3,264,518			3,264,518
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			

		(i) Real	(ii) Personal				
	6a	Gross rents	3,571,589				
	b	Less rental expenses	2,986,149				
	c	Rental income or (loss)	585,440	0			
	d	Net rental income or (loss)			585,440		585,440

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	22,299,320	135,126			
	b	Less cost or other basis and sales expenses	21,776,606	489,014			
	c	Gain or (loss)	522,714	-353,888			
	d	Net gain or (loss)			168,826		168,826
Other Revenue	8a	Gross income from fundraising events (not including $ 214,773 of contributions reported on line 1c) See Part IV, line 18	a	152,045			
	b	Less direct expenses	b	76,396			
	c	Net income or (loss) from fundraising events			75,649		75,649
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances	a	3,473,448			
	b	Less cost of goods sold	b	2,621,974			
	c	Net income or (loss) from sales of inventory			851,474	851,474	

	Miscellaneous Revenue	Business Code				
11a	GRADUATE MEDICAL EDUCATION	900099	2,338,240	2,338,240		
b	EHR MEANINGFUL USE	900099	287,000	287,000		
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d		2,625,240			
12	**Total revenue.** See Instructions		364,172,987	347,590,731	296,920	4,094,433

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	21,032,114	21,032,114		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,036,015	1,652,597	383,418	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	124,776,350	112,995,245	10,928,162	852,943
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	672,913		672,913	
9 Other employee benefits	16,278,232	13,258,312	2,901,073	118,847
10 Payroll taxes	8,897,600	8,120,841	707,059	69,700
11 Fees for services (non-employees)				
a Management	206,670		206,670	
b Legal	2,500		2,500	
c Accounting	8,553			8,553
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	20,154			20,154
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,695,483	25,963,366	671,110	61,007
12 Advertising and promotion	75,810		39,251	36,559
13 Office expenses	901,733	797,860	99,526	4,347
14 Information technology	0			
15 Royalties	0			
16 Occupancy	7,558,207	6,632,543	925,664	
17 Travel	211,874	193,771	11,775	6,328
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	623,308	555,740	57,809	9,759
20 Interest	3,176,657	15,247	3,161,410	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	19,161,903	16,542,292	2,590,263	29,348
23 Insurance	1,342,317	480,555	861,762	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES	43,592,686	42,745,183	846,575	928
b EQUIP RENTAL AND MAINTENANCE	16,578,684	11,733,311	4,833,526	11,847
c PURCHASED SERVICES	15,087,601	11,968,531	2,962,057	157,013
d CORPORATE SUPPORT	11,803,795		11,803,795	
e All other expenses	13,952,240	12,671,279	942,684	338,277
25 **Total functional expenses.** Add lines 1 through 24e	334,693,399	287,358,787	45,609,002	1,725,610
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ 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 X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		31,859,456	2	38,257,385
	3	Pledges and grants receivable, net		3,301,625	3	2,790,234
	4	Accounts receivable, net		52,838,701	4	62,667,183
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		6,381,489	8	7,945,261
	9	Prepaid expenses and deferred charges		3,513,162	9	3,266,118
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 371,102,398			
	b	Less accumulated depreciation	10b 189,598,519	184,613,877	10c	181,503,879
	11	Investments—publicly traded securities		113,633,931	11	128,119,834
	12	Investments—other securities See Part IV, line 11		16,441,382	12	11,066,063
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		4,087,361	15	6,647,465
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		416,670,984	16	442,263,422
Liabilities	17	Accounts payable and accrued expenses		26,421,274	17	27,671,580
	18	Grants payable		0	18	0
	19	Deferred revenue		290,746	19	271,801
	20	Tax-exempt bond liabilities		69,041,942	20	67,141,943
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		14,735,730	25	18,114,103
	26	**Total liabilities.** Add lines 17 through 25		110,489,692	26	113,199,427
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		274,182,539	27	298,625,783
	28	Temporarily restricted net assets		9,971,471	28	8,124,464
	29	Permanently restricted net assets		22,027,282	29	22,313,748
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		306,181,292	33	329,063,995
	34	Total liabilities and net assets/fund balances		416,670,984	34	442,263,422

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	364,172,987
2	Total expenses (must equal Part IX, column (A), line 25)	2	334,693,399
3	Revenue less expenses Subtract line 2 from line 1	3	29,479,588
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	306,181,292
5	Net unrealized gains (losses) on investments	5	-5,099,822
6	Donated services and use of facilities	6	
7	Investment expenses	7	-37,978
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,459,085
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	329,063,995

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

Additional Data

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

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			
(1) JOHN R LAWSON II CHAIRMAN/DIRECTOR	1 0 3 0	X		X				0	0	0
(1) JAMES D DAHLING PRESIDENT/DIRECTOR	1 0 42 0	X		X				0	988,459	407,129
(2) BETH JOHNSON DIRECTOR	1 0 1 0	X						0	0	0
(3) CONRAD M HALL SECRETARY/DIRECTOR	2 0 2 0	X		X				0	0	0
(4) ELIZABETH M WELLER TREASURER/DIRECTOR	2 0 2 0	X		X				0	0	0
(5) BUFFY BAREFOOT DIRECTOR	1 0 1 0	X						0	0	0
(6) SARAH BISHOP DIRECTOR	1 0 1 0	X						0	0	0
(7) EDWARD A HEIDT JR Vice Chairman/DIRECTOR	1 0 1 0	X		X				0	0	0
(8) CHRISTINE NEIKIRK DIRECTOR	1 0 1 0	X						0	0	0
(9) KATHRYN P CALLAHAN DIRECTOR	1 0 1 0	X						0	0	0
(10) PAMELA COMBS M ED DIRECTOR	1 0 1 0	X						0	0	0
(11) ELIZABETH D LANOUE MD DIRECTOR	1 0 1 0	X						0	0	0
(12) J CHRISTOPHER PERRY DIRECTOR	1 0 1 0	X						0	0	0
(13) KAREN PRIEST DIRECTOR	1 0 1 0	X						0	0	0
(14) BRIAN SKINNER DIRECTOR	1 0 1 0	X						0	0	0
(15) MARK R WARDEN DIRECTOR	1 0 1 0	X						0	0	0
(16) ROLF WILLIAMS DIRECTOR	1 0 1 0	X						0	0	0
(17) SUSAN EINHORN DIRECTOR	1 0 1 0	X						0	0	0
(18) CYNTHIA S KELLY MD DIRECTOR	1 0 1 0	X						0	0	0
(19) MICHELLE BRENNER MD DIRECTOR	1 0 41 0	X						0	195,935	22,627
(20) DONALD NUSS MB CH DIRECTOR	1 0 1 0	X						0	0	0
(21) ROBERT OBERMEYER MD DIRECTOR	1 0 41 0	X						0	607,728	31,512
(22) BLAIR WIMBUSH DIRECTOR	1 0 1 0	X						0	0	0
(23) DOUGLAS D ELLIS SR DIRECTOR	1 0 1 0	X						0	0	0
(24) KATHRYN VAN BUREN DIRECTOR	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) TA GRELL JR DIRECTOR	1 0 1 0	X						0	0	0
(1) MARTA SATIN-SMITH MD DIRECTOR	1 0 1 0	X						0	0	0
(2) SVINER TOOR MD DIRECTOR	1 0 1 0	X						0	0	0
(3) DENNIS RYAN CFO/ASST TRES /ASST SEC	1 0 42 0			X				0	492,647	303,089
(4) DAVID BOWERS VP SUPPORT SERVICES	40 0 0 0				X			333,242	0	168,552
(5) KATHRYN ABSHIRE VP FINANCE	0 0 40 0				X			0	216,215	36,659
(6) DEBBIE BARNES VP IS OPERATIONS	0 0 40 0				X			0	331,223	105,475
(7) JO-ANN BURKE VP PATIENT CARE SERCES	40 0 0 0				X			848,645	0	35,996
(8) ALLISON SILVA VP ANCILLARY SERVICES	40 0 0 0				X			187,615	0	55,770
(9) ARNO ZARITSKY VP EXECUTIVE MEDICAL	40 0 0 0				X			559,512	0	266,160
(10) JOHN HARDING VP PHYSICIAN PRACTICE MGMT	40 0 0 0				X			363,254	0	59,025
(11) SUZANNA STARLING MEDICAL DIRECTOR	40 0 0 0					X		200,990	0	23,442
(12) JOHN HAMILTON VP PHYSICIAN PRACTICE	40 0 0 0					X		246,994	0	-368
(13) JAMES DICE DIRECTOR PHARMACY	40 0 0 0					X		199,889	0	16,468
(14) SANDIP GODAMBE VP QUALITY IMPROVEMENT	40 0 0 0					X		355,374	0	117,211
(15) MICHAEL FACKELMAN RNFA NURSE - CARDIAC	40 0 0 0					X		188,581	0	16,079

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
54-0506321

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

The organization is not a private foundation because it is (For lines 1 through 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	13,175,111	10,789,543	13,432,828	14,687,820	12,190,903	64,276,205
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	13,175,111	10,789,543	13,432,828	14,687,820	12,190,903	64,276,205
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						884,407
6 **Public support.** Subtract line 5 from line 4						63,391,798

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	13,175,111	10,789,543	13,432,828	14,687,820	12,190,903	64,276,205
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,583,040	5,369,283	5,864,821	5,881,751	6,836,107	27,535,002
9 Net income from unrelated business activities, whether or not the business is regularly carried on	159,098	350,371	281,821	247,183	215,460	1,253,933
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 **Total support** Add lines 7 through 10						93,065,140

12 Gross receipts from related activities, etc (see instructions)	12	1,602,772,262

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	68 115 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	70 698 %

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
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? *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.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134071536

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
54-0506321

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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" to 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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 in 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 in 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	25,458,495	23,804,262	22,979,768	21,009,069	18,864,330
b	Contributions	361,283	454,805	597,930	697,977	73,133
c	Net investment earnings, gains, and losses	-382,972	2,103,210	876,135	885,348	2,654,077
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,225,093	903,782	649,571	-387,374	582,471
f	Administrative expenses					
g	End of year balance	24,211,713	25,458,495	23,804,262	22,979,768	21,009,069

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 92 160 %
- c Temporarily restricted endowment ▶ 7 840 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,857,063		20,857,063
b Buildings		194,217,801	83,569,972	110,647,829
c Leasehold improvements				
d Equipment		151,971,323	105,791,707	46,179,616
e Other		4,056,211	236,840	3,819,371
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				181,503,879

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DERIVATIVE INSTRUMENTS	13,537,822
ANNUITY PAYABLE	1,993,572
ACCRUED TAIL COVERAGE	37,361
LONG TERM CAPITAL LEASE LIABILITY	2,545,348
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	18,114,103

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' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
ASC 740 Footnote from Consolidated Audit Report	CHS RECOGNIZES ANY BENEFITS FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION IF APPLICABLE, THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION WOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE RESOLUTION CHS DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX PROVISIONS
SCHEDULE D, PART V	ENDOWMENT FUNDS ARE USED ACCORDING TO SPECIFIC WRITTEN REQUESTS OF THE DONOR ENDOWMENT AGREEMENT IF NO DIRECT REQUESTS ARE MADE, FUNDS ARE USED IN ACCORDANCE WITH THE OVERALL MISSION OF THE ORGANIZATION

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
54-0506321

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Investments		10,625,516
(2)					
(3)					
(4)					
(5)					
3a Sub-total					10,625,516
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					10,625,516

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Additional Data

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

Part V **Supplemental Information**

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
54-0506321

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	Children's miracle network 205 west 700 south salt lake city, UT 84101	GENERAL		No	1,353,487	94,106	1,259,381
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					1,353,487	94,106	1,259,381

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

NC, VA

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

		(a) Event #1 David Wright (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	252,275	114,543		366,818
	2 Less Contributions	105,180	109,593		214,773
	3 Gross income (line 1 minus line 2)	147,095	4,950		152,045
Direct Expenses	4 Cash prizes	16,708	0		16,708
	5 Noncash prizes	0	270		270
	6 Rent/facility costs	2,311	3,999		6,310
	7 Food and beverages	33,814	5,704		39,518
	8 Entertainment	6,750	0		6,750
	9 Other direct expenses	3,287	3,553		6,840
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(76,396)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				75,649

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
54-0506321

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☐ 200% ☑ Other 175 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,254,154		2,254,154	0 700 %
b Medicaid (from Worksheet 3, column a)			152,107,924	116,621,726	35,486,198	10 980 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			154,362,078	116,621,726	37,740,352	11 680 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			14,194,374	1,195,552	12,998,822	4 020 %
f Health professions education (from Worksheet 5)			12,001,729	6,044,656	5,957,073	1 840 %
g Subsidized health services (from Worksheet 6)			79,888,302	31,613,399	48,274,903	14 940 %
h Research (from Worksheet 7)			112,464		112,464	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			106,196,869	38,853,607	67,343,262	20 830 %
k **Total.** Add lines 7d and 7j			260,558,947	155,475,333	105,083,614	32 510 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 11,488,797		
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 4,919,020		
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	1,312,463
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,739,211
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-2,426,748
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		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 3

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

	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)

A

Name of hospital facility or letter of facility reporting group

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

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

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 175 % and FPG family income limit for eligibility for discounted care of 400 %			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
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)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) WWW CHKD ORG			
b ☑ The FAP application form was widely available on a website (list url) WWW CHKD ORG			
c ☐ A plain language summary of the FAP was widely available on a website (list url) WWW CHKD ORG			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other authorized third 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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 Additional Data Table	

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? **10**

	Name and address	Type of Facility (describe)
1	CHKD HEALTH CENTER AT OAKBROOKE 500 DISCOVERY DRIVE CHESAPEAKE,VA 23320	OUTPATIENT SERVICES
2	CHKD HEALTH CENTER AT KEMPSVILLE 171 KEMPSVILLE ROAD NORFOLK,VA 23507	OUTPATIENT SERVICES
3	CHKD HEALTH CENTER AT HARBOUR VIEW 5835 HARBOUR VIEW BLVD SUFFOLK,VA 23435	OUTPATIENT SERVICES
4	CHKD AT BUTLER FARM ROAD 421 BUTLER FARM ROAD HAMPTON,VA 23666	Outpatient Services
5	HEALTH CENTER AT BURNETT'S WAY 152 BURNETTS WAY SUFFOLK,VA 23456	OUTPATIENT SERVICES
6	SATELLITE AT MEDICAL TOWER 400 GRESHAM DRIVE NORFOLK,VA 23507	OUTPATIENT SERVICES
7	CHKD URGENT CARE AT VOLVO 817 VOLVO PARKWAY CHESAPEAKE,VA 23320	URGENT CARE SERVICE
8	CHKD HEALTH CENTER AT STRAWBRIDGE 2117 MCCOMAS WAY SUITE 105 VIRGINIA BEACH,VA 23456	OUTPATIENT SERVICES
9	CHKD CAP 935 REDGATE AVENUE NORFOLK,VA 23507	Outpatient services
10	HEALTH CENTER AT MEDICAL CENTER CAMPUS 850 SOUTHAMPTON AVENUE NORFOLK,VA 23510	OUTPATIENT SERVICES

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

Form and Line Reference	Explanation
PART 1, LINE 3C	N/A

Form and Line Reference	Explanation
PART 1, LINE 6A	N/A

Form and Line Reference	Explanation
PART 1, LINE 7(G)	THE AMOUNT REPORTED ON PART I, LINE 7(G) INCLUDES $32,574,278 OF COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS PART I, LINE 7(F) THE AMOUNT OF BAD DEBT INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) THAT WAS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENT OF TOTAL EXPENSE IN PART I, LINE 7, COLUMN (F) IS $11,488,797

Form and Line Reference	Explanation
PART 1, LINE 7	A HYBRID APPROACH WAS USED FOR DETERMINING COSTS RELATED TO COMMUNITY BENEFIT ACTUAL COSTS FROM ALL PATIENT SEGMENTS ARE IDENTIFIED BY DEPARTMENT IN THE GENERAL LEDGER AND THEN WERE GROUPED INTO LIKE COMMUNITY BENEFIT PROGRAMS INDIRECT COSTS WERE ADJUSTED FOR COSTS ATTRIBUTABLE TO UNREIMBURSED MEDICAID COSTS REPORTED ELSEWHERE, MARKETING AND GRANT WRITING EXPENSES THE MEDICAID COSTS ADJUSTMENT WAS CALCULATED USING A COST TO CHARGE RATIO OF APPLICABLE EXPENSES DIVIDED BY TOTAL APPLICABLE CHARGES APPLIED TO MEDICAID REVENUE THE REMAINING INDIRECT COSTS WERE ALLOCATED PROPORTIONATELY TO THE DIRECT COSTS REPORTED BY DEPARTMENT IN ADDITION, EXPENSES WERE CALCULATED AT COST AND THEN COSTS RELATED TO CHARITY CARE, BAD DEBT AND MEDICAID WERE REMOVED BEFORE ARRIVING AT THE AMOUNTS FOR COMMUNITY BENEFIT AT COST PART II N/A PART III, LINE 2 BAD DEBT REPORTED IN PART III LINE 2 IS BASED ON THE AMOUNT REPORTED AS BAD DEBT IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THE AMOUNT DOES NOT INCLUDE DISCOUNTS OR OTHER ADMINISTRATIVE WRITE OFFS IF A PATIENT ACCOUNT HAS BEEN WRITTEN OFF TO BAD DEBT AND IS SUBSEQUENTLY COLLECTED, BAD DEBT EXPENSE IS REDUCED IN THAT PERIOD BY THE PAYMENT PART III, LINE 3 THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS CALCULATED BASED OF THE PERCENTAGE OF CHARITY CARE EXPENSES AS A PERCENTAGE OF SELF-PAY REVENUE CHKD DOES NOT MAINTAIN RECORDS THAT TRACK PATIENTS WHO COULD HAVE QUALIFIED FOR CHARITY CARE THIS AMOUNT IS AN ESTIMATE OF PATIENTS WHO LIKELY WOULD HAVE QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE CHARITY CARE POLICY IF SUFFICIENT INFORMATION HAD BEEN AVAILABLE TO DETERMINE THEIR ELIGIBILITY THIS AMOUNT IS NOT INCLUDED AS COMMUNITY BENEFIT

Form and Line Reference	Explanation
PART III, LINE 4	THE AUDITED FINANCIAL STATEMENTS AND RELATED FOOTNOTES FOR CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS DO NOT SPECIFICALLY CONTAIN FOOTNOTES RELATED TO BAD DEBT EXPENSE CHKD PRESENTS BAD DEBT PROVISION ON THE FINANCIAL STATEMENTS AS A DEDUCTION FROM NET PATIENT SERVICE PER ACCOUNTING STANDARDS UPDATE (ASU) 2011-07 THE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES IS MANAGEMENT'S BEST ESTIMATE OF THE AMOUNT OF PROBABLE CREDIT LOSSES IN THE HOSPITAL'S EXISTING RECEIVABLES THE HOSPITAL DETERMINES THE ALLOWANCE BASED ON HISTORICAL WRITE-OFF EXPERIENCE ACCOUNT BALANCES ARE CHARGED OFF AGAINST THE ALLOWANCE, NET OF PAYMENTS AND DISCOUNTS, AFTER ALL MEANS OF COLLECTION HAVE BEEN EXHAUSTED AND THE POTENTIAL FOR THE RECOVERY IS CONSIDERED REMOTE

Form and Line Reference	Explanation
PART III, LINE 8	AS A CHILDREN'S HOSPITAL, THE HOSPITAL HAS A SMALL POPULATION OF MEDICARE PATIENTS AND IS PAID LESS THAN COST DUE TO THE REIMBURSEMENT METHODOLOGY USED BY MEDICARE THE SHORTFALL WAS CALCULATED USING THE HOSPITAL'S OVERALL COST TO CHARGE RATIO APPLIED TO MEDICARE GROSS CHARGES THIS SHORTFALL IS NOT SEPARATELY INCLUDED AS A COMMUNITY BENEFIT AS 100% OF IT HAS ALREADY BEEN CAPTURED IN THE APPROPRIATE CATEGORY ON PART I, LINE 7

Form and Line Reference	Explanation
PART III, LINE 9B	ACCOUNTS WITH AN UNPAID BALANCE OR WITHOUT AN ESTABLISHED PAYMENT PLAN ARE REFERRED TO A COLLECTION AGENCY OR ATTORNEY FOR CONTINUED COLLECTION EFFORTS CHKD MAKES REASONABLE EFFORTS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE/CHARITY CARE BEFORE REFERRING TO A COLLECTION AGENCY OR AN ATTORNEY REASONABLE EFFORT INCLUDES AND IS NOT LIMITED TO NOTIFICATION ABOUT THE FINANCIAL ASSISTANCE - CHARITY CARE/COLLECTION POLICY POSTED IN ADMISSIONS, EMERGENCY DEPARTMENT OR OTHER DESIGNATED AREAS THE INFORMATION REGARDING THE POLICY IS INCLUDED IN THE ADMISSION PACKAGE AND ON THE PATIENT BILL THE HEALTH BENEFITS ANALYST AND CUSTOMER SERVICE REPRESENTATIVE WHO MAY SPEAK WITH THE GUARANTOR BY PHONE PROVIDE THEM WITH FINANCIAL ASSISTANCE INCLUDING CHARITY CARE INFORMATION THE FINANCIAL ASSISTANCE-CHARITY CARE/COLLECTION POLICY IS AVAILABLE UPON REQUEST AND VIA WWW CHKD ORG CHKD ENSURES ALL COLLECTION PROTOCOLS ARE MET PRIOR TO REFERRAL TO COLLECTIONS AGENCY OR ATTORNEY APPROVED CHARITY CARE AMOUNT WILL NOT BE SUBJECT TO COLLECTION ACTIVITIES THE REMAINING BALANCE WILL BE SUBJECT TO CHKD'S STANDARD COLLECTION PROTOCOLS

Form and Line Reference	Explanation
NEEDS ASSESSMENT	CHKD USES A VARIETY OF METHODS TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES NEEDS ARE IDENTIFIED THROUGH A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT, PARTNERSHIPS AND COLLABORATIONS WITH OTHER MEDICAL, NON-PROFIT AND PUBLIC HEALTH AGENCIES AND ORGANIZATIONS AND THROUGH REGIONAL, STATE AND NATIONAL DATA AS THE ONLY HEALTHCARE PROVIDER IN VIRGINIA DEVOTED EXCLUSIVELY TO THE NEEDS OF CHILDREN, CHKD ASSUMES THE RESPONSIBILITY OF LEADING THE REGION IN THE PROVISION OF PEDIATRIC CARE AND THE PROMOTION OF CHILDREN'S HEALTH AND IS TRUSTED THROUGHOUT ITS COMMUNITY AS A RESOURCE READY AND WILLING TO ADDRESS ESTABLISHED AND EMERGENT PEDIATRIC NEEDS WHEREVER AND HOWEVER THEY ARE IDENTIFIED CHKD'S CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY CAN BE FOUND AT HTTP //WWW CHKD ORG/ABOUT/COMMUNITYBENEFIT

Form and Line Reference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	CHKDs Charity Care eligibility criteria and procedures for applying are provided to all patients Charity Care information is in included in every inpatient admission packet and distributed during the outpatient during the outpatient registration process An application for Charity Care, along with a letter explaining the process, is sent to any patient or guarantor who requests information on any programs or provisions the hospital may have to help assist patients or guarantors in paying their hospital bill The Charity Care policy and application are prominently displayed on the main "Billing" page of the hospital website, just one click from the home page, at ww chkd org/Billing/Financial-Assistance Printed copies are also available at each registration workstation All billing statements mailed to guarantors include a notice of the availability of charity and how to obtain the information/application Assistance with the application process is available through the Health Benefits Analyst (HBA) The HBA sends out applications via mail and refers families to the Hospitals website The unit social worker is available to provide information or referral to the HBA during an inpatient stay

Form and Line Reference	Explanation
COMMUNITY INFORMATION	CHKD IS THE REGIONAL PEDIATRIC REFERRAL CENTER FOR SOUTHEASTERN VIRGINIA, THE EASTERN SHORE OF VIRGINIA AND NORTHEASTERN NORTH CAROLINA CHKD SERVES THE FOLLOWING REGIONS IN VIRGINIA ACCOMACK COUNTY, CHESAPEAKE CITY, FRANKLIN CITY, GLOUCESTER COUNTY, HAMPTON CITY, ISLE OF WIGHT COUNTY, JAMES CITY COUNTY, MATHEWS COUNTY, NEWPORT NEWS CITY, NORFOLK CITY, NORTHAMPTON COUNTY, POQUOSON CITY, PORTSMOUTH CITY, SOUTHAMPTON COUNTY, SUFFOLK CITY, SURRY COUNTY, SUSSEX COUNTY, VIRGINIA BEACH CITY, WILLIAMSBURG CITY AND YORK COUNTY WITHIN NORTH CAROLINA, CHKD SERVES THE FOLLOWING REGIONS BERTIE COUNTY, CAMDEN COUNTY, CHOWAN COUNTY, CURRITUCK COUNTY, DARE COUNTY, GATES COUNTY, HERTFORD COUNTY, PASQUOTANK COUNTY AND PERQUIMANS COUNTY IN FY 2015, THIS SERVICE REGION INCLUDED 550,000 PERSONS AGE 0-21 COMPARED TO THE COMMONWEALTH OF VIRGINIA AS A WHOLE, THE STUDY REGION IS MORE DENSELY POPULATED, AND PROPORTIONALLY MORE BLACK/AFRICAN AMERICAN THE REGION ALSO HAS LOWER INCOME LEVELS THAN VIRGINIA AS A WHOLE MEDICALLY UNDERSERVED AREAS (MUAS) AND MEDICALLY UNDERSERVED POPULATIONS (MUPS) ARE DESIGNATED BY THE U S HEALTH RESOURCES AND SERVICES ADMINISTRATION AS BEING AT RISK FOR HEALTH CARE ACCESS PROBLEMS THE DESIGNATIONS ARE BASED ON SEVERAL FACTORS INCLUDING PRIMARY CARE PROVIDER SUPPLY, INFANT MORTALITY, PREVALENCE OF POVERTY, AND THE PREVALENCE OF SENIORS AGE 65+ TWENTY-SIX OF THE 29 LOCALITIES THAT ENCOMPASS THE STUDY REGION HAVE BEEN FULLY OR PARTIALLY DESIGNATED AS MUAS/MUPS CHKD'S SERVICE AREA COMPRISES A DIVERSE MIX OF URBAN, SUBURBAN AND RURAL COMMUNITIES, AS WELL AS 10 MILITARY INSTALLATIONS CHKD IS WELL VERSED IN THE SPECIAL NEEDS OF MILITARY FAMILIES AND HAS ONE OF THE HIGHEST TRICARE PAYER PERCENTAGES AMONG THE CHILDREN'S HOSPITALS IN THE NATION

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	CHKD plays a unique role in its community by providing pediatric healthcare services available nowhere else in the region and, at the same time, serving as the safety net provider to the region's indigent children In FY 2015, CHKD had 5,064 admissions resulting in 45,276 discharged patient days 56 22 percent of these days, were covered by Medicaid, which is the highest percentage by far of any acute-care hospital in Virginia CHKD leads the region in efforts to address public health concerns like child abuse and childhood obesity It is the sole provider of pediatric subspecialty care for children with chronic illnesses like cancer and diabetes and employs the region's only pediatric surgeons The hospital's vibrant community outreach program coordinates parent, professional and student programs that bring important health, safety and wellness information to thousands of participants CHKD also takes an active role in the education of pediatricians Comprehensive information on CHKD's efforts to improve the health of children is available at www chkd org/CommunityBenefit

Form and Line Reference	Explanation
AFFILIATED HEALTH CARE SYSTEM	CHKD IS PART OF CHILDREN'S HEALTH SYSTEM, A 501 (C)(3) ORGANIZATION GOVERNED BY A BOARD OF DIRECTORS COMPRISED OF COMMUNITY MEMBERS A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY ARE NEITHER EMPLOYEES OR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF CHKD EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS SURPLUS FUNDS ARE USED TO MEET THE NEEDS OF THE ORGANIZATION AS DETERMINED BY CHKD SENIOR MANAGEMENT AND THE CHS BOARD OF DIRECTORS HISTORICALLY, SURPLUS FUNDS HAVE BEEN USED FOR A VARIETY OF PURPOSES INCLUDING PATIENT CARE PROGRAMS, CAPITAL IMPROVEMENT NEEDS, RESERVES, ETC ROLES OF ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED THE CHILDREN'S HEALTH SYSTEM IS COMPRISED OF SEVERAL ORGANIZATIONS CHKD PROVIDES INPATIENT AND AMBULATORY CARE SERVICES ACROSS MANY PEDIATRIC SPECIALTIES, INCLUDING everything from primary care and wellness initiatives to neonatal and pediatric intensive care OTHER ENTITIES UNDER THE CHILDREN'S HEALTH SYSTEM UMBRELLA INCLUDE * CHILDREN'S HEALTH FOUNDATION, WHICH MANAGES INVESTMENTS AND FUNDS EDUCATION, RESEARCH AND OTHER PROGRAMS FOR CHILDREN'S HEALTH SYSTEM * CHILDREN'S MEDICAL GROUP, INC , A VIRGINIA STOCK CORPORATION, WHICH OWNS AND OPERATES PEDIATRIC PHYSICIAN PRACTICES * CMG OF NORTH CAROLINA, INC , A NORTH CAROLINA STOCK CORPORATION, WHICH OWNS AND OPERATES A PEDIATRIC PHYSICIAN PRACTICE IN NORTHEASTERN NORTH CAROLINA * CHILDREN'S SURGICAL SPECIALTY GROUP, INC , A VIRGINIA STOCK CORPORATION, WHICH OWNS AND OPERATES PEDIATRIC SURGICAL SUBSPECIALTY PRACTICES, INCLUDING PEDIATRIC GENERAL SURGERY, PEDIATRIC UROLOGY, PEDIATRIC CARDIAC SURGERY, PEDIATRIC ORTHOPEDIC SURGERY AND SPORTS AND ADOLESCENT MEDICINE, PEDIATRIC NEUROSURGERY AND PEDIATRIC PLASTIC SURGERY * CHSIL, A CAPTIVE INSURANCE COMPANY INCORPORATED IN BERMUDA, WHICH PROVIDES COMMERCIAL GENERAL LIABILITY COVERAGE FOR CHS AND ITS SUBSIDIARIES AND MEDICAL PROFESSIONAL LIABILITY COVERAGE FOR NON-PHYSICIAN PRACTITIONERS EMPLOYED BY CHS AND ITS SUBSIDIARIES * CHKD THRIFT STORES, LLC, A DISREGARDED ENTITY ORGANIZED TO SUPPORT THE CHARITABLE MISSION AND PURPOSE OF CHILDREN'S HEALTH SYSTEM * CHILDREN'S REAL ESTATE, LLC, IS A DISREGARDED ENTITY ORGANIZED TO SUPPORT THE CHARITABLE MISSION AND PURPOSE OF CHILDREN'S HEALTH SYSTEM

Form and Line Reference	Explanation
FACILITY REPORTING GROUP(S)	FACILITY REPORTING GROUP A INCLUDES CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, CHKD HEALTH AND SURGERY CENTER IN NEWPORT NEWS AND CHKD HEALTH AND SURGERY CENTER IN VIRGINIA BEACH

Additional Data

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

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

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

Form and Line Reference	Explanation
PART V SECTION B LINE 5	

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
54-0506321

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK,VA 23507	54-6055378	501(C)(3)	41,567		BOOK VALUE		STAPH AUREUS RESEARCH HYPEXIA CHAMBER VARIOUS VARIOUS
(2) EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK,VA 23507	54-6055378	501(C)(3)	17,542		BOOK VALUE		
(3) CHILDREN'S HEALTH SYSTEM INC 601 CHILDRENS LANE NORFOLK,VA 23507	54-1278830	501(C)(3)	9,500,000		CASH		
(4) CHILDREN'S HEALTH FOUNDATION INC 601 CHILDRENS LANE NORFOLK,VA 23507	54-1278865	501(C)(3)	5,709,633		BOOK VALUE		
(5) CHILDREN'S HEALTH SYSTEM INC 601 CHILDRENS LANE NORFOLK,VA 23507	54-1278830	501(C)(3)		4,070,910	FMV	LAND	
(6) CHILDREN'S HEALTH SYSTEM INC 601 CHILDRENS LANE NORFOLK,VA 23507	54-1278830	501(C)(3)		649,376	BOOK	THRIFT STORE	
(7) CHILDREN'S HEALTH SYSTEM INC 601 CHILDRENS LANE NORFOLK,VA 23507	54-1278830	501(C)(3)	1,043,248		CASH		

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
54-0506321

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, LINE 1	IN CONNECTION WITH A RETIREMENT PROGRAM, TAX GROSS-UP PAYMENTS ARE PROVIDED TO CERTAIN DIRECTORS WHOSE EMPLOYER FUNDED CONTRIBUTIONS ARE IMMEDIATELY TAXABLE, IN ORDER TO PROVIDE THEM WITH BENEFITS THAT ARE TAX-EQUIVALENT TO BENEFITS OF PARTICIPANTS WHOSE CONTRIBUTIONS ARE NOT IMMEDIATELY TAXABLE
SCHEDULE J, LINE 4B	CHILDREN'S HEALTH SYSTEM SPONSORS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("THE PLAN") THE PLAN IS DESIGNED TO RETAIN EXECUTIVES IN POSITIONS ESSENTIAL TO THE SUCCESS OF CHILDREN'S HEALTH SYSTEM DURING THE YEAR, THE FOLLOWING INDIVIDUALS WERE PARTICIPANTS IN A SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED THE FOLLOWING PAYMENTS WHICH ARE INCLUDED IN SCHEDULE J PART II COLUMN (C) KATHY ABSHIRE $ (869) DAVID BOWERS $116,158 JO-ANN BURKE 0 JAMES DAHLING $292,283 JOHN HAMILTON $(45,328) JOANN ROGERS $ 27,130 DENNIS RYAN $228,347 ARNO ZARITSKY $189,169 ALLISON SILVA $ 24,519 SANDIP GODAMBE $ 63,607 DEBORAH BARNES $ 51,841
Previously, certain executives' unvested deferred compensation earned	or accrued in each calendar year was derived and reported in Column C based upon the change in value from year to year of the disability benefit associated with the participant's accrued benefit, as a best effort to determine the annual accrual in the associated supplemental nonqualified defined benefit program in which the executives participate These amounts do not become vested until 7 years of participation are earned Based upon a newly discovered Example 4 provided in the Schedule J instructions, the sponsor has determined to base the reported annual accrual on a pro rata portion of the eventual vested accrued benefit The amounts reported in Column C beginning this year, may appear anomalous to prior year reporting - but these amounts will reflect requisite adjustments to transition the reported annual accrual to align with example 4 Officers and vice presidents may receive additional compensation based on criteria set up by the compensation committee of the board of directors department directors may receive additional compensation based on criteria set by management and approved by the board of directors

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
JAMES D DAHLING, PRESIDENT/DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	876,076	0	112,383	377,028	30,101	1,395,588	57,394
DENNIS RYAN, CFO/ASST TRES /ASST SEC	(I)	0	0	0	0	0	0	0
	(II)	459,170	0	33,477	260,751	42,338	795,736	19,440
MICHELLE BRENNER MD, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	195,704	0	231	8,060	14,567	218,562	0
ROBERT OBERMEYER MD, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	607,352	0	376	10,400	21,112	639,240	0
DAVID BOWERS, VP SUPPORT SERVICES	(I)	305,470	0	27,772	140,370	28,182	501,794	10,562
	(II)	0	0	0	0	0	0	0
KATHRYN ABSHIRE, VP FINANCE	(I)	0	0	0	0	0	0	0
	(II)	196,922	0	19,293	12,945	23,714	252,874	8,018
DEBBIE BARNES, VP IS OPERATIONS	(I)	0	0	0	0	0	0	0
	(II)	297,316	0	33,907	68,844	36,631	436,698	6,995
JO-ANN BURKE, VP PATIENT CARE SERCES	(I)	308,122	0	540,523	10,400	25,596	884,641	383,541
	(II)	0	0	0	0	0	0	0
ALLISON SILVA, VP ANCILLARY SERVICES	(I)	176,744	0	10,871	47,351	8,419	243,385	0
	(II)	0	0	0	0	0	0	0
SUZANNA STARLING, MEDICAL DIRECTOR	(I)	199,610	0	1,380	8,264	15,178	224,432	0
	(II)	0	0	0	0	0	0	0
JOHN HAMILTON, VP PHYSICIAN PRACTICE	(I)	221,535	0	25,459	-24,774	24,406	246,626	14,688
	(II)	0	0	0	0	0	0	0
ARNO ZARITSKY, VP EXECUTIVE MEDICAL	(I)	471,891	0	87,621	240,321	25,839	825,672	39,858
	(II)	0	0	0	0	0	0	0
JAMES DICE, DIRECTOR PHARMACY	(I)	155,285	14,681	29,923	6,951	9,517	216,357	0
	(II)	0	0	0	0	0	0	0
SANDIP GODAMBE, VP QUALITY IMPROVEMENT	(I)	345,106	0	10,268	71,443	45,768	472,585	0
	(II)	0	0	0	0	0	0	0
JOHN HARDING, VP PHYSICIAN PRACTICE MGMT	(I)	351,980	0	11,274	30,765	28,260	422,279	0
	(II)	0	0	0	0	0	0	0
MICHAEL FACKELMAN, RNFA NURSE - CARDIAC	(I)	181,425	0	7,156	7,386	8,693	204,660	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
54-0506321

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
A	VA SMALL BUSINESS FINANCING ACTIVITY	54-1300845	000000000	09-09-2012	76,400,000	REFUNDING OF 1/31/2006 ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	9,258,057			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	76,400,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	76,400,000			
12	Other unspent proceeds	0			
13	Year of substantial completion	2007			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 586 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 586 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

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

Return Reference	Explanation
Schedule K, Part II, Line 11	ALL PROCEEDS OF THE BOND WERE USED TO CURRENTLY REFUND A PRIOR ISSUE

Return Reference	Explanation
SCHEDULE K, PART III, LINE 4	BOND COUNSEL DUE DILIGENCE SHOWED ONLY $50,000 OF PRIVATE USE THAT WAS NOT EQUITY FINANCED OR DID NOT QUALIFY FOR A REGULATORY SAFE HARBOR

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2B	6-MONTH SPENDING EXCEPTION APPLIES

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ 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.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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

Employer identification number
54-0506321

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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	(d) Corrected? No

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

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

Part II Loans to and/or From Interested Persons.

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

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

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) CHILDREN'S MEDICAL GROUP	MEMBERS SERVE CHKD & CMG	3,878,252	CORPORATE SUPPORT & RENTAL		No
(2) CHILDREN'S SURGICAL SPECIALTY GROUP	MEMBERS SERVE CHKD & CMG	1,120,029	CORPORATE SUPPORT & RENTAI		No
(3) WM JORDAN CO INC	MEMBER OWNER	3,022,273	CONSTRUCTION SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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2014

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

Employer identification number
54-0506321

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	14	6,750	CASH ON SALE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	35	760,080	AVG FMV ON DATE REC
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Various in Kind Items)	X	156	23,411	AVG FMV ON DATE REC
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

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

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

Return Reference	Explanation
Schedule M, Line 32A	CHKD PAYS SYR, INC MANAGEMENT FEES TO MANAGE THRIFT STORES FOR THE BENEFIT OF THE ORGANIZATION CHKD ALSO PAYS TIDEWATER AUTO AUCTION TO AUCTION CARS FOR THE BENEFIT OF THE ORGANIZATION

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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Name of the organization
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Employer identification number
54-0506321

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III FOR MORE THAN 50 YEARS, CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS (CHKD) HAS BEEN THE ONLY FACILITY OF ITS KIND IN VIRGINIA, SERVING THE MEDICAL AND SURGICAL NEEDS OF CHILDREN THROUGHOUT THE STATE. ITS PRIMARY SERVICE AREA ENCOMPASSES GREATER HAMPTON ROADS, THE EASTERN SHORE OF VIRGINIA AND NORTHEASTERN NORTH CAROLINA, A REGION THAT IS HOME TO APPROXIMATELY 500,000 CHILDREN UNDER THE AGE OF 21. CHKD WAS ESTABLISHED AS AN 88-BED, NOT-FOR-PROFIT HOSPITAL IN 1961 BY THE KING'S DAUGHTERS, A WOMEN'S SERVICE ORGANIZATION DEDICATED TO THE HEALTH AND WELL BEING OF THE COMMUNITY'S INDIGENT CHILDREN. THE HOSPITAL HAS ALWAYS UPHELD THE CHARITABLE MISSION OF ITS FOUNDERS, AND IN FY 15, 56 PERCENT OF ITS INPATIENT DAYS WERE COVERED BY MEDICAID. OVER THE PAST 50 YEARS, CHKD HAS GROWN INTO A 206-BED TEACHING HOSPITAL THAT IS THE HEART OF AN EXTENSIVE PEDIATRIC HEALTH CARE SYSTEM. TODAY, THAT SYSTEM PROVIDES COMPREHENSIVE MEDICAL CARE TO CHILDREN AT THE HOSPITAL AND MULTI-SERVICE HEALTH CENTERS IN VIRGINIA BEACH, NEWPORT NEWS, CHESAPEAKE, HAMPTON, AND SUFFOLK. ITS SERVICES INCLUDE EVERYTHING FROM WELLNESS AND PREVENTION INITIATIVES TO PRIMARY CARE, SURGERY AND REHABILITATION. MANY OF ITS UNIQUE SERVICES AND PROGRAMS ADDRESS PRESSING PUBLIC HEALTH NEEDS THAT WOULD OTHERWISE GO UNMET. AS THE PREMIER PROVIDER OF HEALTHCARE SERVICES TO THE REGION'S CHILDREN, CHKD HAS SECURED A PLACE IN THE HEART OF THE COMMUNITY. THE HOSPITAL IS AN EAGER COLLABORATOR WITH OTHER COMMUNITY ORGANIZATIONS AND INSTITUTIONS THAT SHARE ITS CONCERN FOR THE WELL BEING OF YOUNG PEOPLE AND OFFERS A VARIETY OF EDUCATION, RESEARCH AND HEALTH INITIATIVES TO IMPROVE THE HEALTH AND WELL BEING OF CHILDREN IN THIS COMMUNITY AND BEYOND. THE HEALTH SYSTEM'S PRIMARY SERVICES CENTER ON INPATIENT AND OUTPATIENT CARE, COMMUNITY OUTREACH PROGRAMS AND MEDICAL EDUCATION/RESEARCH. SECTION ONE. INPATIENT CARE. CHILDREN WITH A VAST RANGE OF MEDICAL PROBLEMS, INCLUDING LIFE-THREATENING ILLNESSES AND INJURIES TURN TO CHKD FOR INPATIENT CARE. IN FY 15, CHKD HAD 5,064 ADMISSIONS RESULTING IN 45,276 DISCHARGED PATIENT DAYS. APPROXIMATELY 56 PERCENT OF THESE DAYS, WERE COVERED BY MEDICAID. CHKD HAS 206 INPATIENT BEDS, AND ALMOST HALF OF THOSE ARE FOR PEDIATRIC INTENSIVE CARE. THE HOSPITAL IS HOME TO THE REGION'S HIGHEST LEVEL NEONATAL INTENSIVE CARE UNIT (NICU), WHERE EACH YEAR CRITICALLY ILL NEWBORNS, SOME AS YOUNG AS 23 WEEKS GESTATION, BENEFIT FROM A UNIQUE COMBINATION OF ADVANCED MEDICAL TECHNOLOGY, DEVELOPMENTAL CARE AND FAMILY SUPPORT. THERE WERE 500 ADMISSIONS TO THE NICU IN FY 15. THE HOSPITAL ALSO OPERATES A NEONATAL STEP-DOWN UNIT FOR BABIES FROM OUR NICU WHO REQUIRE A TRANSITIONAL PERIOD BEFORE BEING DISCHARGED HOME. THE REGION'S LARGEST AND MOST EXPERIENCED PEDIATRIC INTENSIVE CARE UNIT (PICU) IS AT CHKD. IN THIS UNIT, A FULL-TIME STAFF OF BOARD CERTIFIED PEDIATRIC INTENSIVE CARE PHYSICIANS, CRITICAL CARE NURSES AND RESPIRATORY THERAPISTS PROVIDE EXTREMELY SOPHISTICATED, TECHNOLOGICALLY ADVANCED CARE TO CHILDREN WITH LIFE THREATENING INJURIES AND ILLNESSES. MEDICAL CARE IS SUPPLEMENTED WITH SUPPORT FROM CHILD LIFE SPECIALISTS, SOCIAL WORKERS AND CHAPLAINS WHO HAVE EXTENSIVE EXPERIENCE HELPING FAMILIES THROUGH THE TRAUMA AND STRESS OF A SEVERE ILLNESS OR INJURY IN A CHILD. THERE WERE 1,225 ADMISSIONS TO OUR PICU IN FY 15. MANY PATIENTS ARE BROUGHT FROM OTHER AREA HOSPITALS TO CHKD BY THE HOSPITAL'S NEONATAL/PEDIATRIC TRANSPORT PROGRAM, WHICH OPERATES OUT OF FOUR FULLY EQUIPPED MOBILE INTENSIVE CARE UNITS. TWO TRANSPORT TEAMS ARE AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK TO ALL AREA MEDICAL FACILITIES THAT NEED TO SEND SICK OR INJURED CHILDREN TO CHKD. EACH TRANSPORT CALL IS ANSWERED BY A NEONATAL/PEDIATRIC CRITICAL CARE NURSE, A REGISTERED RESPIRATORY THERAPIST AND A CERTIFIED EMT PARAMEDIC TRAINED IN NEONATAL/PEDIATRIC CARE. IN FY 15, THE TEAM TRANSPORTED 1,392 PATIENTS. OF THOSE, 366 WERE NEWBORNS COMING TO OUR NEONATAL INTENSIVE CARE UNIT. CHKD'S TRANSPORT SERVICE IS ALSO UNDER CONTRACT TO THE NAVAL MEDICAL CENTER, PORTSMOUTH, TO PROVIDE ALL NEONATAL AND PEDIATRIC MILITARY TRANSPORTS IN THE REGION. BESIDES GROUND TRANSPORTS IN OUR MOBILE ICUS, THE TEAM CAN RESPOND VIA FIXED WING AIRCRAFT OR HELICOPTER TRANSPORT WHEN MEDICALLY NECESSARY

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	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CHKD OPERATES THE REGION'S ONLY PEDIATRIC SURGERY PROGRAM, OFFERING YOUNG PEOPLE STATE-OF- THE-ART TREATMENT IN A SUPPORTIVE, NON-THREATENING ENVIRONMENT CREATED EXCLUSIVELY TO MEET THEIR NEEDS IN FY 15, SURGEONS PERFORMED 13,105 SURGERIES AT CHKD FACILITIES FOR A VAST RANGE OF PROBLEMS, FROM THE SIMPLEST OUTPATIENT PROCEDURES TO COMPLEX ORTHOPEDIC AND GENIT OURINARY SURGERIES (SEE OUTPATIENT SERVICES AND PROGRAMS FOR MORE INFORMATION OF CHKD'S S URGERY PROGRAM) CHKD EMPLOYS DOZENS OF PROFESSIONALS WHO PROVIDE EMOTIONAL, RECREATIONAL, SPIRITUAL AND PRACTICAL SUPPORT TO CHILDREN AND FAMILIES DURING HOSPITALIZATIONS THE WOR K OF THESE PROFESSIONALS COMPLEMENTS OUR EXPERT MEDICAL CARE TO CREATE A UNIQUE TREATMENT AND HEALING ENVIRONMENT FOR CHILDREN AND THEIR FAMILIES OUR CHAPLAINCY SERVICES PROVIDE E MOTIONAL SUPPORT, PASTORAL CARE, ETHICAL REFLECTION, BEREAVEMENT RESOURCES FOLLOW-UP AND S PIRITUAL GUIDANCE TO PATIENTS, FAMILIES AND STAFF WITH IN-HOSPITAL PRESENCE SEVEN DAYS A W EEK, WITH 24-HOUR ON-CALL AVAILABILITY CHAPLAINS SERVE ON THE TRAUMA TEAM AS PRIMARY PROV IDERS OF FAMILY SUPPORT THE HOSPITAL EMPLOYS THREE FULL-TIME CHAPLAINS, ONE PART-TIME AND FIVE PER-DIEM CHAPLAINS WHO REFLECT THE DIVERSITY OF THE COMMUNITY AND ARE PROFESSIONALLY TRAINED TO MEET THE VARIED SPIRITUAL NEEDS OF FAMILIES WITH RESPECT AND COMPASSION THE C HAPLAINS ALSO FACILITATE EDUCATIONAL PROGRAMS FOR HOSPITAL STAFF AND PHYSICIANS, AS WELL A S PLANNING AND PARTICIPATING IN OUTREACH TO THE COMMUNITY THE HOSPITAL EMPLOYS CHILD LIFE STAFF MEMBERS WHO HELP CHILDREN ADJUST AND COPE DURING HOSPITALIZATION THEIR GOAL IS TO MAKE THE CHILD'S HOSPITAL EXPERIENCE AS NORMAL AS POSSIBLE BY DEVELOPING SUPPORTIVE RELATI ONSHIPS WITH PATIENTS AND FAMILIES, PROVIDING AGE-APPROPRIATE PREPARATION FOR MEDICAL PROC EDURES, COPING STRATEGIES AND PLAY OPPORTUNITIES FOR CHILDREN TO RELIEVE STRESS CHILD LIF E STAFF MEMBERS ALSO SCHEDULE AND FACILITATE COMMUNITY GROUP VISITORS TO THE HOSPITAL AND MANAGE APPROXIMATELY 100 VOLUNTEERS WEEKLY THERE ARE THREE POPULAR ACTIVITY AREAS THROUGH OUT THE HOSPITAL, PROVIDING HOSPITALIZED CHILDREN OPPORTUNITIES FOR SOCIALIZATION AND CREA TIVE PLAY CHILD LIFE SPECIALISTS WORK WITH CHKD'S VOLUNTEER SERVICES DIVISION TO MANAGE T HE HOSPITAL'S POPULAR PET THERAPY PROGRAM, THE BUDDY BRIGADE, WHICH BRINGS VISITS OF DOG/H ANDLER TEAMS TO THE HOSPITAL SEVERAL TIMES EACH WEEK CHILD LIFE STAFF MEMBERS COLLABORATE WITH OTHER HOSPITAL STAFF TO PROVIDE SUPPORT GROUP FOR PARENTS AND SIBLINGS, AN ANNUAL TE DDY BEAR CLINIC AND INPATIENT DEVELOPMENTAL SCREENINGS CHKD's department of medical socia l w ork is comprised of 15 staff members w ho hold Master's in Social Work, eight of w hom ar e in supervision w orking tow ard their clinical licensure, and tw o family support specialis ts The primary focus of the department is psychosocial evaluation, support to families, c onnection to resources and managing adjustment to illnesses and hospitalization The Medic al Social Work department provides many services, including * facilitate support groups f or CHKD families dealing w ith trauma, chronic illness and loss * refer to CHKD's eligibili ty w orkers to complete applications for insurance coverage for medical care * coordinate referrals and ongoing communications to other community resources * aid in communication w ith families w ith the medical treatment teams by coordinating patient care conferences an d team meetings MEDICAL SOCIAL WORKERS ALSO FACILITATE A VARIETY OF SUPPORT GROUPS THAT HE LP PATIENTS AND FAMILIES CONNECT WITH OTHERS IN THE COMMUNITY WHO SHARE THEIR CHALLENGES CHKD SPONSORS SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES WITH HEART CONDITIONS, DIABET ES, TURNER'S SYNDROME, PRADER-WILLI SYNDROME, CANCER AND SICKLE CELL FAMILIES OF NICU PAT IENTS MEET PERIODICALLY TO SHARE INFORMATION, AND OUR RECREATION-BASED GROUP FOR BROTHERS AND SISTERS OF CHILDREN WITH SPECIAL NEEDS, CALLED SIBSHOPS, MEETS REGULARLY TO SUPPORT SI BLINGS THE MEDICAL SOCIAL WORK DEPARTMENT MANAGES THE HALO FUND OF DONATED MONIES TO ASSI ST PARENTS AND PATIENTS WITH THE COST OF TRANSPORTATION, MEALS, MEDICATIONS AND SPECIFIC N EEDS AT DISCHARGE. THESE DONATED FUNDS MAY ALSO BE USED IN EMERGENCY SITUATIONS TO ASSIST WITH SPECIAL NEEDS, WHICH HAVE CONSISTED OF PARTIAL OR ONE-TIME PAY MENTS FOR UTILITY SERVI CES NEEDED TO ENSURE THAT PATIENTS ARE DISCHARGED TO A HOME WITH A WAY TO SUPPORT THEIR ME DICAL NEEDS ON DISCHARGE. THIS FUND HELPED MORE THAN 800 FAMILIES IN FY 15 Due to the inc reasing need for mental health services, CHKD created the Behavioral Health Services depar tment The staff includes licensed clinical social w orkers and licensed professional couns elors The team provides integrated support to assist patients in the hospital and at five outpatient therapy locations in Virginia Beach, Chesapeake and Norfolk The team connects w ith the child's pediatrician, psychiatric provider, specialist and family to ensure the child receives comprehensive support Among the se

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	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	rvices our behavioral health department provides are the following * conduct psychosocial history and mental health assessments of patients outpatient, ED, and in-house * utilize evidence-based practices to offer brief therapy to in-house patients by physician referra l to address acute or chronic mental health issues * offer individualized behavior plans f or children with medical and behavioral issues admitted to CHKD for their medical conditio n * provide outpatient behavioral health services utilizing evidence-based treatment, cons isting of individual, family and group therapy * help patients and families deal with situ ational crises resulting from accident, illness or trauma * 24-hour per-diem coverage for nights, weekends, holidays During 2015, the CHKD's cultural/language services department continued to meet the needs of patients and families with limited English proficiency by c oordinating sign language interpreters, providing face-to-face Spanish interpretation and increasing access to 24/7 telephonic interpretation throughout the health system This has improved customer service and consistency of care In FY 15, CHKD provided interpretation services in 2 different languages for our limited English population through 7,429 outpat ient visits At the main hospital, the language services department provided Spanish medic al interpretation for 5,092 inpatient and outpatient visits The cultural/language service s department added a full-time MANAGERS and a part-time cultural liaison/Spanish medical i nterpreter at the main campus SIXTEEN dual-role staff members AND SEVEN PHYSICIANS contin ue to assist with Spanish medical interpretation within their departments OR CLINICAL AREA S AS THE REGIONAL PROVIDER OF PEDIATRIC CARE, CHKD IS AN INTEGRAL PART OF THE COMMUNITY'S NATURAL OR MAN-MADE DISASTER PLANNING EFFORTS THE HEALTH SYSTEM RECOGNIZES THE IMPORTANC E OF A NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) COMMUNITY INTEGRATED, ALL-HAZARD EMERGEN CY OPERATIONS PLAN THIS PLAN IS PREPARED, EXERCISED AND SHARED INTERNALLY AND EXTERNALLY WITH COMMUNITY, STATE, AND FEDERAL EMERGENCY RESPONSE AGENTS

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	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SECTION TWO OUTPATIENT SERVICES AND PROGRAMS CHKD ALSO OFFERS THE COMMUNITY MANY IMPORTAN T PEDIATRIC SERVICES ON AN OUTPATIENT BASIS IN 2015, CHILDREN MADE APPROXIMATELY 560,000 OUTPATIENT VISITS TO CHKD, ITS COMMUNITY-BASED HEALTH CENTERS AND AFFILIATED PHYSICIAN PRA CTICES THEY MADE 363,512 VISITS TO THE PRIMARY CARE PEDIATRICIANS OF CHKD'S MEDICAL GROUP , WHICH OFFERS CARE IN 17 PRACTICES WHO HAVE 28 OFFICES THROUGHOUT OUR SERVICE AREA CHKD' S SURGICAL SPECIALTY GROUP MAKES THE SERVICES OF THE REGION'S ONLY PEDIATRIC GENERAL, UROL OGICAL, CARDIAC, NEUROSURGICAL, PLASTIC AND ORTHOPEDIC SURGEONS AVAILABLE TO THOUSANDS OF CHILDREN WHO MIGHT OTHERWISE HAVE TO TRAVEL OUTSIDE OF THE AREA FOR SURGERY CHILDREN MADE 45,759 VISITS TO THE SURGICAL GROUP PRACTICES IN FY 15 THE SURGEONS PERFORMED 5,827 SURG ICAL CASES THE HOSPITAL ALSO PROVIDES CARE TO CHILDREN FACING HEALTH CONDITIONS SUCH AS C ANCER, GENETIC DISORDERS, OBESITY, HEART PROBLEMS, DEVELOPMENTAL DISABILITIES, ASTHMA/ALLE RGIES AND DIABETES THROUGH OUR OUTPATIENT SPECIALTY CLINICS OFFERING SPECIALIZED PEDIATRIC CARE IN FY 15, CHILDREN MADE 153,646 VISITS TO OUR OUTPATIENT CLINICS CHILDREN'S HOSPIT AL WAS FOUNDED ON THE PREMISE THAT ALL CHILDREN DESERVE EQUAL ACCESS TO QUALITY PEDIATRIC CARE AS OUR POPULATION GREW AND SETTLED INTO THE FAR CORNERS OF OUR BRIDGE AND TUNNEL LAC ED REGION, TRAVEL TO CHKD'S MAIN FACILITY IN NORFOLK BECAME MORE OF A HARDSHIP FOR FAMILIE S TO EASE THAT BURDEN AND IMPROVE CHILDREN'S ACCESS TO CARE IN EVERY CORNER OF OUR SERVIC E AREA, CHKD HAS ESTABLISHED MULTI-SERVICE HEALTH CENTERS IN STRATEGIC LOCATIONS * THE CH KD HEALTH AND SURGERY CENTER AT OYSTER POINT OFFERS FAMILIES WHO LIVE NORTH OF THE HAMPTON ROADS BRIDGE TUNNEL A WEALTH OF IMPORTANT SERVICES IN A CONVENIENT LOCATION THE CENTER I S HOME TO THE REGION'S FIRST PEDIATRIC AMBULATORY SURGERY CENTER OTHER SERVICES OFFERED A T THE SITE INCLUDE PRIMARY, SURGICAL AND SUB-SPECIALTY PEDIATRICS, LAB AND RADIOLOGY (INCL UDING ULTRASOUND AND MRI), AUDIOLOGY TESTING AND OCCUPATIONAL, SPEECH AND PHYSICAL THERAPY SPORTS MEDICINE PHYSICAL THERAPY, AQUATIC THERAPY AND CHILD ABUSE PROGRAM SERVICES ARE A LSO AVAILABLE THERE * THE CHKD HEALTH CENTER AT OAKBROOKE SERVES FAMILIES IN CHESAPEAKE A ND NORTHEASTERN NORTH CAROLINA IT IS HOME TO A PRIMARY CARE PEDIATRIC PRACTICE, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, X-RAY AND LAB SERVICES, A SPORTS MEDICINE GYM, SLEEP STU DIES UNIT AND THERAPY POOL, AS WELL AS CLINIC SPACE FOR A VARIETY OF PEDIATRIC SPECIALISTS AND SURGEONS PROVIDING EVALUATION, TREATMENT AND FOLLOW-UP * THE CHKD HEALTH AND SURGERY CENTER AT PRINCESS ANNE SERVES THE GROWING MEDICAL NEEDS OF FAMILIES IN VIRGINIA BEACH T HE CENTER IS HOME TO VIRGINIA BEACH'S FIRST AMBULATORY SURGERY CENTER EXCLUSIVELY FOR CHIL DREN BEACH FAMILIES CAN ALSO FIND PRIMARY CARE PEDIATRICIANS AND IN-HOUSE LAB AND RADIOLO GY SERVICES, INCLUDING MRI, AT THE CENTER OTHER SERVICES INCLUDE SPECIALTY CARE PEDIATRIC S FOR HELP WITH CHRONIC PROBLEMS SUCH AS ASTHMA AND DIABETES, CHKD'S CHILD ABUSE PROGRAM A ND PHYSICAL, SPEECH, OCCUPATIONAL AND SPORTS MEDICINE THERAPY * The CHKD Health Center at Butler Farm Road offers state of the art pediatric lab and X-ray services to families in Hampton The center offers a full range of diagnostic testing, physical, occupational and speech therapy, and sports medicine physical therapy to children and teens on the Peninsul a The new Health Center marks the Health System's 34th location and is part of CHKD's com mitment to provide convenient access to specialized pediatric care for the nearly 500,000 children in Hampton Roads * The CHKD Health Center at Harbour View North offers specializ ed pediatric care to families in Suffolk The addition of the facility at Harbour View Nor th marks the Health System's 35th location The new site offers appointments in pediatric dermatology, allergy, gastroenterology, cardiology and nephrology, as well as developmenta l pediatrics The CHKD Urgent Care at Volvo Parkway offers the only pediatric urgent care in the region, serving children with urgent, but not emergent medical needs Providers com monly see sore throats, fevers, sprains and strains, head injuries and other illness and i njuries that need prompt medical attention Since its opening in January 2015, 8,269 patie nts visited CHKD's Child Abuse Program coordinates the region's efforts to accurately ide ntify, treat and protect children w ho have been suspected of abuse or neglect The program provides comprehensive assessment, evaluation and treatment services, including an array of evidence-based mental health services, forensic interviewing, medical examinations and consultations, w hich include 24/7 coverage of acute sexual assaults of children The progr am also helps coordinate the efforts of investigative agencies involved in the investigati on and prosecution of abuse Children made 4,371 visits to the program in FY15 At an almo st 20 percent increase, the Child Abuse Program ha

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	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	s seen more clients than in any prior year In addition to the main Center in Norfolk, ser vices are also available at CHKD's outpatient centers in Virginia Beach and Newport News THE PROBLEM OF CHILDHOOD OBESITY POSES A SIGNIFICANT THREAT TO THE CURRENT AND FUTURE HEAL TH OF OUR CHILDREN IN RESPONSE TO THIS ALARMING PUBLIC HEALTH CRISIS, THE HOSPITAL PROVID ES A MULTI-DISCIPLINARY PEDIATRIC WEIGHT MANAGEMENT PROGRAM FOR CHILDREN BETWEEN 3 AND 18 YEARS OF AGE CALLED "HEALTHY YOU FOR LIFE." THE PROGRAM OFFERS CLINICAL AND PSYCHOSOCIAL E VALUATION AND PLANNING, ONGOING CLASSES TO HELP OVERWEIGHT YOUTH AND THEIR PARENTS MAKE LI FESTYLE CHANGES AND FOLLOW UP CLINICS FOR UP TO A YEAR THE EXERCISE COMPONENT OF THE PROG RAM IS STRENGTHENED BY THE ADDITION THIS YEAR OF AN EXERCISE SPECIALIST WHO CONDUCTS PERSO NAL TRAINING SESSIONS AS WELL AS GROUP FITNESS CLASSES FOR THE WHOLE FAMILY EXERCISE OPPO RTUNITIES LISTED ON OUR FITNESS CALENDAR ARE AVAILABLE WEEKDAYS AND WEEKENDS AROUND THE HA MPTON ROADS REGION TO ENHANCE A PATIENT'S ABILITY TO EMBRACE A HEALTHIER LIFESTYLE WE ALS O HAVE A REGIONAL PARTNERSHIP WITH THE YMCA WHICH OFFERS FAMILIES A SIX-WEEK TRIAL MEMBERS HIP ONCE THEY HAVE COMPLETED THE EIGHT-WEEK LIFESTYLE CLASS THE HEALTHY YOU FOR LIFE PROG RAM OFFERS INDIVIDUAL COUNSELING SESSIONS, USE OF MULTI-MEDIA COMMUNICATION SUCH AS E-MAIL S, TEXT MESSAGES AND A FACEBOOK PAGE AS A WAY TO KEEP CONNECTED WITH OUR PATIENTS AND ENCO URAGE POSITIVE LIFESTYLE CHANGES IN FY 15, 341 PATIENTS GENERATED 925 CLINIC VISITS CHKD 'S DIABETES EDUCATION PROGRAM HELPS APPROXIMATELY 1,300 LOCAL CHILDREN WHO LIVE WITH THE C HRONIC DISEASE TWO CERTIFIED DIABETES EDUCATORS, A SOCIAL WORKER, NURSE AND DEPARTMENT CO ORDINATOR HELP PATIENTS AND FAMILIES AT THE ONSET OF THE DISEASE AND UNTIL ADULTHOOD THE DIABETES CENTER PROVIDES INPATIENT AND OUTPATIENT CLINICAL MANAGEMENT, DIABETES EDUCATION, SUPPORT GROUPS, AND PROFESSIONAL AND COMMUNITY EDUCATION PROGRAMS A TRANSITION PROGRAM H ELPS THE OLDER TEENS AND YOUNG ADULTS BEGIN TRANSFERRING CARE TO ADULT PROVIDERS IN THE CO MMUNITY CHILDREN MADE 676 VISITS TO THE DIABETES CENTER IN FY 15 THE CHILDREN'S CANCER A ND BLOOD DISORDERS CENTER IS ONE OF THE HOSPITAL'S BUSIEST OUTPATIENT SPECIALTY CLINICS WI TH 7,566 PATIENT VISITS IN FY 15 THE PROGRAM PROVIDES CARE TO YOUNG PEOPLE WITH CANCER, S ICKLE CELL DISEASE, BLEEDING AND OTHER BLOOD DISORDERS THROUGH TREATMENT PROGRAMS THAT ENC OMPASS CHILDREN'S PHYSICAL, EMOTIONAL AND EDUCATIONAL NEEDS AND INCORPORATES THE WHOLE FAM ILY THE REGION'S ONLY PEDIATRIC EMERGENCY CENTER IS LOCATED AT CHKD IN 2015, CHILDREN MA DE 50,798 VISITS TO OUR EMERGENCY CENTER CHILDREN'S HOSPITAL OFFERS THE ONLY PEDIATRIC RE NAL DIALYSIS SERVICE IN THE AREA DIALYSIS IS A TIME-CONSUMING PROCESS AND CHILDREN APPREC IATE THE CHANCE TO HAVE THE SERVICE IN A SETTING WHERE THEY CAN MEET WITH FRIENDS THEIR OW N AGES AS WELL AS HOSPITAL SUPPORT STAFF AND SCHOOL TEACHERS CHILDREN MADE 2,565 RENAL AN D DIALYSIS VISITS IN FY 15 ONE MARK OF CHKD'S DISTINCTIVE PEDIATRIC CARE HAS ALWAYS BEEN CHILD-CENTERED DIAGNOSTIC SERVICES, SUCH AS RADIOLOGY AND LABORATORY OVER THE PAST SEVERA L YEARS, CHKD HAS WORKED HARD TO MAKE THESE UNIQUE SERVICES MORE ACCESSIBLE TO FAMILIES TH ROUGHOUT OUR SERVICE REGION The hospital now has laboratories in its Oyster Point, Prince ss Anne, Oakbrooke, Burnett's Way Health Centers as well as draw sites at Kempsville in No rfolk and Butler Farm in Hampton On January 7, 2015 a full service laboratory opened with the new Urgent Care Center at Volvo in Chesapeake THE LABORATORY ALSO OPERATES A COURIER SERVICE THAT FACILITATES QUICK TURNAROUND OF SPECIMENS OF THE 684,118 TESTS PERFORMED IN FY 15, MORE THAN 61 PERCENT WERE FOR OUTPATIENTS

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	CHKD RADIOLOGY SERVICES ARE ALSO AVAILABLE TO FAMILIES AT OUR CHKD	FACILITIES IN NEWPORT NEWS, CHESAPEAKE, SUFFOLK, HAMPTON, NORFOLK AND VIRGINIA BEACH THE RADIOLOGY DEPARTMENT IS A FULLY-INTEGRATED DIGITAL IMAGING CENTER THAT ALLOWS DIAGNOSTIC I MAGES AND REPORTS TO BE TRANSMITTED AND VIEWED ELECTRONICALLY IN 2015, 90,858 DIAGNOSTIC EXAMS WERE PERFORMED, INCLUDING X-RAYS, FLUOROSCOPIC TESTS, URODYNAMICS AND BONE DENSITY T ESTS, CT AND MRI SCANS, ULTRASOUND AND NUCLEAR MEDICINE STUDIES APPROXIMATELY 75 PERCENT WERE OUTPATIENT BASED STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS CHKD'S REHABILITATIVE THERAPY SERVICES ARE OFFERED IN LOCATIONS THROUGHOUT THE COMMUNITY, INCLUDING NORFOLK, CHE SAPEAKE, VIRGINIA BEACH, SUFFOLK, HAMPTON, AND NEWPORT NEWS IN ADDITION TO ITS HIGHLY SPE CIALIZED PEDIATRIC PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, THE DEPARTMENT ALSO OFFERS * AQUATIC THERAPY - PHYSICAL AND OCCUPATIONAL THERAPISTS WORK WITH CHILDREN IN THE WATER T O HELP RELAX TIGHT MUSCULATURE, INCREASE RANGE OF MOTION AND IMPROVE STRENGTH, BALANCE AND ENDURANCE * ASSISTIVE TECHNOLOGY/AUGMENTATIVE PROGRAM - SERVICES PROVIDED FOR CHILDREN W HO ARE UNABLE TO COMMUNICATE VERBALLY OR THROUGH GESTURES DUE TO VARIOUS MEDICAL CONDITION S IN FY 15, WE DID 195 AUGMENTATIVE COMMUNICATION EVALUATIONS * CAR SEAT PROGRAM - SPECI ALLY TRAINED THERAPISTS OFFER CAR SEAT SAFETY RESTRAINT EVALUATIONS FOR PATIENTS WITH SPEC IAL NEEDS IN FY 15, WE DID 378 CAR SEAT EVALUATIONS, DISTRIBUTED 303 SPECIAL NEEDS CAR SE ATS AND PARTICIPATED IN FIVE COMMUNITY-BASED CAR SEAT SAFETY CHECKS THROUGH THIS PROGRAM * WHEELCHAIR CLINIC - CERTIFIED THERAPISTS COMPLETE A COMPREHENSIVE EVALUATION TO DETERMIN E AND PRESCRIBE THE APPROPRIATE WHEELCHAIR AND SEATING SYSTEM CHILDREN MADE ALMOST 944 VI SITS TO THIS CLINIC IN FY 15 FOR EVALUATION AND TECHNICAL ADJUSTMENTS SECTION THREE COMM UNITY OUTREACH CHKD REACHED FAMILIES IN THEIR HOMES, DOCTORS' OFFICES, NEIGHBORHOODS AND C OMMUNITY CENTERS WITH A WIDE VARIETY OF PROGRAMS AND PUBLICATIONS THAT PROMOTE WELLNESS, P REVENT INJURIES AND STRENGTHEN FAMILIES OUR COMMUNITY OUTREACH EXPERTS COORDINATED A TOTA L OF 426 PARENT, PROFESSIONAL, AND STUDENT PROGRAMS THAT BROUGHT IMPORTANT HEALTH, SAFETY AND WELLNESS INFORMATION TO MORE THAN 45,542 PARTICIPANTS THROUGH THE KOHL'S CARES FUNDIN G, THE KOHL'S KIND KIDS PROGRAM AND EDUCATIONAL MATERIALS HAVE REACHED MORE THAN 27,969 OF THE 45,542 CHILDREN AND FAMILIES IN THE COMMUNITY CHKD IS A SITE OF THE NATIONAL "REACH OUT AND READ" LITERACY PROGRAM, WHICH ENCOURAGES READING BY DISTRIBUTING FREE BOOKS TO CHI LDREN AT THEIR WELL CHILD VISITS TO THEIR PEDIATRICIANS THROUGH THE DONOR FUNDED PROGRAM, CHKD'S PRIMARY CARE PEDIATRICIANS GAVE MORE THAN 65,011 BOOKS TO CHILDREN IN FY 15 In FY 15 CHKD's website, www chkd org, continues to be a popular and effective method of communi cation, averaging more than 130,000 unique visitors a month, a 30 percent increase over la st year The content management system that is in place allows multiple users to create an d update content as needed www chkd org is a responsive design site and automatically for mats itself to any device (PC, tablet or smartphone) - no app needed Clickable phone numb ers and interactive maps make it easy for our patients to call or find any practice, and f amilies have easy access to test results, shot records, and can even request prescription refills and make appointments online straight from the homepage by accessing the MyCHKD pa tient portal Enhanced physician profiles, including clickable phone numbers, interactive maps, biographical information and a link to the physician's practice make it easier than ever to choose the doctor that's right for you CHKD continues to utilize social media out lets such as Facebook, Twitter, LinkedIn, Pinterest and Instagram to increase direct inter action with our patients and their families The website continues to be a resource for ou r services and health information CHKD IS ONE OF SIX LOCATIONS IN THE STATE FOR THE CARE CONNECTION FOR CHILDREN (CCC), THE STATE FUNDED TITLE V PROGRAM THAT PROVIDES COMPREHENSIV E CARE COORDINATION, INFORMATION AND REFERRAL FOR CHILDREN AND YOUTH WITH SPECIAL HEALTHCA RE NEEDS THERE ARE MORE THAN 12,000 CHILDREN WITH SPECIAL HEALTHCARE NEEDS IN THE REGION' S PUBLIC HEALTH DISTRICTS IN FY 15, CARE CONNECTION ASSISTED WITH 627 INFORMATION AND REF ERRAL CALLS AND PROVIDED CASE MANAGEMENT SERVICES TO APPROXIMATELY 550 FAMILIES FINANCIAL ASSISTANCE WAS PROVIDED FOR 53 CHILDREN, AND YOUTH WHO WERE UNINSURED OR UNDER INSURED, A ND 190 FAMILIES WERE ASSISTED IN APPLYING FOR STATE HEALTH PROGRAMS, to include Virginia's Waiver services The CCC staff hosted bi-monthly education sessions for Spanish-speaking families, including sessions about stress and raising a child with special needs and, in c onjunction with PEATC, understanding special education Two resident trainings were held o n community resources and pediatric transition for medically complex youth aging out of th e pediatric health care system In our Families as

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	CHKD RADIOLOGY SERVICES ARE ALSO AVAILABLE TO FAMILIES AT OUR CHKD	Educators program, 12 community families taught 18 residents about their experiences rais ing children and youth w ith special healthcare needs CHKD'S PHYSICIANS, ADMINISTRATORS AN D STAFF MEMBERS LEND THEIR KNOWLEDGE AND TIME AS VOLUNTEERS TO MANY NATIONAL, STATE AND LO CAL ORGANIZATIONS THAT SHARE OUR CONCERN FOR CHILDREN THESE INCLUDE THE NATIONAL ASSOCIAT ION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS, THE AMERICAN ACADEMY OF PEDIATRICS, THE CHILDREN'S MIRACLE NETWORK, THE NATIONAL SAFE KIDS CAMPAIGN, THE UNITED WAY, THE VIRGI NIA HOSPITAL ASSOCIATION AS WELL AS LOCAL ORGANIZATIONS SUCH AS VOLUNTEER HAMPTON ROADS AN D THE AMERICAN RED CROSS SECTION FOUR MEDICAL EDUCATION AND RESEARCH CHKD INVESTS IN THE PRESENT AND FUTURE HEALTH OF OUR CHILDREN THROUGH A VARIETY OF RESEARCH PROGRAMS AND EDUC ATIONAL ACTIVITIES CHILDREN'S HOSPITAL IS HOME TO EASTERN VIRGINIA MEDICAL SCHOOL'S (EVMS) PEDIATRIC RESIDENCY PROGRAM, WHERE NEW PHYSICIANS BECOME SPECIALISTS IN THE FIELD OF PED IATRICS MANY OF THEM STAY IN THIS COMMUNITY OR IN THE STATE TO PRACTICE PEDIATRICS AFTER THEY COMPLETE THEIR RESIDENCIES CHKD ALSO SERVES AS THE EXCLUSIVE PEDIATRIC TEACHING SITE FOR RESIDENTS IN FAMILY MEDICINE PRACTICE, EMERGENCY PRACTICE, ENT AND PHYSICIAN ASSISTAN TS, AS WELL AS THE EXCLUSIVE SITE FOR SOME 110 MEDICAL SCHOOL STUDENTS FOR THEIR PEDIATRIC ROTATION CHKD PROVIDES A SETTING FOR MANY CLINICAL RESEARCH TRIALS HIGHLIGHTS OF THE BA SIC SCIENCE RESEARCH INCLUDE PROTECTION OF THE NEWBORN BRAIN FROM THE EFFECTS OF HYPOXIC I NJURY, NEW INNOVATIONS TO COMBAT SERIOUS INVASIVE INFECTION, MANAGEMENT OF AUTISM, AND EME RGENCY INTERVENTIONS FOR ASTHMA IN ADDITION, RESEARCH INCLUDES NEW MEDICATIONS AND OTHER THERAPIES, CLINICAL OUTCOMES ANALYSES AND EPIDEMIOLOGICAL STUDIES SANCTIONED BY THE EASTER N VIRGINIA MEDICAL SCHOOL INSTITUTIONAL REVIEW BOARD (IRB) THERE WERE 182 IRB APPROVED AC TIVE FUNDED STUDIES IN FY 15 TOPICS OF STUDY INCLUDED HEMATOLOGY/ONCOLOGY, ALLERGY/ASTHMA , INFECTIOUS DISEASE, NEUROLOGY, PEDIATRIC SURGERY, CARDIOLOGY, OTOLARYNGOLOGY, PULMONOLOG Y, GASTROENTEROLOGY, CHILD ABUSE, ENDOCRINOLOGY, DERMATOLOGY, NEONATOLOGY AND MENTAL HEALT H MANY OF THESE STUDIES ARE STAGE THREE CLINICAL TRIALS THAT BRING CUTTING EDGE TREATMENT S TO CHKD PATIENTS YEARS BEFORE THEY ARE AVAILABLE TO THE PUBLIC IN ADDITION, THERE IS AN INCREASED FOCUS ON REGISTRY STUDIES ACROSS ALL DISCIPLINES DATA COLLECTED IN THESE REGIS TRIES IS INTENDED TO STANDARDIZE OPTIMAL LEVELS OF CARE AND LEAD TO IMPROVED PATIENT OUTCO MES Our Division of Community Health and Research has focused on conditions and issues im pacting children's health w ith an emphasis on health disparities in the cities of the Hamp ton Roads region, w estern Tidew ater, and the rural Eastern Shore Current areas of emphasi s include childhood obesity, asthma, immunization, e-cigarette use by adolescents and youn g adults, teen pregnancy, infant and child passenger safety, teen alcohol abuse, and autis m

Return Reference	Explanation
The Nuss Procedure for the correction of pectus excavatum, developed	at CHKD more than 20 years ago, continues to draw national attention from both patients and surgeons In FY15, CHKD's surgeons hosted the 13th annual workshop on the surgical procedure, teaching a minimally invasive, gentler correction for this common birth defect to more than 40 surgeons from all over the United States, Europe, Asia and the Middle East In 2009, CHKD initiated bracing therapy for the treatment of pectus carinatum, a defect that is the opposite of pectus excavatum Since this initiation, the hospital has treated more than 300 patients with a brace, 85 percent of those patients have experienced a correction of their chest wall deformity and have not needed surgery In FY15, the hospital expanded services to include a non-invasive treatment therapy for less severe pectus excavatum cases The hospital continues its endeavors on multiple research studies in an effort to further understand chest wall deformities To date, more than 2,000 surgical patients have undergone the Nuss Procedure at CHKD The hospital will host the Chest Wall International Group in June 2016, a three-day, intensive workshop for pediatric, general and cardiothoracic surgeons, which will include demonstrations and discussions about surgical and non-surgical treatment of pectus excavatum and pectus carinatum CHKD IS A MEMBER OF CHILDREN'S ONCOLOGY GROUP (COG), AN INTERNATIONAL RESEARCH GROUP THAT CONDUCTS CLINICAL TRIALS FOR CHILDREN WITH CANCER AS A MEMBER, CHKD HAS ACCESS TO THE LATEST PROTOCOLS FOR TREATMENT OF CHILDHOOD CANCER, PROVIDING THE COMMUNITY AND REGION WITH THE BEST PRACTICES AND TREATMENT RESULTS FROM MORE THAN 240 COG-MEMBER HOSPITALS IN NORTH AMERICA, AUSTRALIA, NEW ZEALAND AND EUROPE IN FY 15, CHKD HAD 88 COG STUDIES OPEN TO ENROLLMENT OR UNDERGOING DATA ANALYSIS SEVERAL OF THESE STUDIES WERE INCLUDED IN COG'S LONG-TERM FOLLOW-UP STUDY, WHICH COLLECTS DATA ON PATIENTS WHO HAVE PARTICIPATED IN STUDIES THAT ARE NO LONGER OPEN TO ENROLLMENT In all, approximately 220 CHKD patients participated in either open or follow-up COG studies in FY15 The Hematology/Oncology division had 35 research studies open that were not COG studies IN FY 15, CHKD HOSTED 82 INDIVIDUAL CONTINUING MEDICAL EDUCATION EVENTS IN VARIOUS LOCATIONS THROUGHOUT THE REGION, HELPING CHILD HEALTH EXPERTS IN OUR REGION KEEP UP WITH THEIR SKILLS AND THEIR ACCREDITATION

Return Reference	Explanation
PART VI, SECTION A LINES 6, 7A, 7B & 11	LINE 6 CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED IS A VIRGINIA NON-STOCK CORPORATION WITH A SOLE MEMBER THE SOLE MEMBER OF CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED IS CHILDREN'S HEALTH SYSTEM, INC , A VIRGINIA NON-STOCK NOT-FOR-PROFIT CORPORATION PURSUANT TO SECTION 13 1-852 1 OF THE CODE OF VIRGINIA, CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED IS MANAGED BY ITS SOLE MEMBER, CHILDREN'S HEALTH SYSTEM, INC LINE 7A CHILDREN'S HEALTH SYSTEM, INC , THE SOLE MEMBER OF CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED, IS A VIRGINIA NON-STOCK NOT-FOR-PROFIT CORPORATION PURSUANT TO SECTION 13 1-852 1 OF THE CODE OF VIRGINIA, CHILDREN'S HEALTH SYSTEM, INC , THE SOLE MEMBER OF CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED, MANAGES CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS ACCORDINGLY, THE BOARD OF DIRECTORS OF CHILDREN'S HEALTH SYSTEM, INC IS THE GOVERNING BODY FOR CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED AS A VIRGINIA NON-STOCK CORPORATION, CHILDREN'S HEALTH SYSTEM, INC HAS MEMBERS THAT ELECT THE BOARD OF DIRECTORS OF CHILDREN'S HEALTH SYSTEM, INC THE MEMBERS OF CHILDREN'S HEALTH SYSTEM, INC THAT ELECT THE BOARD OF DIRECTORS OF CHILDREN'S HEALTH SYSTEM, INC ARE THE CLASS A MEMBERS OF CHILDREN'S HEALTH SYSTEM, INC (I E, THE THEN CURRENT MEMBERS IN GOOD STANDING OF THE NORFOLK CITY UNION OF THE KING'S DAUGHTERS, INC , A VIRGINIA NON-STOCK NOT-FOR-PROFIT CORPORATION) AND THE CLASS B MEMBERS OF CHILDREN'S HEALTH SYSTEM INC (I E, THE THEN CURRENT DIRECTORS ON THE BOARD OF DIRECTORS OF CHILDREN'S HEALTH SYSTEM, INC) LINE 7B THE FOLLOWING DECISIONS OF THE BOARD OF DIRECTORS OF CHILDREN'S HEALTH SYSTEM, INC , WHICH IS THE GOVERNING BODY FOR CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, INCORPORATED, ARE SUBJECT TO APPPROVAL BY THE CLASS A AND CLASS B MEMBERS OF CHILDREN'S HEALTH SYSTEM, INC 1) ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE CORPORATION, AND 2) ANY PROPOSED MERGER OR CONSOLIDATION OF THE CORPORATION, OR ANY SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, OF THE PROPERTY AND ASSETS OF THE CORPORATION LINE 11 THE 990 IS PREPARED USING THE ANNUAL FINANCIAL STATEMENTS THAT ARE REVIEWED BY THE BOARD AND AUDITED ANNUALLY AS A PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF CHILDREN'S HEALTH SYSTEM, INC UPON COMPLETION OF THE DRAFT OF THE RETURN A DETAIL REVIEW IS PERFORMED BY SEVERAL MEMBERS OF STAFF AND MANAGEMENT PRIOR TO FILING WITH THE IRS, THE BOARD IS PROVIDED A COPY TO REVIEW

Return Reference	Explanation
POLICIES & DISCLOSURE ITEMS	990 PART VI SECTIONS B & C CONFLICT POLICY CONSIDERATIONS CHKD CONFLICT OF INTEREST POLICY INCLUDES OFFICERS, MEMBERS OF THE BOARD OF DIRECTORS AND BOARD COMMITTEES, KEY EMPLOYEES, ALL OTHER EMPLOYEES, PROFESSIONAL STAFF AND SUBSTANTIAL DONORS ANNUALLY, A QUESTIONNAIRE IS DISTRIBUTED AND COLLECTED FROM OFFICERS, MEMBERS OF THE BOARD OF DIRECTORS AND BOARD COMMITTEES AND KEY EMPLOYEES THE QUESTIONNAIRES ARE REVIEWED BY THE LEGAL DEPARTMENT FOR KNOWN CONFLICTS, THE PERSON INVOLVED RECUSES HIMSELF OR HERSELF FROM DELIBERATIONS REGARDING THE TRANSACTION VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY ARE REPORTED TO THE CHKD BOARD CHAIR OR THE CHKD COMPLIANCE OFFICER, AS APPLICABLE, AND MAY REQUIRE CORRECTIVE ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT COMPENSATION PROCESS CONSIDERATIONS CHILDREN'S HEALTH SYSTEM ESTABLISHES THE COMPENSATION OF THE CEO JAMES DAHLING CHILDREN'S HEALTH SYSTEM AND CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS USE THE FOLLOWING PROCESS TO ESTABLISH COMPENSATION FOR OFFICERS AND KEY EMPLOYEES AN INDEPENDENT COMPENSATION CONSULTANT APPROVED AND RETAINED BY THE COMPENSATION COMMITTEE OF THE BOARD ANNUALLY, USUALLY IN APRIL, PROVIDES EDUCATION AND PRESENTS TO THE FULL BOARD COMPARATIVE SALARIES AND SALARY RANGES FROM A DATABASE COMPRISED OF CHILDREN'S HOSPITALS AND OTHER APPLICABLE HOSPITALS FOR OFFICERS & EXECUTIVES FOR THE BOARD TO REVIEW THE COMPENSATION COMMITTEE WITH THE AID OF THE CONSULTANT REVIEWS AND MAKES DECISIONS AS TO EXECUTIVE SALARIES OF CHKD AND ITS SUBSIDIARIES THOSE SALARY CHANGES AND APPROVALS ARE CONTEMPORANEOUSLY DOCUMENTED BY MINUTES MAINTAINED BY THE COMPENSATION COMMITTEE AND SIGNED BY THE CHAIRMAN OF THE BOARD PART VI, C, LINE 19 FINANCIAL STATEMENTS (PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF CHILDREN'S HEALTH SYSTEM, INC) ALONG WITH GOVERNING DOCUMENTS OF THE ORGANIZATION INCLUDING THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC THROUGH DIRECT INQUIRY AND REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS IS MADE UP OF Donated Services (579,200) Unrealized Gain on Derivative (879,885) Change in endowments (37,978)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Employer identification number
54-0506321

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHILDREN'S MEDICAL TOWER LLC 601 CHILDRENS LANE NORFOLK, VA 23507	LESSOR	VA	1,971,297	21,741,186	CHILDREN'S H

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) CHILDREN'S HEALTH SYSTEM INC 601 CHILDRENS LANE NORFOLK, VA 23507 54-1278830	HEALTHCARE	VA	501 (C) (3)	11A	NA		No
(2) CHILDREN'S HEALTH FOUNDATION INC 601 CHILDRENS LANE NORFOLK, VA 23507 54-1278865	SUPP CHKD	VA	501 (C) (3)	11a	NA		No

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CHILDREN'S SURGICAL SPECIALTY GROUP INC 601 CHILDRENS LANE NORFOLK, VA 23507 31-1610834	HEALTHCARE	VA	NA	C CORP					
(2) CHILDREN'S MEDICAL GROUP INC 601 CHILDRENS LANE NORFOLK, VA 23507 54-1778786	HEALTHCARE	VA	NA	C CORP					
(3) CMG OF NORTH CAROLINA INC 601 CHILDRENS LANE NORFOLK, VA 23507 56-1960102	Healthcare	NC	NA	C CORP					
(4) CHILDREN'S HEALTH SYSTEM INSURANCE LTD 4TH FL 41 CEDAR AVENUE HAMILTON HM12 BD BD	INSURANCE	BD	NA	C CORP					

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

		Yes	No
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 orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHILDREN'S SURGICAL SPECIALTY GROUP INC	J	816,780	BOOK VALUE
CHILDREN'S MEDICAL GROUP INC	J	690,772	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	P	11,803,795	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	E	883,569	BOOK VALUE
CMG OF NORTH CAROLINA	Q	125,106	BOOK VALUE
CHILDREN'S MEDICAL GROUP INC	Q	3,062,373	BOOK VALUE
CHILDREN'S FOUNDATION INC	B	5,709,632	BOOK VALUE
CHILDREN'S SURGICAL SPECIALTY GROUP INC	D	3,802,927	BOOK VALUE
CHILDREN'S MEDICAL GROUP INC	D	288,024	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	B	9,500,000	CASH
CHILDREN'S HEALTH SYSTEM INC	B	1,043,248	CASH
CHILDREN'S HEALTH SYSTEM INC	B	649,376	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	C	1,745,000	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	B	4,070,910	FMV
Children's Health System Inc	L	574,150	BOOK VALUE