

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENDED TO MAY 15, 2017

, 990 Form

*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.

Open to Public Inspection

OMB No 1545-0047

Α	For	the 2	D15 calendar year, or tax year beginning JUL 1, 2015	and ending	JU	N 30, 2016			
В	Check	r if able	C Name of organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE,			D Employer identifi	ication number		
Г	Ad	dress ange	INC.		- 1				
F	√∏Na	71-069	1/931						
F	== ini	ange lial							
F	Fin	urn al	Number and street (or P.O. box if mail is not delivered to street address) 13 CHILDREN'S WAY	E Telephone number	er 364-2555				
<u> </u>	ter	urn/ min-					27,781,310.		
Г	ate —∏Aлт	nended	City or town, state or province, country, and ZIP or foreign postal or LITTLE ROCK, AR 72202	ode	ŀ	G Gross receipts \$			
F		urn plica-	F Name and address of principal officer.GREGORY L. KEARNS			H(a) Is this a group r for subordinates			
_	——Itio	n nding	SAME AS C ABOVE			H(b) Are all subordinates			
_	Tax		<u>' , , , , , , , , , , , , , , , , , ,</u>	17(a)(1) or	527	· •	list (see instructions)		
			► WWW.ARCHILDRENS.ORG	+1 (a)(1) 01	$\overline{}$	H(c) Group exemption	_		
			panization: X Corporation Trust Association Other	- 		````	M State of legal domicile: AR		
_	art	_	ummary		real U	riomation, 1990	VI State of legal dollliche, 121		
-	T 4		efly describe the organization's mission or most significant activities:	O TMPROVE O	יודאי	DREN'S HEALTH			
Activities & Governance	'		VELOPMENT AND WELL BEING THROUGH HIGH QUALITY RESEARC			<u> </u>			
5	2	_	eck this box I if the organization discontinued its operations		more	than 25% of its net a	ssets		
Š	3		mber of voting members of the governing body (Part VI, line 1a)	, a.sposou o		3	12		
Ğ	4		mber of independent voting members of the governing body (Part VI, I	ne 1h)		4	9		
ος (1)	5		tal number of individuals employed in calendar year 2015 (Part V, line 2	•		5	191		
ij	6		tal number of volunteers (estimate if necessary)	,		6	37		
Ę.	7		tal unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
ď			t unrelated business taxable income from Form 990-T, line 34			7b	0.		
_	+	D_INC	t difference business taxable income from 1 on 1 550-1, line 54		T^-	Prior Year	Current Year		
	, ₈	Co	ntributions and grants (Part VIII, line 1h)		\vdash	28,819,959.	27,673,466.		
Revenue	9		ogram service revenue (Part VIII, line 2g)			0.	0.		
Ve	10		estment income (Part VIII, column (A), lines 3, 4, and 7d)			-10,372.	18,098.		
ď	11		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,180.	89,746.				
	12		ral revenue - add lines 8 through 11 (must equal Part VIII, column (A), III	ne 12)	-	28,857,767.	27,781,310.		
	13		ants and similar amounts paid (Part IX, column (A), lines 1-3)	16 12/	\vdash	291,063.	203,623.		
	14		nefits paid to or for members (Part IX, column (A), line 4)		\vdash	0.	0.		
v	l l		aries, other compensation, employee benefits (Part IX, column (A), line	s 5.10)	 	18,673,203.	3. 17,441,070.		
Expenses	16		ofessional fundraising fees (Part IX, column (A), line 11e)	:\$ J-10)	-	0.	0.		
De l			ral fundraising expenses (Part IX, column (D), line 25)	0.					
й	1 17		ner expenses (Part IX, column (A), lines 11a-11d, 11f:24e)			9,588,145.	9,341,876.		
	18		al expenses. Add lines 13-17 (must equal Part IX, column (A), line, 25)=			28,552,411.	26,986,569.		
	19		venue less expenses. Subtract line 18 from line 12	INTO		305,356.			
50		110	venue less expenses. Subtract fine 10 front fine 12		Bea	inning of Current Year	End of Year		
ets	일 20	Tot	al assets (Part X, line 16)		1,500	34,998,086.	40,797,459.		
Net Assets	21		al assets (Part X, line 16)	9 2017	+-	2,155,649.	2,595,102.		
Ę.	22		assets or fund balances Subtract line 21 from line 20			32,842,437.	38,202,357.		
ΓĔ	art	IT TS	Signature Block		- <u>- 8</u>				
	_		s of perjury, I declare that I have examined this return, including accompanying-		ateme	nts, and to the best of m	ny knowledge and belief, it is		
	-		nd complete. Declaration of preparer (other than officer) is based on all informa			•	.,,,,,		
_	,	1							
Sic	n		Signature of officer			Date			
Here GREGORY L. KEARNS, PRESIDENT Hope Of SMAY									
•••			Type or print name and title				/		
		Pr	int/Type preparer's name Preparer's signature		Di	ate Check	PTIN		
Pa	iđ	- 1		inkl	4	+/2 7/17 If self-emplo	 ved P00448640		
	pare	<u> </u>	m's name KPMG, LLP			Firm's EIN	13-5565207		
Use Only Firm's address 300 NORTH GREENE STREET, SUITE 400									
GREENSBORO, NC 27401 Phone no.336-275-3394									
Ma	v the	IRS.	discuss this return with the preparer shown above? (see instructions)			11 110110 110.000	X Yes No		
		2-16-15		estructions			Form 990 (2015)		
	"		, Ji i apartiani nagaanan nat natiaata, ace tile separate n				. 5.,,,, === (25,0)		

	m 990 (2015) INC.	71-0694931	Page 2
P	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO IMPROVE CHILDREN'S HEALTH, DEVELOPMENT AND WELL BEING THROUGH HIGH		
	QUALITY RESEARCH.		
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 X No
	If "Yes," describe these new services on Schedule O.	r	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	'	Yes X 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	•	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total ex	penses, and
	revenue, if any, for each program service reported.		21.515
4a	(Code	ue \$	94,746.)
	THE VISION OF ARKANSAS CHILDREN'S RESEARCH INSTITUTE IS TO BE A LEADER		
	IN CUTTING-EDGE RESEARCH THAT IMPROVES THE HEALTH AND WELL-BEING OF		
	CHILDREN AND THEIR FAMILIES.		
	THE CHARGE OF SUITA VISCIAN ARRANGIA CHILIDDENIA PROPERCY THASTERING ATEC		
	IN SUPPORT OF THIS VISION, ARKANSAS CHILDREN'S RESEARCH INSTITUTE AIMS		
	TO (1) RECRUIT AND RETAIN HIGHLY QUALIFIED SCIENTISTS; (2) PROVIDE AN		
	EXCEPTIONAL ENVIRONMENT FOR RESEARCH; (3) SEEK AND OBTAIN APPROPRIATE FUNDING FOR RESEARCH; (4) MANAGE AND LEVERAGE RESOURCES TO SUCCEED IN		
	ITS MISSION; (5) SUPPORT TRANSFER OF DISCOVERIES TO INDUSTRY TO CREATE JOBS IN ARKANSAS; (6) FORM PRODUCTIVE COLLABORATIONS WITH OTHER		
	INSTITUTIONS ESPECIALLY THOSE IN ARKANSAS; (7) PROMOTE A STRONG	 _	
	RESEARCH CAPABILITY TO SUPPORT RECRUITMENT OF THE BEST POSSIBLE		
			 -
4b	(Code) (Expenses \$	16 2	,
			
			
			
			
4c	(Code) (Expenses \$ Including grants of \$) (Revenue		
₩.	(Code) (Expenses #) (Hevenu		
			
			
			
4.4	Other program convices (Decembe in Schodule O.)		
4d	Other program services (Describe in Schedule O.)		
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 21,918,795.		<u></u>
+0	Total program service expenses P		Form 990 (2015)

532002 12-16-15 Form 990 (2015) INC.

Part IV Checklist of Required Schedules 71-0694931

			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	X	┼
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	 ^	}
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			x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	┼	 ^
4	during the tax year? If "Yes," complete Schedule C, Part II	4	}	l x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 "	_	 ^
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		 -
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ł	x
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	1	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		Ι_
	Schedule D, Part III	8]	х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_	 	T
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9	l	х
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	х	
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		11.	
	as applicable.		2	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	1
	Part VI	11a	х	l.
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		х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		}
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	i '		ļ
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
ь	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	<u>x</u>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			v
4=	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45	- 1	х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		ŀ	х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	16		 -
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	,,		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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	l	x
		Form	990 n	
			v	/

Form 990 (2015) INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
t	of "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	x	1
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	1	x
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		1	1
	Schedule J	23	х	1
24 a	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	I		
	Schedule K If "No", go to line 25a	24a	l	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		х
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	1		1
	Schedule L, Part I	25b		х
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,"	1		ļ
	complete Schedule L, Part II	26		х
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			ŀ
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		, * ,	١,
	instructions for applicable filing thresholds, conditions, and exceptions):		- 4	-
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1 [
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ <u>x</u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		i	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	∤	—
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1 1	ì	
	If "Yes," complete Schedule R, Part V, line 2	36	\rightarrow	<u>x</u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_	- 1	v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
	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 Form	X DOO (2015)
		rorm :	ココリイン	cu in

c Enter the amount of reserves on hand
 d Did the organization receive any paym

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2015)

Form 990 (2015)

INC.

71-0694931

Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 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			X					
Se	ction A. Governing Body and Management								
			Yes	No					
18	Enter the number of voting members of the governing body at the end of the tax year	- (2)		2.00					
	If there are material differences in voting rights among members of the governing body, or if the governing	1 .	- _~						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	- "		}					
t	Enter the number of voting members included in line 1a, above, who are independent		á .	١.					
2	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?								
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		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x					
6	Did the organization have members or stockholders?	6	х						
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	х						
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	х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	n.2							
а	The governing body?	8a	x						
b	Each committee with authority to act on behalf of the governing body?	8b	х						
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		x					
Sec	tion 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		Х					
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	Х						
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ا شفد	,	4					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х						
p		12b	Х						
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	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X	 -					
15	Did the process for determining compensation of the following persons include a review and approval by independent	ي الآياء أشرية الآياء أسرية		,					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		17 - 14-	~~					
	The organization's CEO, Executive Director, or top management official	15a	<u>x</u>						
b	Other officers or key employees of the organization	15b	X						
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		9						
ıoa	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	,, , }	<u>x</u> _					
D	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	· .	5						
	exempt status with respect to such arrangements?		4-	-					
ec	tion C. Disclosure	16b							
17	List the states with which a copy of this Form 990 is required to be filed NONE								
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl							
-	for public inspection. Indicate how you made these available. Check all that apply.	- unau	•						
	Own website Another's website W Upon request Other (explain in Schedule O)								
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finano	ial						
_	statements available to the public during the tax year.	a.iC	nca1						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	GENA WINGFIELD - (501) 364-2555								
	1 CHILDREN'S WAY, LITTLE ROCK, AR 72202								
_	والمنظم والمنظم والمنازي والمنازي والمنظم والمنظم والمنظم والمنازي والمنازي والمنازي والمنازي والمنازي والمنازي								

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, and 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 i	nor any related	org	anıza	atior	COI	mpe	nsa	ted any current officer,	director, or trustee.	
(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	(dc	not o	Pos heck	more	l than	one	Reportable	Reportable	Estimated
	hours per week	box	x, unless person is both an icer and a director/trustee)			is bot	h an	compensation from	compensation from related	amount of other
	(list any	į						the	organizations	compensation
	hours for	que	(ا ۾		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)	ļ ·	organization
	organizations	Ĕ	重		loyee	ğ.,		•	}	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег	ĺ	l l	organizations
(1) MARCELLA DODERER	line) 0.50	Į≛	<u> </u>	₹	\$	<u>₹</u> 5	횬	<u> </u>		
• • • • • • • • • • • • • • • • • • • •	49.50	x		x	ł				740 660	110 101
CHAIRMAN OF THE BOARD/DIRE (2) ELIZABET BORSHEIM	0,13	┢	-	<u> ^</u>	┝	\vdash	_	0.	740,662.	118,101.
TRUSTEE/DIRECTOR (PARTIAL YEAR)	0.00	x	ľ					0.	0.1	0
(3) RON CLARK	0.04	Ĥ	╁─	-	┝╌	-	_	-	ļ — — ·	0.
TRUSTEE/DIRECTOR (PARTIAL YEAR)	0.93	l x		ĺ	1			0.	0.	0
(4) DEE ANN ENGLISH	0.14	Ĥ	-	\vdash		H		ļ <u>-</u> -		0.
TRUSTEE/DIRECTOR	0.00	x	1					ο.	0.	0.
(5) ELLEN GRAY	0.04	 	\vdash			Н			`	<u></u>
TRUSTEE/DIRECTOR (PARTIAL YEAR)	0.00	x						0.	0.	0.
(6) RICHARD JACOBS, M.D.	0.18	-	-			H		-	<u>-</u> -	
VICE CHAIR/DIRECTOR	40.00	x		x				0.	107,943.	0.
(7) MARK MILLSAP	0.10		Н	Н	Н	Н				
TRUSTEE/DIRECTOR	0.00	х				1		0.	0.	0.
(8) POPE MOSELEY	0,15	Ι.	T							
TRUSTEE/DIRECTOR	0.00	х						0.	0.	0.
(9) JEFFREY NOLAN	0.12		П							
TRUSTEE/DIRECTOR	0.88	х						0.	0.	0.
(10) KATHY PERKINS	0.10									
TRUSTEE/DIRECTOR (PARTIAL YEAR)	0.00	х	1	· }				0.	0.	0.
(11) ROBERT PORTER, M.D.	0.09									
TRUSTEE/DIRECTOR (PARTIAL YEAR)	0.10	x						0.	0.	0.
(12) DANIEL RAHN, M.D.	0.04									
TRUSTEE/DIRECTOR (PARTIAL YEAR)	0.36	х				_		0.	0.	0.
(13) JOSE ROMERO, M.D.	0.04									
TRUSTEE/DIRECTOR (PARTIAL YEAR)	40.00	Х						56,516.	256,176.	0.
(14) MARK SAVIERS	0,10			٦						
TRUSTEE/DIRECTOR (PARTIAL YEAR)	1.23	Х		[0.	0.	0.
(15) ROSS WHIPPLE	0.04		1	}						
TREASURER/DIRECTOR (PARTIAL YEAR)		Х		Х	\Box	_ [0.	0.	0.
(16) GREGORY KEARNS	50,00				ı					
PRESIDENT	0.00	X	_	_		\dashv		200,968.	0.	410.
(17) DAN ACOSTA	0.10	Į	- 1	ł	Į	ļ	Į	1		
TRUSTEE/DIRECTOR	0.00	Х				$_{\perp}$		0.	0.	0.

532007 12-16-15

Form 990 (2015)

71-069493

Form 990 (2015) INC.							_		71-0694931	Page
Part VII Section A. Officers, Directors,		ploy	ees			ghe	st C			
(A) Name and title	(B) Average	Average Position				on l		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week					ıs bot	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) LARRY CORNETT	0.10									
TRUSTEE/DIRECTOR	0.00	X						0.	0.	
(19) JOYCELYN ELDERS, M.D.	0.10									
TRUSTEE/DIRECTOR	0.00	X					<u> </u>	0.	0,	
(20) STACIE JONES, M.D.	0.10				ŀ		1	1		
RUSTEE/DIRECTOR	0.00	Х				_		0.1	0.	
21) SHARON SWAN	0.10						ŀ		-	
RUSTEE/DIRECTOR	0.00	х	Ш		<u> </u>	_	_	0.	0.	
(22) BARRY BRADY	40.00		i			l				
VICE PRESIDENT	0.00		Ш		х	L_		162,450.	0.	24,40
23) BILLY FURGERSON	40.00									
HARMACY COORDINATOR	0.00	Щ				Х		124,817.	0.	14,39
24) THOMAS BLAKE HARRISON CHRI ANIMAL RESEARCH DIRE	0.00					x		108,267	0.	14,83
					<u> </u>					
1b Sub-total							-	653,018.	1,104,781.	172,14
c Total from continuation sheets to Par	rt VII, Section A						▶	0.	0.	
d Total (add lines 1b and 1c)								653,018.	1,104,781.	172,14
2 Total number of individuals (including b compensation from the organization		ose	liste	d at	oove	e) wł	io re	eceived more than \$100,	,000 of reportable	
										Yes No
Did the organization list any former offiline 1a? If "Yes," complete Schedule J f		stee	e, ke	y en	nplo	yee,	or h	nighest compensated en	nployee on	3 X

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

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

	res	NO
1	37	<u> </u>
3		X
A 4.00	200	34
4	х	
1 1	1	, A.
5		х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES		
4301 WEST MARKHAM, LITTLE ROCK, AR 72205	MEDICAL SERVICES	12,251,240.
REGENTS OF THE UNIVERSITY OF CALIFORNIA,		
ACCOUNTING OFFICE - EMF, BOX 0812, SAN	RESEARCH SERVICES	134,172.
		1

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

Form 990 (2015)

Grants

Program Service Revenue

Other Revenue

ARKANSAS CHILDREN'S RESEARCH INSTITUTE, INC. 71-0694931 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 10 7,299,501 **1**d d Related organizations 17,231,185 Government grants (contributions) 1e All other contributions, gifts, grants, and 3,142,780 similar amounts not included above 1,006,958 g Noncash contributions included in lines 1a-1f \$ 27,673,466 h Total. Add lines 1a-1f Business Code All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 13,098 13,098 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 29,556 6 a Gross rents b Less rental expenses 29,556. Rental income or (loss) 29,556 29,556 Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 5,000 assets other than inventory b Less' cost or other basis 0 and sales expenses 5,000 c Gain or (loss) 5,000 5,000 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less, direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a PCRU 900099 38,199 38,199 OTHER 900099 21,991 21,991 b d All other revenue

0.

13,098.

60,190

27,781,310

Total. Add lines 11a-11d

Total revenue. See instructions

94,746

Page 10

Form 990 (2015) INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, , 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	203,623.	203,623.		* .
2	Grants and other assistance to domestic]		
	individuals. See Part IV, line 22			·	<u></u>
3	Grants and other assistance to foreign			, · · ·	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			, , , , , , , , , , , , , , , , , , ,	```
4	Benefits paid to or for members			· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors,	621 444		521 444	
_	trustees, and key employees	631,444.		631,444.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	12 719 000	12 956 002	062.007	
7	Other salaries and wages	13,718,999.	12,856,092.	862,907.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	3,090,627.	2 066 560	124 002	
9	Other employee benefits	3,090,627.	2,966,560.	124,067.	
10	Payroll taxes				
11	Fees for services (non-employees)			ľ	
a	Management	17,593.	17,593.		
b		23,500.	3,500.	20,000.	
ر	Accounting	23,300.	3,300.	20,000.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e					
f	Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	2,535,768.	1,287,456.	1,248,312.	
40	· · · · · · · · · · · · · · · · · · ·	66,671.	66,671.	1,246,312.	
12	Advertising and promotion	310,813.	196,537.	114,276.	
13	Office expenses	228,851.	211,347.		
14	Information technology		211,341.	17,504.	
15	Royalties	394,224.	13,008.	381,216.	
16	Occupancy	297,491.	278,579.		
17	Travel	237,431.	270,373.	18,912.	
18	Payments of travel or entertainment expenses		ļ		
	for any federal, state, or local public officials	92,433.	79,475.	12,958.	
19	Conferences, conventions, and meetings	32,433.	13,413.	12,356.	
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	2,053,110.	615,729.	1,437,381.	
22 23	Insurance	19,054.	19,054.	1,437,301.	
:3 ?4	Other expenses, Itemize expenses not covered	27,032.	25,001.		
	above. (List miscellaneous expenses in line 24e. If line	200	• * * *	• •	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			1	- 4
а	MEDICAL SUPPLIES	1,098,432.	1,097,840.	592.	
а ь	OFFICE LEASES	328,433.	328,433.		
0	STIPENDS & PATIENT CARE	257,568.	257,568.		
c d	MINOR EQUIPMENT	107,036.	38,209.	68,827.	
_		1,510,899.	1,381,521.	129,378.	
	All other expenses	26,986,569.	21,918,795.		
	Joint costs. Complete this line only if the organization	20,700,303.	21,510,755.	5,067,774.	
			i		
	reported in column (B) joint costs from a combined	Ì	•	Ì	
	educational campaign and fundraising solicitation. Check here I if following SOP 98-2 (ASC 958-720)	ł			

532010 12-16-15

Form **990** (2015)

Form 990 (2015) 71-0694931 Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 220,853 99,368. Cash - non-interest-bearing 1 13,913,469. 15,423,394. Savings and temporary cash investments 2 3,301,256 3,460,567. 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L 6 12,947 2,638. Notes and loans receivable, net 7 Inventories for sale or use 8 25,440 23,899. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 54,048,067 basis Complete Part VI of Schedule D 10a 32,260,474 17,524,121 21,787,593. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 34,998,086. 40,797,459. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,155,649. Accounts payable and accrued expenses 2,591,080. 17 17 18 Grants payable 18 19 Deferred revenue 4.022. 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 26 Total liabilities. Add lines 17 through 25 2,155,649. 26 2,595,102. Organizations that follow SFAS 117 (ASC 958), check here \(\times \) and

> 30 31 32

> > 40,797,459. Form 990 (2015)

38,202,357.

24,488,500.

13,713,857.

Net Assets or Fund Balances

28

29

30

31

32

33

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

20,910,999.

11,931,438.

32,842,437

34,998,086.

27

28

29

33

	n 990 (2015) inc	71-009493	1	P	age 1∠
Pa	Int XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2.	7 781	,310.
2	Total expenses (must equal Part IX, column (A), line 25)	2			,569.
3	Revenue less expenses Subtract line 2 from line 1	3			741.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3:		,437.
5	Net unrealized gains (losses) on investments	5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
6	Donated services and use of facilities	6			
7	Investment expenses	7		_	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		565	,179.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			,	,=
	column (B))	10	38	202	.357.
Pa	rt XII Financial Statements and Reporting	0 1			
	Check if Schedule O contains a response or note to any line in this Part XII				х
_				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		,		<u> </u>
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	1	1	İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:		1	l	ļ
	Separate basis Consolidated basis Both consolidated and separate basis			,	
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			1
	consolidated basis, or both:	•	1.	ĺ .	~,
	Separate basis X Consolidated basis Both consolidated and separate basis]		1.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1	}	1
	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?	J	3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	
			Eorm	agn	(2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE **Employer identification number** 71-0694931

1	- 4 T	December 1	OF '2- OF					1-0034331					
P	art I	Reason for Public	Charity Status	(All organizations must o	omplete t	nis part.) S	ee instructions.						
The	organ	ization is not a private foun	dation because it is.	(For lines 1 through 11,	check only	y one box.)							
1	=	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	\sqsubseteq	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state.											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local go	•	mental unit described in	section 1	70(Б)(1)(А)(v).						
7	X	An organization that norma	_				• •	l nublic described in					
•		section 170(b)(1)(A)(vi). (C		and part of the copport			. The Grand of the General	a public described in					
8		A community trust describ	•	V1)(A)(vi) (Complete Pa	4 11 \								
9	Ħ	An organization that norma					ana manah suahin fasa						
9							· ·						
		activities related to its exer											
		income and unrelated business		e (less section 511 tax) ti	rom busine	esses acqu	ared by the organization	1 after June 30, 1975.					
	$\overline{}$	See section 509(a)(2). (Co					***						
10	片	An organization organized	· · · · · · · · · · · · · · · · · · ·	•	-								
11		An organization organized					•	•					
		more publicly supported or						Check the box in					
	_	lines 11a through 11d that				-							
а	L	Type I. A supporting org											
		the supported organizati	on(s) the power to re	egularly appoint or elect	a majority	of the dire	ctors or trustees of the	supporting					
	_	organization. You must o	complete Part IV, Se	ections A and B.									
b	<u> </u>	Type II. A supporting org	janization supervised	d or controlled in connec	tion with i	ts support	ed organization(s), by ha	aving					
		control or management of	of the supporting org	anization vested in the s	same pers	ons that co	ontrol or manage the su	ported					
		organization(s). You mus	st complete Part IV,	Sections A and C.									
С		Type III functionally inte	e grated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,					
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.						
ď		Type III non-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	with its supported organ	ızatıon(s)					
		that is not functionally int					· · · · =	* *					
		requirement (see instruct		= -	•		·						
e		Check this box if the orga											
_		functionally integrated, or					- ·) po i, i) po ii, i) po iii						
f	Enter	the number of supported	• •	many mitogration copport	mig organi	20110711							
·		de the following information	=	ad organization(s)				L					
<u> </u>		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9		in your document?	support (see	other support (see					
			;	above (see instructions))	Yes	No	instructions)	instructions)					
													
						ļ							
					 _								
					<u> </u>								
						li							
						<u> </u>	· · · · · · · · · · · · · · · · · · ·						
								-					
				- <u> </u>									
		!		¢									

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 INC. 71-0694931 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)

Se	ection A. Public Support						
Ca	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				[
	membership fees received (Do not	}					
	include any "unusual grants.")	34,288,349.	32,254,838.	29,636,466.	28,868,135	26,726,698.	151,774,486
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1			ļ	l	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					ĺ	
	the organization without charge						
4	Total. Add lines 1 through 3	34,288,349.	32,254,838.	29,636,466.	28,868,135.	26,726,698.	151,774,486
5	The portion of total contributions	[.		٠,			
	by each person (other than a		-			1	
	governmental unit or publicly			,			
	supported organization) included		• •				
	on line 1 that exceeds 2% of the		> -		,		
	amount shown on line 11,	,	, , , ,	+ − −			
	column (f)	-,	£		*		
_	Public support. Subtract line 5 from line 4	<u></u>			,	<u> </u>	151,774,486.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	34,288,349.	32,254,838.	29,636,466.	28,868,135.	26,726,698.	151,774,486.
8	Gross income from interest,						
	dividends, payments received on	ļ					
	securities loans, rents, royalties						
	and income from similar sources	1,884.	1,856.	1,778.	1,958.	42,654.	50,130.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	<u></u>					
10	Other income. Do not include gain					l	
	or loss from the sale of capital						
	assets (Explain in Part VI)		, , 				
	Total support. Add lines 7 through 10						151,824,616.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. —
Sec	organization, check this box and stop tion C. Computation of Publi	here c Support Per	rcentage				
14	Public support percentage for 2015 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	99.97 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14		j	15	%
16a	33 1/3% support test - 2015. If the o	rganization did not	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies a	as a publicly suppo	orted organization				\triangleright \boxed{x}
b	33 1/3% support test - 2014. If the o	rganization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			ightharpoons
17a	10% -facts-and-circumstances test	- 2015. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fact	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organi	zation
	meets the "facts-and-circumstances" t					-	▶□
b	10% -facts-and-circumstances test	- 2014. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						ightharpoons
	Private foundation. If the organization				•		
						dule A (Form 990 a	or 000-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 INC. 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

Section A. Public Support	elow, please con	npiete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and	(4) 2017	10,2012	(0)2010	(4) 2014	(6) 2013	(i) iotai
membership fees received. (Do not	(l	[
include any "unusual grants.")	1		l .		J	
2 Gross receipts from admissions,						
merchandise sold or services per-			Į.	ĺ		
formed, or facilities furnished in			1			i
any activity that is related to the			ì	ì	1	İ
organization's tax-exempt purpose		 		 		
3 Gross receipts from activities that		1		ł	1	
are not an unrelated trade or bus-		}	1	ì		j
iness under section 513		 		<u> </u>		
4 Tax revenues levied for the organ-						1
ization's benefit and either paid to		1	}	1		j
or expended on its behalf			L	<u></u>		
5 The value of services or facilities			i			
furnished by a governmental unit to	İ	1				1
the organization without charge	•				Į.	ł
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			ţ			
b Amounts included on lines 2 and 3 received		 		 		
from other than disqualified persons that		1		}		
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		į	ļ			
c Add lines 7a and 7b		 		 		
		 	<u> </u>	 		
8 Public support. (Subtraction 7c from time 6.) Section B. Total Support		<u> </u>	L			L
Calendar year (or fiscal year beginning in)	(=) 2011	(b) 0010	(=) 0010	(4) 0014	(-) 0045	(0 T-1-1
, , , , , , ,	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6		 			+	
10a Gross income from interest, dividends, payments received on				1	1	
securities loans, rents, royalties				1	1 1	
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses		j .	:		ì	
acquired after June 30, 1975		<u> </u>			<u> </u>	
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is					1	
regularly carried on		1				
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 thir	d fourth or fifth to	ay vear as a secti	on 501(c)(3) organiz	ation
check this box and stop here	the organization.	s mst, second, tim	u, 10u/ti1, 0/ 111u/ te	ax year as a secti	017 50 1(c)(5) 01ganiz	ation,
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2015 (Irr			olumn (fl)	 -	T45	
16 Public support percentage from 2014	,	•	Oldini (i))		15	%
Section D. Computation of Invest					1 10 1	%
17 Investment income percentage for 201		<u>~</u> _	e 13 column (fi)		147	
18 Investment income percentage from 20			e 15, column (ijj		17	<u>%</u>
, -			n line 14 and line	15 ie mare 4-	18 22 1/20/ and line 1:	% 7 is not
19a 33 1/3% support tests - 2015. If the c						/ is not
more than 33 1/3%, check this box and	=		•	• •		,
b 33 1/3% support tests - 2014. If the c						nd
line 18 is not more than 33 1/3%, chec				. ,	•	P
Private foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th			
32023 09-23-15				Sch	edule A (Form 990	or 990-EZ) 2015

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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.
- 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.
- 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
- **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
- 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
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 I of Schedule L (Form 990 or 990-EZ).
- **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**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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.)

	-	Yes	;	No
		3.4		
1.				
7.2	٦	è	-	
	. :	,	ĺ	•
	4		4	,
3a	-		-	', <u>'</u> .
	7		1	,
	٠.		-	4
3b	+	F.	+	
3c		 		'
	1		-	
4a	+	-	+	.
		ì		1
4b	4		4	 -
1	1		l	
1.				").
4c	4		1	
].	Ì		1	ari . Sen
	ĺ		١	ž,
	1	,•	ŀ	•
• Sa •	t	- , ,	ł	-34
5b	1		l	
5c	ļ	· 1	1	
- 10		•	ŀ	
· '	1	٠, ١٠	ľ	
		-	-	
6	ł	٦	Ł	
2 .		-		
7	Į.		L	
8	-	٠		••
· · ·	t		H	
			-	•
9a	\vdash		Ļ	
9b	-		-	
	Γ			
9c	\vdash	, 		
10a	Ĺ		_	
10b		- }		
	_	.EZ\	_	

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

5 Income tax imposed in prior year

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013d Excess from 2014e Excess from 2015

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INC.

ARKANSAS CHILDREN'S RESEARCH INSTITUTE,

Employer identification number 71-0694931

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat 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 laday of the tax year. Held at the End of the Tax	
Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, kine 7 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 a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the laday of the tax year. Held at the End of the Tax	
Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the laday of the tax year. I Held at the End of the Tax	
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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of 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 laday of the tax year. Held at the End of the Tax	
Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the laday of the tax year.	
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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the laday of the tax year. Held at the End of the Tax	
are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat 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 laday of the tax year.	
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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat 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 laday of the tax year.	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat 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 laday of the tax year. Held at the End of the Tax	□No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat 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 laday of the tax year. Held at the End of the Tax	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the laday of the tax year. Held at the End of the Tax	_
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 a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the laday of the tax year. Held at the End of the Tax	No_
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the laday of the tax year. Held at the End of the Tax	
Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the la day of the tax year. Held at the End of the Tax	
Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the laday of the tax year. Held at the End of the Tax	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the la day of the tax year. Yeld at the End of the Tax	
day of the tax year. Held at the End of the Tax	
	ast
a Tabel wombon of agreementian agreements	x Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
listed in the National Register	
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	7
violations, and enforcement of the conservation easements it holds?	J No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
S Described and the control of the Cold above and the cold at the cold and the cold	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	٦.,_
and section 170(h)(4)(B)(ii)?	J No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and	
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,	
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part	YIII
the text of the footnote to its financial statements that describes these items.	Λш,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, histo	orical
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amo	
relating to these items.	Junto
•	
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	—
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	

	edule D (Form 990) 2015 INC.					-0694931	Page 2						
Pa	art III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Ot	ther Similar	Assets(conti	nued)						
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that are	a significant use	e of its collection	n items						
	(check all that apply).												
а	Public exhibition	c	i Loan or exc	hange programs									
b		•	e L Other										
C	Preservation for future generations												
4	Provide a description of the organization's c	ollections and expla	in how they further t	he organizatıon's e	exempt purpose	in Part XIII.							
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other sim	ilar assets								
	to be sold to raise funds rather than to be m					Yes Yes	No No						
Pa	reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes"	on Form 990, P	art IV, line 9, o	r 						
1a	ls the organization an agent, trustee, custod	ian or other interme	diary for contribution	ns or other assets r	not included								
	on Form 990, Part X?					Yes	└ No						
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:		F								
						Amoun	t						
C	Beginning balance				1c								
	Additions during the year				1d								
e Distributions during the year													
	f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes												
	3	•	•		•	L Yes	∐_ No						
	If "Yes," explain the arrangement in Part XIII												
Ра	rt V Endowment Funds. Complete												
		(a) Current year	(b) Prior year	(c) Two years back	 		years back						
	Beginning of year balance	35,176,144.	34,747,816.	31,085,561			,584,523.						
b	b Contributions 1,200,376. 2,371,412. 233,774. 4,733,209. 455,03 c Net investment earnings, gains, and losses 4,457,931. 508,103. 3,987,278. 2,177,999. 257,63												
C													
	d Grants or scholarships												
е	e Other expenditures for facilities												
	and programs 5,664,865. 2,451,187. 558,797. 63,017. 59,8												
f	Administrative expenses	35,169,586.	35,176,144.	34,747,816	31 005	561 34	227 260						
g	End of year balance		<u>-</u>		. 31,085,	, 361.	,237,369.						
2	Provide the estimated percentage of the curr	rent year end baland 74.55	=	i)) neid as:									
a			%										
b		% 16.25 %											
С	Temporarily restricted endowment												
0-	The percentages on lines 2a, 2b, and 2c sho	•		u al a alminiatava al fili									
Sa	Are there endowment funds not in the posse	ssion of the organiz	ation that are new a	nu auministereu ioi	r the organization	r	V N-						
	by. (i) unrelated organizations						Yes No						
	(ii) related organizations					3a(i)	x						
ь.	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule P2	-		3a(ii)	<u>x</u>						
4	Describe in Part XIII the intended uses of the					[30]							
	t VI Land, Buildings, and Equipm		Whent Idias										
	Complete if the organization answered		D. Part IV. line 11a S	ee Form 990. Part	X. line 10								
	Description of property	(a) Cost or o			Accumulated	(d) Book	value						
	Becomplient of property	basis (investr	1 ' '		epreciation	(4) 2001	value						
1a	Land			· · · · · · · · · · · · · · · · · · ·		1							
	Buildings		43	,007,381.	25,275,757	. 17	731,624.						
	Leasehold improvements		- 			1							
	Equipment			,740,277.	2,003,070		737,207.						
	Other	<u> </u>		,300,409.	4,981,647	+	318,762.						
	Add lines 1a through 1e (Column (d) must en	gual Form 990, Part					787,593.						
		 			Sch	edule D (Form							
							. ,						

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

Schedule D (Form 990) 2015

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Schedule D (Form 990) 2015 INC.	71-0694931	Page 5
Part XIII Supplemental Information (continued)		
		
FOOTNOTE:		
ARKANSAS CHILDREN'S APPLIES FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)		
ASC TOPIC 740 (TOPIC 740), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.		
TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS		·
AND PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S		
FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED.		
MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY ARKANSAS CHILDREN'S AND		
HAS CONCLUDED THAT AS OF JUNE 30, 2016 AND 2015, THERE ARE NO UNCERTAIN		
POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF		
A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL		
STATEMENTS.		
		
		
		

SCHEDULE 1 (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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

G	7	Open	
<u></u>		•	

2015
Open to Public Inspection

2 [] Employer identification number 71-0694931 X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ARKANSAS CHILDREN'S RESEARCH INSTITUTE, General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Partil Parti

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if additi	onal space is need	per			
1 (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
ACH BUILDING RESEARCH FACILITY, INC 1 CHILDREN'S WAY - LITTLE ROCK, AR 72202	91-1940376	501(C)(3)	140,771.	0			GENERAL SUPPORT
FAMILY VOICES OF NORTH DAKOTA, INC BOX 163 - EDGELEY, ND 58433	31-1747994	501(C)(3)	5,850.	0			HIPPY TRANSPER TO ACH
NORTH DAKOTA DEPT OF HEALTH 600 E. BOULEVARD AVENUE, DPT 301 BISMARCK, ND 58505	45-0309764	STATE GOVERNMENT	5,000.	0.			HEARTLAND GENETIC SERVICES COLLABORATIVE & CARE COORDINATION
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government or	ganizations listed in the	e line 1 table				3.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

31

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

Page.2 (f) Description of non-cash assistance 71-0694931 (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant WILL MONITOR THE USE OF FUNDS IN ACCORDANCE WITH NON-PROFIT OR GOVERNMENTAL RELATED TO ONGOING RESEARCH AT ACRI, ACRI ANTICIPATES THAT THESE ENTITIES ORGANIZATIONS; HOWEVER, SOME CASH AND NON-CASH ASSISTANCE IS PROVIDED TO OTHER NON-PROFIT OR GOVERNMENTAL ENTITIES FOR PROJECTS THAT ARE DIRECTLY (b) Number of recipients THE MAJORITY OF THE ASSISTANCE PROVIDED BY ACRI IS TO RELATED (a) Type of grant or assistance PART I, LINE 2: REQUIREMENTS. Part III

Schedule I (Form 990) (2015)

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

ARKANSAS CHILDREN'S RESEARCH INSTITUTE,

Employer identification number

71-0694931

P	Part I Questions Regarding Compensation			
			Yes	No
12	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			1
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	٠		* '
	X First-class or charter travel Housing allowance or residence for personal use	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	
	Travel for companions Payments for business use of personal residence	1	· ."	1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	154	4	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	} - "-	F .	
		İ]	1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1	· .	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	x	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
				,
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	1	''	
	establish compensation of the CEO/Executive Director, but explain in Part III.		* '	
	X Compensation committee Written employment contract	İ	{	
	x Independent compensation consultant x Compensation survey or study	1	. 1	•
	Form 990 of other organizations X Approval by the board or compensation committee	1 .	[· '
	To the state of garmaners	l	. '	9.7
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	٠.	ľ	h _s s
•	organization or a related organization:	' :	, ,	
а	Receive a severance payment or change-of-control payment?	4a	•	x `
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	x	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	-	x
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	 ~	- 	
	The to any of lines 44 of list the persons and provide the applicable amounts for each north in that the	- 1		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	55,	,]	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of.	1 * 1		
2	The organization?	5a	٠.~	` x
	Any related organization?	5b		<u> </u>
D	If "Yes" to line 5a or 5b, describe in Part III	20		
_	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	}	(
0	contingent on the net earnings of		.	٠,
_	· · ·	_		v
	The organization?	6a		<u>x</u>
D	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.	1 .	. 1	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	<u> </u>		
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		[Ξ
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>x</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	.	- 1	-
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 71-0694931

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)

Do not list any individuals that are not listed on Form 990, Part VII

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

		(B) Breakdown of	14/ 2000 t 20/200 C W					
			W-z and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(y)(a)	in column (B) reported as deferred on prior Form 990
(1) MARCELLA DODERER	ε	0	0	0	0	0	C	
CHAIRMAN OF THE BOARD/DIRE	Ξ	601,672.	138,000.	.066	106,096.	12 005,	858 76	
(2) JOSE ROMERO, M.D.	Ξ	0	0	56,516.	0	0	56 516.	
TRUSTEE/DIRECTOR (PARTIAL YBAR)	흳	0	0	256,176.	0	0.	2	0
(3) GREGORY KEARNS	ε	174,681.	.000,25	1,287.	0	410.		
PRESIDENT	(ii)	0.	0	0	0	0	0	
(4) BARRY BRADY	Ξ	139,760.	22,428.	262.	13,381.	11,020.	186 851	0
VICE PRESIDENT	(ii)	0.	0	0	0	0	0	
	Ξ							
	Œ							
	ε							
	€							
	Ξ							
	(ii)							
	(i)							
	l (iii)							
	(i)							
	(ii)							
	Θ							
	(iii							
	Ξ							
	9							
	ε							
	Ξ :							
	= :							
	Ξ (
	= 9							
	3							
	1							
	€ €							
	1							

34

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 Page 3 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. 71-0694931 RELATED TO ARKANSAS CHILDREN'S BUSINESS. SEPARATE TRAVEL (NON-CHARTER) FOR COMPANIONS IS REIMBURSED BY THE EMPLOYEE IF SUCH TRAVEL IS ON AN INDIVIDUAL (PRESIDENT; SENIOR VICE PRESIDENT) WHO IS NOT A CONTRACTED UAMS EMPLOYEE IS HOSPITAL, ARKANSAS CHILDREN'S HOSPITAL FOUNDATION, AND ARKANSAS CHILDREN'S COMPENSATION FOR ANY ARKANSAS CHILDREN'S RESEARCH INSTITUTE SENIOR OFFICER INC. THE HUMAN RESOURCES AND COMPENSATION COMMITTEE HAS THE FULL AUTHORITY RESEARCH INSTITUTE BOARD MEMBERS AND STAFF (AND OCCASIONALLY ACCOMPANYING SPOUSES/COMPANIONS) WHEN IT IS DEEMED THE MOST EFFICIENT METHOD OF TRAVEL COMMITTEE WHICH IS ESTABLISHED THROUGH THE BYLAWS OF ARKANSAS CHILDREN'S, TO DISTANT AREAS WITHIN THE STATE OR TO SURROUNDING STATES FOR PURPOSES BASIS; THUS, SUCH TRAVEL IS NOT CONSIDERED TAXABLE COMPENSATION TO THE AND SPECIFIC RESPONSIBILITY FOR REVIEWING AND APPROVING COMPENSATION REVIEWED BY THE ARKANSAS CHILDREN'S HUMAN RESOURCES AND COMPENSATION CHARTER TRAVEL IS USED BY ARKANSAS CHILDREN'S, ARKANSAS CHILDREN'S Part III | Supplemental Information Schedule J (Form 990) 2015 PART I, LINE 1A: PART I, LINE 3: EMPLOYEE,

532113 10-14-15

Schedule J (Form 990) 2015 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 71-0694931 AND RETAIN SUPERIOR SENIOR MANAGEMENT, IN FURTHERANCE OF THE CORPORATION'S SHALL HAVE, TO THE FULLEST EXTENT OF THE LAW, THE AUTHORITY TO APPROVE THE INTENDED TO CONSTITUTE UNFUNDED PLANS FOR A SELECT GROUP OF MANAGEMENT OR APPILIATES REMAIN COMPETITIVE AND REASONABLE RELATIVE TO THE COMPENSATION ARKANSAS CHILDREN'S HOSPITAL HAS SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS MANAGEMENT, INCLUDING OFFICERS OF THE CORPORATION AND AFFILIATES WHO ARE NATIONALLY, AND TO PERMIT THE CORPORATION AND SUCH AFFILIATES TO ATTRACT "DISQUALIFIED PERSONS" UNDER SECTION 4958 OF THE CODE, THE POLICIES AND AND BENEFITS PRACTICES OF SIMILARLY SITUATED HEALTH SYSTEMS LOCALLY AND AND AFFILIATES PURPOSES, THE HUMAN RESOURCES AND COMPENSATION COMMITTEE COMPENSATION PACKAGES FOR SENIOR MANAGEMENT OF THE CORPORATION AND THE PROGRAMS REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION RETIREMENT AND OTHER EXECUTIVE BENEFIT PLANS FOR HEALTH SYSTEM SENIOR PROVIDE EXECUTIVES WITH RETIREMENT AND DEATH BENEFITS. THE PLANS ARE POLICIES, BASE SALARY AND INCENTIVE COMPENSATION LEVELS, EXECUTIVE COMMITTEE SHALL BE DESIGNED TO ENSURE THAT THE CORPORATION AND ITS Part III | Supplemental Information Schedule J (Form 990) 2015 PART I, LINE 4B: AFFILIATES

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. 71-0694931 EXECUTIVES AT A PERCENTAGE OF THEIR BASE SALARY IN RFFECT ON JUNE 30 OF THE HIGHLY COMPENSATED EMPLOYEES WITHIN THE MEANING OF TITLE I OF THE EMPLOYEE EFFECTIVE 6/30/2014, ACH INITIATED A NEW EXECUTIVE COMPENSATION PLAN, THE PER THE PLAN DOCUMENT, EACH DCP CONTRIBUTION FOR A PLAN YEAR - THE FIRST DAY OF THE PLAN YEAR FOLLOWING THREE YEARS OF SERVICE WHICH SUPPLEMENTAL RETIREMENT PLAN, PROVIDING ANNUAL CONTRIBUTIONS TO CERTAIN PARTICIPANTS IN FY14; HOWEVER, TWO ACH EXECUTIVES REMAINED IN THE PLAN, BEGINS ON THE FIRST DAY OF THE PLAN YEAR FOR WHICH THE CONTRIBUTION IS "DEFERRED COMPENSATION PLAN" (DCP), THE DCP IS A 457(F) NONQUALIFIED DURING THE 2015 TAX YEAR, THERE WERE NO ACRI REPORTABLE INDIVIDUALS THE ORIGINAL SUPPLEMENTAL RETIREMENT PLAN (SERP) WAS PROZEN TO NEW - ATTAINMENT OF AGE 65 AND AT LEAST 3 YEARS OF SERVICE AS A DCP RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED. AND ITS ASSOCIATED EARNINGS VEST ON THE EARLIER OF: Part III Supplemental Information ELIGIBLE TO PARTICIPATE. PLAN YEAR. CREDITED.

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 INC:	71-0694931 Page 3	1e 3
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.	o complete this part for any additional information.	
PARTICIPANT		
- DEATH OR PERMANENT DISABILITY		
- INVOLUNTARY TERMINATION (OTHER THAN FOR CAUSE)		
- PLAN TERMINATION		
FOR TAX YEAR 2015 (FISCAL YEAR 2016), THE FOLLOWING ACRI REPORTABLE		
EMPLOYEES WERE ELIGIBLE TO PARTICIPATE IN THE DCP PLAN:		
- MARCELLA DODERER: ACH PRESIDENT/CEO (ACRI CHAIRMAN OF THE BOARD)]
- GREGORY KEARNS: ACRI PRESIDENT		}
NEITHER OF THE ELIGIBLE EMPLOYEES LISTED ABOVE RECEIVED PAYMENT FROM THE		}
PLAN DURING THE PERIOD REPORTED,		
FORM 990, PART VII, SECTION A, LINE 5 AND SCHEDULE J, PART II, LINE 2		}
DIRECTOR JOSE ROMERO, M.D. WAS COMPENSATED BY UAMS AS AN EMPLOYEE FOR		
SERVICES RENDERED TO ARKANSAS CHILDREN HOSPITAL (ACH) AND ARKANSAS		
CHILDREN'S RESEARCH INSTITUTE (ACRI) AND FOR WHICH ACH AND ACRI		
REMITTED PAYMENT LISTED AS "REPORTABLE COMPENSATION FROM THE		
ORGANIZATION" AND "REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS"		
	Schedule J (Form 990) 2015	2015

Page 3 Schedule J (Form 990) 2015 Schedule J (Form 990) 2015 INC.

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. THE AMOUNTS NOTED AS COMPENSATION IN SCHEDULE J FOR ROMERO ARE THE DESIGNATED AMOUNTS PER THE RELATED CONTRACTS WITH UAMS. IN PART VII OF FORM 990.

SCHEDULE L

(Form 990 or 990-EZ)

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

OMB No 1545-0047

Department o Internal Rever	f the Treasury nue Service	► Information a	bout	Schedule L (For	m 990	or 990	-EZ) and	its instruction	ıs is	at www.irs.gov/	//form990. Open 10 Public Inspection					
Name of the	ne organization	ARKANSAS CI	ILDI	REN'S RESEA	RCH :	INSTI	TUTE,				En	ploye	r iden	tificat	ion n	umber
The same		INC.										-0694	931			
Part I)(29) organizatio						
1	Complete if the			ered "Yes" on elationship bet		_		ine 25a or 25	b, o	r Form 990-EZ, F	art V,	line 4	0Ь	(d)	Corre	ected?
' (a) Na	me of disqualified	person	ח נט	person and or			miled	(c) Description of transaction			on			es	No.	
									_					┪	 +	
					,										_	
									_					+		
									_					+	+	
2 Enter	the amount of tax	incurred by th	ne ord	panization man	nagers	or dis	gualifie	d persons du	rina	the year under						
	on 4958			,			7		5	,		> \$				
3 Enter	the amount of tax,	, if any, on line	2, al	bove, reimburs	sed by	the or	ganıza	tion				\$				
B-COLT	- , - , - , - , - , - , - , - , - , - ,	17.5 P					·									
Part II	Loans to an								_							
	Complete if the creported an amo	-					, Part \	/, line 38a or	Forr	n 990, Part IV, III	ne 26,	or if th	ne orga	anizati	on	
) Name of	(b) Relations		(c) Purpose	(d) Lo	an to or	(e) Original	1) Balance due	(0) In	(h) Ap	proved ard or	(i) W	/rıtten
•	ested person	with organizat		of loan		n the zation?		ipal amount	, ,	,		ault?	by bo	ard or nittee?	agree	ment?
					То	From			_		Yes	No	Yes	No	Yes	No
			_		_	<u> </u>			<u> </u>							<u> </u>
		 			├ ─-	<u> </u>			<u> </u>		<u> </u>		 			
		 	-		├				-		<u> </u>		ļ	<u> </u>		├
		 	-+-			-								 		
		 	_													
		ļ	\perp		<u> </u>				<u>L</u>							
		ļ	+		 											<u> </u>
Fadal		<u> </u>			L	لـــــــا		> \$	<u> </u>			نــــــا				<u> </u>
otal Part III	Grants or As	sistance E	ene	fiting Inter	este	d Pe	rsons								<u> </u>	
				_												
(a) Na	ame of interested p		answered "Yes" on Form 990, Part (b) Relationship between			(c	(c) Amount of (d			(d) Type of		(e)	(e) Purpose of			
			interested person and the organization				assistance		assistance			assistance				
												-				
												_				
												\perp				
																
				 												
		+														
HA For Pa	aperwork Reducti	ion Act Notic	e. se	e the Instruct	tions	for Fo	m 990	or 990-EZ.		Sche	dule	(For	m 990	or 99	0-EZ)	2015

•	SAS CHILDREN'S RESEARCH INSTITUTE	,	71 0604023		
Schedule L (Form 990 or 990 EZ) 2015 INC. Part IV Business Transactions In	volving Interested Persons.		71-0694931		Page 2
	vered "Yes" on Form 990, Part IV, line 28a, 28	b, or 28c.	_		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
				Yes	No
PATRICIA BRADY	FAMILY MEMBER	57,331.	SEE PART V.	ļ	X
					
				 	
				 	
					 -
					
Part V Supplemental Information	1			L	
Provide additional information for	responses to questions on Schedule L (see in	structions).			
SCH L, PART IV, BUSINESS TRANSACTIO	NS INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: PATRICIA BRADY					
,					
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
FAMILY MEMBER					
(C) AMOUNT OF TRANSACTION \$ 57,331.		•			
(D) DESCRIPTION OF TRANSACTION: SEE	PART V. ARKANSAS CHILDREN'S				
RESEARCH INSTITUTE EMPLOYEE, PATRIC	IA BRADY, IS A FAMILY MEMBER OF				
OFFICER BARRY BRADY; HOWEVER, CONSI	STENT WITH POLICY SHE DOES NOT WO	rk			
FITHIN MR. BRADY'S LINE OF AUTHORIT					
TIME M. BRADI S BINE OF AUTHORIT	··				
E) SHARING OF ORGANIZATION REVENUE	5? = NO				
					
		·····			
		 			
			······································		
					
					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.lrs.gov/form990. ARKANSAS CHILDREN'S RESEARCH INSTITUTE.

Employer identification number

	INC,					71-0694931	Ļ	
Pa	art 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	nonc	(d) Method of determinash contribution a	-	nts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests	L	<u></u>	 	<u> </u>			
4	Books and publications	Ĺ						
5	Clothing and household goods	<u> </u>			<u> </u>			
6	Cars and other vehicles		ļ		<u> </u>			
7	Boats and planes		ļ		ļ			
8	Intellectual property							
9	Securities - Publicly traded			L				
10	Securities - Closely held stock	 		<u></u>	<u> </u>			
11	Securities - Partnership, LLC, or	1	}		j			
	trust interests	 -	 					
12	Securities - Miscellaneous	<u> </u>	<u> </u>	<u> </u>	 			
13	Qualified conservation contribution -	ţ	[
	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	<u> </u>			 			
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other (INDIRECT SUPP)			1,006,958.	COST			
25 26	·			1,000,330.				
26	Other ()							
27 28	Other ()		 					
20 29	Number of Forms 8283 received by the organia	zation during	the tay year for a	ontributions				
25	for which the organization completed Form 820	•	•	l I			0	,
	To which the organization completed form ozi	00,1 4,11,1	Source Monitowical	1201			Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rer	orted in Part I, lines 1 throug	nh 28 that	#	163	110
000	must hold for at least three years from the date			•	•	"]	Į.
	exempt purposes for the entire holding period?		,, 00.11.1001.011, 0.10		4004 101	30a		x
ь	If "Yes," describe the arrangement in Part II	•				1002	-	Η=
31	Does the organization have a gift acceptance p	oolicy that re	oures the review	of any non-standard contribi	itions?	31		x
	Does the organization hire or use third parties	•	•	•		٠,٠		
u	contributions?		J	, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		32a		x
h	If "Yes," describe in Part II.					<u>524</u>		
	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked	j		ĺ
	describe in Part II.	(0) ((-y		l 1		l

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015) INC.	71-0694931	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b,	and 33, and whether the orga	anization
is reporting in Part I, column (b), the number of contributions, the number of items received, O	a combination of both. Also	complete
this part for any additional information		
SCHEDULE M, PART I, COLUMN (B):		
FOR PURPOSES OF THIS SCHEDULE, ARKANSAS CHILDREN'S RESEARCH INSTITUTE		
REPORTS THE QUANTITIES IN COLUMN B BASED ON THE NUMBER OF CONTRIBUTIONS		
		
(BY DONOR), NOT THE NUMBER OF ITEMS CONTRIBUTED, IN ACCORDANCE WITH		
(b) bollow, not the nomen of time contributed, in necondated with		
UTCMODICAL BECORD VERDING DRACMICES		
HISTORICAL RECORD KEEPING PRACTICES.		
		
THE CONTRIBUTION NOTED IN PART I IS RECEIVED FROM ARKANSAS CHILDREN'S		
HOSPITAL AS INDIRECT SUPPORT TO ACRI INCLUDING SALARIES, OFFICE		
EXPENSES, DEPRECIATION, FEES FOR SERVICES, AND OTHER EXPENSES.		
		
		
		
<u> </u>	· 	
	<u></u>	
		_

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.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

ARKANSAS CHILDREN'S RESEARCH INSTITUTE,

Employer identification number

The.	71~0034331	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
PHYSICIANS FOR THE CAMPUS; AND (8) SERVE AS A KEY LEARNING LABORATORY		
FOR VARIOUS TRAINEES TO LEARN THE DISCIPLINES AND METHODOLOGIES OF		
RESEARCH.		
FORM 990, PART VI, SECTION A, LINE 1:		
DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, THE		
EXECUTIVE COMMITTEE SHALL POSSESS AND MAY EXERCISE ALL THE POWERS AND		
FUNCTIONS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT AND DIRECTION OF THE		
AFFAIRS OF THE CORPORATION IN ALL CASES IN WHICH SPECIFIC DIRECTIONS SHALL		
NOT HAVE BEEN GIVEN BY THE BOARD OF DIRECTORS.		
FORM 990, PART VI, SECTION A, LINE 2:		
ALTHOUGH NOT CONSIDERED COVERED RELATIONSHIPS AS NOTED IN PART VI, SECTION		
A, LINE 2, THE FOLLOWING DIRECTORS WERE ALL EMPLOYEES OF THE UNIVERSITY OF		
ARKANSAS FOR MEDICAL SCIENCES (UAMS) DURING THE TAX YEAR: RICHARD JACOBS,		
M.D.; DANIEL RAHN, M.D.; AND JOSE ROMERO, M.D.		
FORM 990, PART VI, SECTION A, LINE 4:		
THE ARKANSAS CHILDREN'S RESEARCH INSTITUTE AMENDED AND RESTATED ITS BY-LAWS		
AND ARTICLES OF INCORPORATION AS OF JUNE 7, 2016. ACRI REMAINS A		
NON-PROFIT PUBLIC BENEFIT CORPORATION UNDER THE LAWS OF THE STATE OF		
ARKANSAS.		
SIGNIFICANT CHANGES AFFECTING GOVERNANCE ARE AS FOLLOWS:		

*THE NAME OF THE CORPORATION IS ARKANSAS CHILDREN'S RESEARCH INSTITUTE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 9	90-EZ) (2015)	Page:
Name of the organization	ARKANSAS CHILDREN'S RESEARCH INSTITUTE, INC.	Employer identification number 71-0694931
(ACRI), CHANGED FROM	ARKANSAS CHILDREN'S HOSPITAL RESEARCH INSTITUTE.	·
*ARKANSAS CHILDREN'S	RESEARCH INSTITUTE IS NOW PART OF THE NEWLY FORMED	
HEALTH SYSTEM UNDER	ONE CONTROLLING ENTITY, ARKANSAS CHILDREN'S, INC.	
*THE SOLE MEMBER OF	ACRI IS NOW ARKANSAS CHILDREN'S, INC., CHANGED FROM	
ARKANSAS CHILDREN'S		
*THE PURPOSE OF ACRI	HAS BEEN CHANGED TO THE FOLLOWING: "THE CORPORATION	
	VELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL	
	THE POOR AND DISTRESSED AND LESSENING THE BURDENS OF	
GOVERNMENT WITHIN TH	3 MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE	
CODEINCLUDING TO	IMPROVE AND PROMOTE THE HEALTH AND WELFARE OF THE	
POPULATION OF THE STA	ATE OF ARKANSAS AND TO SUPPORT AND PROMOTE THE	
ADVANCEMENT OF SCIENT	TIFIC AND MEDICAL EDUCATION, TRAINING, RESEARCH, AND	
KNOWLEDGE FOR THE BEN	EFIT OF THE GENERAL PUBLIC, BY:	
A) CONDUCTING, FACILI	TATING AND SUPPORTING THE CONDUCT OF SCIENTIFIC AND	
MEDICAL RESEARCH RELA	TING TO THE CAUSES AND PREVENTION OF AND DEVELOPING	
CURES, TREATMENTS AND	THERAPIES FOR DISEASES, CONDITIONS, AILMENTS AND	
INJURIES, PARTICULARL	Y WITH RESPECT TO THE HEALTH AND WELLBEING OF	
CHILDREN, AND THE GEN	ERAL ADVANCEMENT OF KNOWLEDGE IN THE MEDICAL SCIENCES,	
SUBJECT TO OBTAINING	SUCH LICENSURE, CONSENT AND APPROVALS AS REQUIRED BY	
APPLICABLE LAW;		
B) PUBLISHING AND OTH	ERWISE DISSEMINATING THE RESULTS OF THE CORPORATION'S	
RESEARCH TO ENHANCE T	HE QUALITY OF PEDIATRIC HEALTHCARE AND RESEARCH AND OF	
DUCATION IN THE FIEL	DS OF PEDIATRIC HEALTHCARE AND RESEARCH;	
) CONDUCTING, FACILI	TATING AND SUPPORTING EDUCATION AND TRAINING IN THE	
IELDS OF PEDIATRIC S	CIENTIFIC AND MEDICAL RESEARCH;	

Schedule O (Form 990 or 990-EZ) (2015)	Page
Name of the organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE, INC.	Employer identification number 71-0694931
D) MAKING GRANTS AND CHARITABLE CONTRIBUTIONS AND TO PROVIDE OTHER	
FINANCIAL AND OTHER SUPPORT TO, AND OTHERWISE PROMOTE THE PURPOSES OF, THE	
SOLE MEMBER AND THE SECTION 501(C)(3) TAX-EXEMPT ENTITIES THAT ARE DIRECTLY	
OR INDIRECTLY CONTROLLED BY THE SOLE MEMBER, INCLUDING ARKANSAS CHILDREN'S	
HOSPITAL AND ARKANSAS CHILDREN'S NORTHWEST, INC., SUBJECT TO THE	
RESTRICTIONS HEREINAFTER SET FORTH AND/OR IMPOSED BY DONORS OR OTHERWISE BY	
APPLICABLE LAW;	
E) SUPPORTING AND FURTHERING THE CHARITABLE HEALTHCARE MISSION OF THE	
INTEGRATED GROUP OF AFFILIATED HEALTH CARE PROVIDERS AND RELATED ENTITIES	
OF WHICH THE SOLE MEMBER IS THE DIRECT OR INDIRECT SOLE MEMBER;	
F) BENEFITING, PROMOTING, AND FURTHERING THE PURPOSES OF THOSE SECTION	
501(C)(3) TAX-EXEMPT ORGANIZATIONS THAT ARE DIRECTLY OR INDIRECTLY	
CONTROLLED BY THE SOLE MEMBER, INCLUDING BY MAKING GRANTS, GUARANTEEING	
DEBT, PROVIDING SERVICES AND OTHER FORMS OF SUPPORT, AND/OR OTHER MEANS;	
G) OTHERWISE PROMOTING THE HEALTH AND WELFARE OF THE POPULATION OF THE	
STATE OF ARKANSAS, AND CHILDREN IN PARTICULAR"	
CONTINUED BELOW	
FORM 990, PART VI, SECTION A, LINE 6:	
THE SOLE MEMBER OF ACRI IS ARKANSAS CHILDREN'S, INC., AN ARKANSAS NONPROFIT	
PUBLIC BENEFIT CORPORATION (THE "SOLE MEMBER").	
	
FORM 990, PART VI, SECTION A, LINE 7A:	
ARKANSAS CHILDREN'S, INC., ACRI'S SOLE MEMBER, HAS THE RESERVED POWER TO	
FIX THE SIZE OF THE BOARD OF DIRECTORS, AND THE GOVERNING BOARD OF ANY	
AFFILIATE CONTROLLED BY THE CORPORATION, AND APPOINT AND REMOVE, WITH OR	
WITHOUT CAUSE, THE DIRECTORS OF THE CORPORATION, AND MEMBERS OF THE	
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page:
Name of the organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE, INC.	Employer identification number 71-0694931
GOVERNING BOARD OF ANY AFFILIATE CONTROLLED BY THE CORPORATION.	
	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION A, LINE 7B:	
ACRI'S ARTICLES OF INCORPORATION MAY BE AMENDED, AND THE BYLAWS MAY BE	
ALTERED, AMENDED, OR REPEALED AND NEW BYLAWS MAY BE ADOPTED: (I) UPON THE	
APPROVAL OF BOTH THE BOARD AND THE SOLE MEMBER, IF THE AMENDMENT DOES NOT	
RELATE TO THE NUMBER OF DIRECTORS, THE COMPOSITION OF THE BOARD, THE TERM	
OF OFFICE OF DIRECTORS, OR THE METHOD OR WAY IN WHICH DIRECTORS ARE ELECTED	
OR SELECTED; OR (II) BY THE MEMBER.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE DRAFT FORM 990, WHICH IS RECONCILED TO THE ARKANSAS CHILDREN'S RESEARCH	
INSTITUTE'S (ACRI) INTERNAL FINANCIAL STATEMENTS AND THE ARKANSAS	
CHILDREN'S, INC. CONSOLIDATED AUDIT REPORT, IS INITIALLY REVIEWED IN DETAIL	
WITH ACRI'S PRESIDENT AND VICE PRESIDENT. THE DRAFT IS ALSO REVIEWED IN	
DETAIL WITH BOTH THE SVP/CFO AND THE VP OF FINANCIAL OPERATIONS OF ARKANSAS	
CHILDREN'S, INC. IF THE REVIEW BY ACRI'S MANAGEMENT RESULTS IN REVISIONS TO	
THE DRAFT FORM 990, THOSE REVISIONS ARE MADE, AND THE FORM 990 TO BE FILED	
IS PROVIDED TO THE ACRI BOARD OF DIRECTORS PRIOR TO THE RETURN BEING FILED.	
IN ADDITION, THE FORM 990 IS PROVIDED TO BOTH THE CHAIRMAN OF THE BOARD AND	
THE TREASURER OF ARKANSAS CHILDREN'S, INC.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ARKANSAS CHILDREN'S MAINTAINS A CONFLICT OF INTEREST POLICY WHICH PERTAINS	
TO ALL RELATED ENTITIES. FOLLOWING ARE THE DETAILS REGARDING MONITORING AND	
COMPLIANCE:	
A. CONSISTENT WITH THE ARKANSAS CHILDREN'S CODE OF CONDUCT, ALL EMPLOYEES	,
OR THOSE SERVING ON ARKANSAS CHILDREN'S-RELATED COMMITTEES MUST DISCLOSE	odulo 0 (Farry 000 or 000 F7) (0045)
20040-00-00-45	Adula A (Care DOD DOD ET) (6045)

Name of the organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE, INC.	Employer identification number 71-0694931
ANY EMPLOYMENT, TRANSACTION, OR OTHER ARRANGEMENT THAT MAY CAUSE A CONFLICT	
OF INTEREST. ALL PERSONS COVERED BY THIS POLICY MUST DISCLOSE POSSIBLE	
CONFLICTS OF INTEREST CAUSED BY THEIR WORK, OR A FAMILY MEMBER ASSOCIATED	
WITH ARKANSAS CHILDREN'S, ALL PARTIES MUST FURTHER AGREE TO MANAGE SUCH	
CONFLICTS IN ACCORDANCE WITH THIS POLICY AND ASSOCIATED PROCEDURES.	
B. EACH EMPLOYEE AND VOLUNTEER MUST COMPLETE THE CONFLICT OF INTEREST	
STATEMENT AT THE TIME OF THEIR ANNUAL EVALUATION.	
C. MEDICAL STAFF MEMBERS WILL COMPLETE AN INITIAL CONFLICT OF INTEREST	
STATEMENT DURING THE CREDENTIALING PROCESS AND THEN BI-ANNUALLY DURING THE	
REAPPOINTMENT APPLICATION PROCESS. THE MEDICAL STAFF OFFICE WILL FORWARD	
ANY STATEMENT THAT INCLUDES A CONFLICT TO THE COMPLIANCE OFFICER FOR REVIEW	
AND FURTHER ACTION, IF NEEDED.	
D. IT IS THE RESPONSIBILITY OF EACH INDIVIDUAL TO IMMEDIATELY NOTIFY THEIR	
SUPERVISOR OF ANY CONFLICT AND REMOVE THEMSELVES FROM ANY DISCUSSION,	
EVALUATION, DELIBERATION THAT INVOLVES THEIR CONFLICT OF INTEREST.	
E. THE COMPLIANCE OFFICER WILL REVIEW COMPLETED STATEMENTS AND IF NEEDED	
TAKE FURTHER ACTION, IN CONSULTATION WITH APPROPRIATE MANAGEMENT.	
F. UPON REQUEST, PATIENTS OR THEIR LEGAL REPRESENTATIVES WILL BE GIVEN	
INFORMATION REGARDING PHYSICIAN CONFLICTS OF INTEREST RELATED TO THE	
PATIENT'S CARE, THIS INFORMATION CAN BE REQUESTED FROM THE CORPORATE	
COMPLIANCE OFFICE.	
REGARDING BOARD CONFLICTS, THE ARKANSAS CHILDREN'S BOARD HAS ADOPTED, AND	
REQUIRES THE DIRECTORS, NON-DIRECTOR COMMITTEE MEMBERS, OFFICERS AND KEY	
EMPLOYEES OF EACH CORPORATION TO ADHERE TO, A CONFLICT OF INTEREST POLICY	
THAT IS SUBSTANTIALLY CONSISTENT WITH THE PRINCIPLES AND STANDARDS	
STABLISHED FOR ADDRESSING CONFLICTS OF INTEREST BY APPLICABLE LAW,	
EGULATION OR ADMINISTRATIVE GUIDANCE AND WITH PREVAILING BEST PRACTICES	
OR SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS.	
32212 09-02-15 4.8	chedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990 EZ) (2015)	Page 2
Name of the organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE, INC.	Employer identification number 71-0694931
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC	
UPON REQUEST AS REQUIRED.	
	·
FORM 990, PART VI, SECTION A, LINE 4 (CONTINUED):	~
ADDITIONAL CHANGES REGARDING GOVERNANCE ARE AS FOLLOWS:	
*IN THE EVENT OF DISSOLUTION, THE BOARD OF DIRECTORS SHALL, AFTER	
PAYING OR MAKING PROVISION FOR PAYMENT OF ALL LIABILITIES OF THE	
CORPORATION, DISTRIBUTE ITS ASSETS TO ONE OR MORE ENTITIES THAT ARE	
DIRECTLY OR INDIRECTLY CONTROLLED BY THE SOLE MEMBER AND/OR SUCCESSORS	
OF THE CORPORATION, IN SUCH PROPORTIONS AS THE BOARD SHALL DETERMINE,	
PROVIDED THAT EACH SUCH ORGANIZATION QUALIFIES AS EXEMPT FROM FEDERAL	
INCOME TAX.	
*AS SOLE MEMBER OF ACRI, ARKANSAS CHILDREN'S, INC. HAS EXCLUSIVE	
AUTHORITY UNDER ARKANSAS LAW AND ACRI'S GOVERNING DOCUMENTS TO CERTAIN	
RESERVED POWERS, WHICH INCLUDE THE FOLLOWING:	
(A) TO APPROVE AND MODIFY THE PURPOSES AND MISSION OF ACRI AND/OR	
AFFILIATES;	
(B) TO FIX THE SIZE OF THE BOARD OF DIRECTORS AND APPOINT AND/OR	
REMOVE ITS MEMBERS;	
(C) TO ESTABLISH FINANCIAL AND STRATEGIC PLANS OF ACRI AND/OR	
AFFILIATES;	
(D) TO APPROVE ALL BUDGETS OF ACRI AND/OR AFFILIATES;	·
(E) TO CONTROL INVESTMENT OF ASSETS HELD BY OR ON BEHALF OF ACRI	
AND/OR AFFILIATES;	
(F) TO APPROVE ANY UNBUDGETED CAPITAL EXPENDITURES MADE BY ACRI AND/OR	
AFFILIATES IN ACCORDANCE WITH POLICY;	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE, INC.	Employer identification number 71-0694931
(G) TO APPROVE ANY REAL OR PERSONAL PROPERTY TRANSACTION MADE BY ACRI	
AND/OR AFFILIATES IN ACCORDANCE WITH POLICY;	
(H) TO APPROVE INCURRENCE OF DEBT OR GUARANTEES MADE BY ACRI AND/OR	
AFFILIATES;	
(I) TO APPROVE THE INITIATION OR SETTLEMENT OF ANY MATERIAL LEGAL	· · · · · · · · · · · · · · · · · · ·
PROCEEDING OF ACRI AND/OR AFFILIATES;	
(J) TO APPROVE ANY MATERIAL SETTLEMENT OF ANY GOVERNMENTAL, AUDIT OR	
OTHER PROCEEDING INVOLVING ACRI AND/OR AFFILIATES;	
(K) TO APPROVE ANY UNBUDGETED CONTRACT PROCEEDING THAT OCCURS OUTSIDE	
THE ORDINARY COURSE OF BUSINESS OF ACRI AND/OR AFFILIATES IN ACCORDANCE	
WITH POLICY;	
(L) TO APPROVE ANY EFFORTS TO RE-BRAND OR ALTER THE PUBLIC FACING	
IMAGE OF ACRI AND/OR AFFILIATES;	
(M) TO APPROVE THE SALE, LEASE, EXCHANGE, OR OTHER DISPOSITION OF ALL	
OR SUBSTANTIALLY ALL OF THE PROPERTY OF ACRI AND/OR AFFILIATES OTHER	
THAN IN THE REGULAR COURSE OF BUSINESS;	
(N) TO RATIFY ELECTION AND REMOVAL OF OFFICERS OF THE BOARD;	
(O) TO RETAIN, OVERSEE, AND TERMINATE INDEPENDENT EXTERNAL AUDITORS OF	
ACRI AND/OR AFFILIATES;	
(P) TO AUTHORIZE AMENDMENT AND RESTATEMENT AND/OR REPEAL OF GOVERNANCE	
DOCUMENTS OF ACRI AND/OR AFFILIATES;	<u> </u>
(Q) TO AUTHORIZE AND CAUSE ACRI AND/OR AFFILIATES TO FORM A NEW	
SUBSIDIARY OR OTHERWISE BECOME A MEMBER, SHAREHOLDER, OR OTHER EQUITY	
OWNER OF ANY OTHER LEGAL ENTITY;	
(R) TO AUTHORIZE MERGER, ACQUISITION, CONSOLIDATION, OR JOINT VENTURE	
OF ACRI AND/OR AFFILIATES;	
(S) TO AUTHORIZE CONVERSION, REORGANIZATION, OR DISSOLUTION AND	
SUBSEQUENT DISPOSITION OF ASSETS OF ACRI AND/OR AFFILIATES;	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE, INC.	Employer identification number 71-0694931
(T) TO APPROVE ANY OTHER ACTION BY ACRI AND/OR AFFILIATES ESTABLISHED	······································
FROM TIME TO TIME BY RESOLUTION OF THE SOLE MEMBER AS REQUIRING ITS	
APPROVAL, INCLUDING BUT NOT LIMITED TO ANY APPROVALS RELATED TO	· · · · · · · · · · · · · · · · · · ·
COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN	
AGREEMENT ASSOCIATED WITH ACRI AND/OR AFFILIATES.	
*REGARDING THE BOARD OF DIRECTORS, SPECIFIC MODIFICATIONS TO THE	
GOVERNING DOCUMENTS ARE AS FOLLOWS:	
(A) ACRI'S BOARD OF DIRECTORS SHALL CONSIST OF NOT LESS THAN NINE (9)	
NOR MORE THAN TWELVE (12) DIRECTORS, WITH THE SPECIFIC NUMBER WITHIN	
THAT RANGE TO BE DETERMINED BY THE MEMBER FROM TIME TO TIME; PROVIDED,	
HOWEVER, THAT THE MEMBER MAY BY RESOLUTION INCREASE OR DECREASE THE	
NUMBER OF DIRECTORS OF THE CORPORATION TO THE EXTENT CONSISTENT WITH	·
THE CORPORATION'S ARTICLES OF INCORPORATION, THE BYLAWS OF THE MEMBER	
AND APPLICABLE LAW, NO DECREASE IN THE NUMBER OF DIRECTORS SHALL	
SHORTEN THE TERM OF ANY INCUMBENT DIRECTOR.	
(B) ACRI'S PRESIDENT AND THE SOLE MEMBER'S PRESIDENT AND CEO WILL	
SERVE AS EX OFFICIO VOTING MEMBERS OF THE BOARD FOR AS LONG AS THEY	
SERVE IN THEIR RESPECTIVE ROLES.	
(C) THE SOLE MEMBER SHALL APPOINT SUCH OTHER INDIVIDUALS AS THE	<u>-</u>
REMAINING DIRECTORS ON THE BASIS OF THE ABILITY TO ACTIVELY AND	
EFFECTIVELY PARTICIPATE IN THE BOARD'S ROLE IN FULFILLING THE PURPOSES	
OF THE CORPORATION, INCLUDING POSSESSION OF RELEVANT SKILLS, EXPERTISE	
AND EXPERIENCE, PARTICULARLY WITH RESPECT TO SCIENTIFIC RESEARCH.	
(D) THE BOARD SHALL AT ALL TIMES INCLUDE AT LEAST THREE (3)	
INDIVIDUALS WHO DO NOT ALSO SERVE ON THE BOARD OF DIRECTORS OF ANY	
AFFILIATE.	
(E) DIRECTORS (OTHER THAN EX OFFICIO DIRECTORS) WILL BE APPOINTED AT	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE, INC.	Employer identification number 71-0694931
IN THE MANAGEMENT AND OPERATIONS OF THE CORPORATION. THE PRESIDENT	
SHALL BE APPOINTED BY THE PRESIDENT/CEO OF THE SOLE MEMBER.	
PART VI, SECTION A, LINE 4 (CONTINUED):	
*REGARDING COMMITTEES OF THE BOARD, SPECIFIC MODIFICATIONS TO THE	
GOVERNING DOCUMENTS ARE AS FOLLOWS:	
(A) THE BOARD OF DIRECTORS MAY FROM TIME TO TIME DESIGNATE ONE (1) OR	
MORE COMMITTEES OF THE BOARD WITH SUCH DUTIES AND RESPONSIBILITIES AS	
IT DEEMS NECESSARY, ADVISABLE OR CONVENIENT. A COMMITTEE OF THE BOARD	
MAY BE ESTABLISHED EITHER AS A STANDING COMMITTEE OR AS AN AD HOC	
COMMITTEE FOR A SPECIAL PURPOSE. EACH COMMITTEE OF THE BOARD SHALL BE	
ESTABLISHED BY THE BOARD OF DIRECTORS, BY AT LEAST MAJORITY VOTE, AND	
SHALL CONSIST OF AT LEAST THREE (3) DIRECTORS. ALL COMMITTEES SHALL	
REPORT TO THE BOARD OF DIRECTORS, AND SHALL SERVE AT THE PLEASURE OF	
THE BOARD. THE CHAIR SHALL SERVE AS AN EX OFFICIO MEMBER OF ALL	
COMMITTEES OF WHICH THE CHAIR IS NOT OTHERWISE A REGULAR MEMBER, TO THE	
EXTENT PERMITTED BY APPLICABLE LAW. THE BOARD SHALL HAVE THE POWER AT	
ANY TIME TO CHANGE THE MEMBERSHIP OF ANY COMMITTEE, TO FILL VACANCIES	
ON ANY COMMITTEE AND TO DISCHARGE ANY COMMITTEE. THE BOARD MAY	
DESIGNATE ONE OR MORE DIRECTORS AS ALTERNATE MEMBERS OF ANY COMMITTEE,	
WHO MAY REPLACE ANY ABSENT OR DISQUALIFIED MEMBER AT ANY MEETING OF	·
SUCH COMMITTEE.	
(B) NON-DIRECTOR MEMBERS SHALL BE AUTHORIZED TO PARTICIPATE AS VOTING	
MEMBERS OF A COMMITTEE ONLY ON MATTERS WHICH WILL BE REFERRED OR	
RECOMMENDED TO THE BOARD OF DIRECTORS FOR ITS FINAL ACTION.	
NON-DIRECTOR MEMBERS SHALL BE REQUIRED TO COMPLETE A CONFLICT OF	
INTEREST DISCLOSURE STATEMENT ANNUALLY, AND TO COMPLY WITH THE	
ORPORATION'S CONFLICT OF INTEREST POLICY, SUCH NON-DIRECTOR	

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE, INC.	Employer identification number 71-0694931
REPRESENTATIVES SHALL SERVE EITHER FOR A ONE (1) YEAR TERM (WHICH MAY	
BE RENEWED) OR AT THE PLEASURE OF THE BOARD OF DIRECTORS, AS DETERMINED	
BY THE BOARD OF DIRECTORS FROM TIME TO TIME. NON-DIRECTOR MEMBERS OF A	
COMMITTEE MAY INCLUDE MEMBERS OF THE MANAGEMENT TEAM OF THE CORPORATION	
OR THE MEMBER.	
(C) THE BOARD OF DIRECTORS MAY DELEGATE SUCH OF ITS POWERS AS IT DEEMS	
NECESSARY OR ADVISABLE TO COMMITTEES OF THE BOARD; PROVIDED, HOWEVER,	
THAT NO COMMITTEE OF THE BOARD SHALL HAVE THE AUTHORITY TO: (1)	
AUTHORIZE DISTRIBUTIONS; (II) ELECT, APPOINT OR REMOVE DIRECTORS OR	
FILL VACANCIES ON THE BOARD OR ANY OF ITS COMMITTEES; (III) ADOPT,	
AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS; OR (IV)	
APPOINT OR ELECT THE PRESIDENT OF THE CORPORATION. ANY COMMITTEE MAY	
EXERCISE SUCH OF THE BOARD'S AUTHORITY AS IS GRANTED BY THE BOARD OF	
DIRECTORS, SUBJECT TO THE RESTRICTIONS CONTAINED IN THE CORPORATION'S	
ARTICLES OF INCORPORATION OR THESE BYLAWS.	
(D) THE STANDING COMMITTEES OF THE BOARD SHALL BE THE EXECUTIVE	
COMMITTEE AND THE FINANCIAL PLANNING AND OVERSIGHT COMMITTEE.	
(E) THE EXECUTIVE COMMITTEE SHALL CONSIST OF SIX DIRECTORS, INCLUDING	
THE CHAIR, VICE CHAIR, AND TREASURER OF THE BOARD, THE PRESIDENT OF THE	
CORPORATION, THE PRESIDENT AND CEO OF THE MEMBER, AND ONE (1) AT LARGE	
DIRECTOR APPOINTED ANNUALLY BY THE CHAIR, SUBJECT TO APPROVAL BY THE	
BOARD,	
(F) DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS,	
THE EXECUTIVE COMMITTEE SHALL POSSESS AND MAY EXERCISE ALL THE POWERS	
AND FUNCTIONS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT AND DIRECTION	
OF THE AFFAIRS OF THE CORPORATION IN ALL CASES IN WHICH SPECIFIC	
DIRECTIONS SHALL NOT HAVE BEEN GIVEN BY THE BOARD OF DIRECTORS.	
(G) THE EXECUTIVE COMMITTEE WILL MEET AT LEAST QUARTERLY.	

Schedule O (Form 990 or 990-EZ) (2015)	Page
Name of the organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE, INC.	Employer identification number 71-0694931
(H) A MAJORITY OF THE MEMBERS OF THE EXECUTIVE COMMITTEE IN OFFICE AT	
THE TIME SHALL BE NECESSARY TO CONSTITUTE A QUORUM AND IN EVERY CASE AN	
AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS OF THE COMMITTEE PRESENT	
AT A MEETING SHALL BE NECESSARY FOR THE TAKING OF ANY ACTIONS.	
(I) THE FINANCIAL PLANNING AND OVERSIGHT COMMITTEE SHALL BE COMPRISED	
OF THE PRESIDENT OF THE CORPORATION AND NOT LESS THAN TWO (2) DIRECTORS	
APPOINTED BY THE CHAIR.	
(J) THE FINANCIAL PLANNING AND OVERSIGHT COMMITTEE SHALL BE	
RESPONSIBLE FOR THE FOLLOWING: REVIEWING THE BUDGET PROCESS; REVIEWING	
BUDGET-TO-ACTUAL-PERFORMANCE; REVIEWING THE MIX OF GRANTS, CLINICAL	
TRIALS, AND INDIRECT COST REIMBURSEMENTS; SUGGESTING MEANS TO IMPROVE	·
FISCAL ACCOUNTABILITY; ESTABLISHING THE STRATEGIC ORIENTATION OF THE	·
CORPORATION CONSISTENT WITH THE GOALS OF THE MEMBER, INCLUDING CREATING	
GOALS RELATED TO GROWTH AND DEVELOPMENT OF THE CORPORATION, MONITORING,	
UPDATING AND ASSISTING WITH IMPLEMENTATION OF THE STRATEGIC PLAN, AND	
IDENTIFYING AND IMPLEMENTING STRATEGIC PARTNER SHIPS; AND REPORTING ON	
THE FINANCIAL PLANNING AND OVERSIGHT COMMITTEE'S ACTIVITIES TO THE FULL	
BOARD.	
(K) THE FINANCIAL PLANNING AND OVERSIGHT COMMITTEE SHALL MEET AT LEAST	·
QUARTERLY.	
*REGARDING GENERAL PROVISIONS, SPECIFIC MODIFICATIONS TO THE GOVERNING	
DOCUMENTS ARE AS FOLLOWS:	
(A) BOOKS & RECORDS - THE FOLLOWING ITEMS SHALL BE KEPT AT THE ACRI	
OFFICE: CORRECT AND COMPLETE BOOKS OF ACCOUNT; MINUTES AND RECORDS OF	
THE PROCEEDINGS OF THE SOLE MEMBER ACTING IN ITS CAPACITY OF MEMBER OF	
THE CORPORATION AND OF THE BOARD AND COMMITTEES THEREOF, INCLUDING ANY	
CTIONS TAKEN BY UNANIMOUS WRITTEN CONSENT; A CURRENT LIST OF ACRI'S	
22212 00 00 15	L.I. O (Early 000 or 000 E7) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE,	Page :
Name of the organization ARAMSAS CHILDREN S RESEARCH INSTITUTE,	Employer identification number 71-0694931
DIRECTORS AND OFFICERS; A COPY OF ACRI'S APPLICATION FOR RECOGNITION OF	
ITS 501(C)(3) TAX-EXEMPT STATUS; AND COPIES OF ACRI'S FILED ANNUAL IRS	
FORMS 990.	
(B) ANNUAL AUDITS - AT LEAST ONCE EACH YEAR, THE SOLE MEMBER SHALL	
ENGAGE AN INDEPENDENT ACCOUNTING FIRM TO CONDUCT AN AUDIT OF THE BOOKS	
AND ACCOUNTS OF ACRI AND ITS AFFILIATES AND WILL PROVIDE A COPY OF THE	·
AUDIT REPORT TO THE BOARD OF DIRECTORS.	-
(C) REVIEW OF BYLAWS - AT LEAST ONCE EVERY TWO (2) YEARS, OR PROMPTLY	· · · · · · · · · · · · · · · · · · ·
UPON A CHANGE IN APPLICABLE LAW, THE BOARD OF DIRECTORS SHALL REVIEW,	-
OR DELEGATE THE REVIEW OF THE BYLAWS AND SHALL RECOMMEND TO THE SOLE	· · · · · · · · · · · · · · · · · · ·
MEMBER ANY SUCH AMENDMENTS AS ARE NECESSARY OR ADVISABLE.	-
(D) CONFLICT OF INTEREST POLICY - THE BOARD SHALL ADOPT, AND SHALL	
CAUSE THE DIRECTORS, NON-DIRECTOR COMMITTEE MEMBERS, OFFICERS, AND KEY	
EMPLOYEES OF THE CORPORATION TO ADHERE TO, A CONFLICT OF INTEREST	
POLICY THAT IS SUBSTANTIALLY CONSISTENT WITH THE PRINCIPLES AND	
STANDARDS ESTABLISHED FOR ADDRESSING CONFLICTS OF INTEREST BY	····
APPLICABLE LAW, REGULATION, OR ADMINISTRATIVE GUIDANCE AND WITH	
PREVAILING BEST PRACTICES FOR 501(C)(3) TAX-EXEMPT ORGANIZATIONS. A	
COPY OF SUCH CONFLICT OF INTEREST POLICY SHALL BE PROVIDED TO EACH	
NEWLY APPOINTED DIRECTOR AND TO ALL DIRECTORS ON AN ANNUAL BASIS,	·
TOGETHER WITH AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT.	
	
*REGARDING MAINTAINING A UNIFIED HEALTH SYSTEM, THE BYLAWS STATE THE	
FOLLOWING: "IN ORDER TO ESTABLISH THE RELATIONSHIPS AMONG THE	
CONSTITUENT ENTITIES OF THE HEALTH SYSTEM WHICH ARE NECESSARY TO	
MAINTAIN AN INTEGRATED, UNIFIED SYSTEM, THE CORPORATION SHALL REQUIRE,	
TO THE EXTENT PERMITTED BY APPLICABLE LAW, THAT THE GOVERNING DOCUMENTS	
OF ANY ENTITY OF WHICH THE CORPORATION IS THE SOLE CORPORATE MEMBER OR	
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization ARKANSAS CHILDREN'S RESEARCH INSTITUTE,	Page :
INC.	Employer identification number 71-0694931
OTHER SOLE CONTROLLING ORGANIZATION CONTAIN THE FOLLOWING:	
(A) PROVISIONS WHICH RESERVE TO THE CORPORATION THE POWERS OVER SUCH	
ENTITY AS MAY BE REQUIRED BY THESE BYLAWS, APPLICABLE HEALTH SYSTEM	
POLICIES OR AS OTHERWISE DETERMINED BY THE MEMBER FROM TIME TO TIME;	
(B) PROVISIONS WHICH RESERVE TO SUCH ENTITY SUCH POWERS OVER	
ORGANIZATIONS IT CONTROLS AS MAY BE REQUIRED BY THESE BYLAWS,	
APPLICABLE HEALTH SYSTEM POLICIES OR AS OTHERWISE DETERMINED BY THE	
MEMBER FROM TIME TO TIME; AND	
(C) PROVISIONS WHICH REQUIRE SUCH ENTITY TO REQUIRE THAT THE GOVERNING	
DOCUMENTS OF ORGANIZATIONS THAT IT IN TURN CONTROLS CONTAIN PROVISIONS	
WHICH RESERVE TO THE CORPORATION THE POWERS SET FORTH IN THESE BYLAWS,	······
THE GOVERNING DOCUMENTS OF SUCH ENTITY, THESE BYLAWS, APPLICABLE HEALTH	
SYSTEM POLICIES OR AS OTHERWISE DETERMINED BY THE MEMBER FROM TIME TO	
TIME."	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FUND BALANCE TRANSFER - ASSETS FROM ACH TO ACRI 9,119	
FUND BALANCE TRANSFER - MERGE BRFI TO ACRI 4,571,524	
TRANSFER HIPPY GRANT CARRYOVER TO ACH -15,464	
TOTAL TO FORM 990, PART XI, LINE 9 4,565,179	
FORM 990, PART XII, LINE 3B:	
THE CONSOLIDATED ORGANIZATION IS REQUIRED TO UNDERGO AN AUDIT AS SET	
FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 AND DID UNDERGO	
THAT REQUIRED AUDIT.	

SCHEDULE R (Form 990)

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.

2015	Open to Public

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. ARKANSAS CHILDREN'S RESEARCH INSTITUTE,

Employer identification number Direct controlling 71-0694931 End-of-year assets e Total income € Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part

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. Parti

(a)	(q)	(c)	Đ	(e)	ε	9	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section \$12(b)(13)	b)(13) d
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	٤
ARKANSAS CHILDREN'S, INC 81-0801296							
1 CHILDREN'S WAY							
LITTLE ROCK, AR 72202	HEALTH CARE PARENT CORP	ARKANSAS	501(C)(3)	TINE 11B TT MIL	Y / X		
ARKANSAS CHILDREN'S HOSPITAL - 71-0236857				17 /217	W/ W		
1 CHILDREN'S WAY						 -	
LITTLE ROCK, AR 72202	HOSPITAL	ARKANSAS	501(7)(3)	, TNE 3	AKKANSAS		
ARKANSAS CHILDREN'S HOSPITAL FOUNDATION -			(2)(2)(2)	, and	CUITPOURN S' INC.	*	
71-0568795, 1 CHILDREN'S WAY, LITTLE ROCK,					0 40044404		
AR 72202	FUNDRAISING	ARKANSAS	501(C)(3)	L HNE	CUTI-DEEN'S TWO	;	
ARKANSAS CHILDREN'S HOSPITAL BUILDING					CHILDREN B, INC.	<u>*</u>	
RESEARCH FACILITY, INC 91-1940376, 1					OMMI GOODN - 8/N		
CHILDREN'S WAY, LITTLE ROCK, AR 72202	BUILDING MANAGEMENT	ARKANSAS	501(C)(3)	LINE 11A I	ACRI IN FY16	<u>*</u>	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

71-0694931

INC.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(2)	1.0						
Name, address, and FIN	(g)	(o)	(D)	<u>(e)</u>	E	(g)	6 7 4
of related organization	ר וווימוץ מכנועונץ	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	, d ()
				501(c)(3))		Yes	ş
71-0606585 1 CHILDREN'S MAY LITHUR BOCK						╀╌	
, which will be soon a	FUNDRAISING & VOLUNTEERS	SENEMAN	E01/07/23				
ARKANSAS CHILDREN'S NORTHWEST - 81-0817660		GUGNUANA	DOT (C) (3)	LINE 11A, I	CHILDREN'S, INC.	×	
WAY					2 4 5 14 4 4 5 4		
LITTLE ROCK, AR 72202	HOSPITAL	ARKANSAS	 501(C)(3)	LINE 3	HELDREN'S INC		
						+	
						1	
							1
						_	
							1
						+	1
532222 04-01-15		62					

Schedule R (Form 990) 2015 IN

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 71-0694931 Part

Page 2

Percentage ownership Schedule R (Form 990) 2015 Yes No Section 512(b)(13) controlled entity? × 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. B General or programment partner? Percentage ownership N/A Ξ Code V-UBI amount in box 20 of Schedule 4.1 (Form 1065) Share of end-of-year assets N/A <u>6</u> Disproportionate Yes allocations? Ξ Share of total income N/A Share of end-of-year assets Type of entity (C corp, S corp, or trust) e Share of total income CORP Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **5** N/A **e** Legal domicile (state or foreign country) 63 <u>ق</u> AR Direct controlling entity MANAGEMENT SERVICES Ð Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 58-6304957, 1 CHILDREN'S WAY, LITTLE ROCK, 3 CHILDREN'S HEALTHCARE SYSTEM, INC. Name, address, and EIN of related organization Name, address, and EIN of related organization 532162 09-08-15 72202 Part IV

71-0694931

chedule R (Form 990) 2015 INC.			71-0694931	Page 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	ered "Yes" on Form	990, Part IV, line 34, 35b,	or 36.	
1 5				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.	s with one or more re	lated organizations listed	ın Parts II-IV?	*
				×
				╀╌
d Loans or loan guarantees to or for related organization(s)				x ×
e Loans or loan guarantees by related organization(s)				1e x
f Dividends from related organization(s)				14 x
g Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)				⊢⊣
i Exchange of assets with related organization(s)				x x
j Lease of facilities, equipment, or other assets to related organization(s)				×
k Lease of facilities, equipment, or other assets from related organization(s)				1k x
Performance of services or membership or fundraising solicitations	inization(s)			\vdash
	nization(s)			+
	on(s)			+
 Sharing of paid employees with related organization(s) 				10 V
 P Reimbursement paid to related organization(s) for expenses 				Tp X
				1q ×
The attended of and or personal to related are personal section (6)				×
s. Other transfer of cash or property from related organization(s)				╁-
If the answer to any of the above is "Yes," see the instructions for	vho must complete tl	nis line, including covered	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	ıvolved
(1)				
(2)				
(4)				
(5)				
9				
532163 09-08-15	64		Schedule	Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Page 4

71-0694931

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.

Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner?	No No No No No No No No No No No No No N		
Code V-UBI amount in box 20 of Schedule K-1	(con line)		
(h) Dispropor- tonate	Aes No	 	+
(g) Share of (end-of-year assets			
Share of total income			
(e) Are all partners sec 501(c)(3) orgs?	ON STATE OF THE ST		
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of entity			

Schedule R (Form 990) 2015

Schedule R	(Form 990) 2015	INC.	71-0694931	Page 8
Part VII	(Form 990) 2015 Supplemental Info	rmation		
	Provide additional inform	ation for responses to questions on Schedule R (see instructions)		

			·	