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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

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

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

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

D Employer identification number
54-0506321

E Telephone number
(757) 668-7000

G Gross receipts $ 457,958,221

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CHKD ORG

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

L Year of formation 1961

M State of legal domicile VA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	3,172
6	Total number of volunteers (estimate if necessary)	**6**	889
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	574,061
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,153,945

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,513,662	15,064,465
9	Program service revenue (Part VIII, line 2g)	377,949,199	416,239,379
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,857,225	8,331,702
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,108,813	3,086,821
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	398,428,899	442,722,367
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,116,630	12,457,678
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	174,658,051	174,081,186

[redacted]

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian			

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

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

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

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

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

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

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations**			

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	138		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		

[redacted]

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

Employer identification number
54-0506321

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining noncash contribution amounts

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

[redacted]

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code See Additional Data	) (Expenses $	335,719,856	including grants of $	12,457,678)	(Revenue $	418,314,593)
4b	(Code	) (Expenses $		including grants of $	)	(Revenue $	)
4c	(Code	) (Expenses $		including grants of $	)	(Revenue $	)
4d	Other program services (Describe in Schedule O) (Expenses $			including grants of $	)	(Revenue $	)
4e	**Total program service expenses ▶**		335,719,856				

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,627,328	3,657,494	2,481,542

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 155

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S SPECIALTY GROUP, PO BOX 11049 NORFOLK, VA 23517	MEDICAL	19,335,115
EASTERN VIRGINIA MED SCHOOL, PO BOX 1980 NORFOLK, VA 235011980	MEDICAL	11,491,556
W M JORDAN CO INC, 11010 JEFFERSON AVE NEWPORT NEWS, VA 23601	CONSTUCTION	7,341,279
CERNER CORPORATION, PO BOX 959156 ST LOUIS, MO 63195	I/T SUPPORT	4,095,984
SODEXO INC AND AFFILIATES, PO BOX 536922 ATLANTA, GA 30353	MEDICAL SUPPLIES	5,028,356

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 89

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	174,118			
	b Membership dues	1b				
	c Fundraising events	1c	463,436			
	d Related organizations	1d	1,500,000			
	e Government grants (contributions)	1e	1,887,238			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,039,673			
	g Noncash contributions included in lines 1a-1f $ 1,938,862					
	h Total. Add lines 1a-1f		15,064,465			

Program Service Revenue	Business Code				
2a PATIENT SERVICES	900099	396,795,010	396,795,010		
b OTHER RELATED SERVICES	900099	18,870,308	18,870,308		
c LAB SERVICES	621500	522,210		522,210	
d SPORTS RELATED SERVICES	900099	51,851		51,851	
e					
f All other program service revenue					
g Total. Add lines 2a-2f		416,239,379			

Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			4,226,605			4,226,605
4 Income from investment of tax-exempt bond proceeds			0			
5 Royalties			0			
	(i) Real	(ii) Personal				
6a Gross rents	3,838,644	32,575				
b Less rental expenses	3,429,831	4,658				
c Rental income or (loss)	408,813	27,917				
d Net rental income or (loss)			436,730			436,730
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	15,782,131	40,294				
b Less cost or other basis and sales expenses	11,694,070	23,258				
c Gain or (loss)	4,088,061	17,036				
d Net gain or (loss)			4,105,097			4,105,097
8a Gross income from fundraising events (not including $ 463,436 of contributions reported on line 1c) See Part IV, line 18	a	84,853				
b Less direct expenses	b	84,037				
c Net income or (loss) from fundraising events			816			816
9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses	b	0				
c Net income or (loss) from gaming activities			0			
10a Gross sales of inventory, less returns and allowances	a	0				
b Less cost of goods sold	b	0				
c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code				
11a GRADUATE MEDICAL EDUCATION		900099	2,649,275	2,649,275		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			2,649,275			
12 Total revenue. See Instructions			442,722,367	418,314,593	574,061	8,769,248

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	12,457,678	12,457,678		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,181,053	923,025	258,028	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	145,370,226	132,652,781	11,555,954	1,161,491
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	626,609		626,609	
9 Other employee benefits	16,628,524	16,103,414	379,040	146,070
10 Payroll taxes	10,274,774	9,379,069	809,847	85,858
11 Fees for services (non-employees)				
a Management	60,000		60,000	
b Legal	33,914	8,496	25,418	
c Accounting	37,355		37,355	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	234,031			234,031
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,582,209	35,744,052	1,820,307	17,850
12 Advertising and promotion	146,748	71,355	34,588	40,805
13 Office expenses	3,554,082	2,402,482	1,015,840	135,760
14 Information technology	1,822,353	1,318,491	487,663	16,199
15 Royalties	0			
16 Occupancy	13,946,745	12,609,430	1,337,315	
17 Travel	285,723	242,565	35,801	7,357
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,083,406	955,997	115,043	12,366
20 Interest	3,072,691	12,675	3,060,016	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	21,537,668	18,710,946	2,810,472	16,250
23 Insurance	1,990,225	565,085	1,425,140	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES	53,468,566	52,964,901	502,695	970
b EQUIP RENTAL AND MAINTENANCE	18,141,362	13,951,902	4,177,350	12,110
c CORPORATE SUPPORT	15,096,978		15,096,978	
d PURCHASED SERVICES	12,409,705	10,330,781	2,078,924	
e All other expenses	16,262,784	14,314,731	1,771,540	176,513
25 **Total functional expenses.** Add lines 1 through 24e	387,305,409	335,719,856	49,521,923	2,063,630
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	48,321,267	2	81,183,030
	3	Pledges and grants receivable, net	2,944,379	3	3,120,708
	4	Accounts receivable, net	72,632,229	4	64,480,229
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	8,523,591	8	8,027,020
	9	Prepaid expenses and deferred charges	5,872,407	9	5,342,792
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 454,672,796			
	b	Less accumulated depreciation — 10b: 250,110,518	195,863,742	10c	204,562,278
	11	Investments—publicly traded securities	166,933,802	11	200,981,132
	12	Investments—other securities See Part IV, line 11	12,924,102	12	13,603,514
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	6,117,332	15	6,667,509
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	520,132,851	16	587,968,212
Liabilities	17	Accounts payable and accrued expenses	35,230,141	17	36,213,308
	18	Grants payable	0	18	0
	19	Deferred revenue	1,554,464	19	2,087,735
	20	Tax-exempt bond liabilities	72,858,991	20	85,532,478
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	18,594,899	25	15,404,513
	26	**Total liabilities.** Add lines 17 through 25	128,238,495	26	139,238,034
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	360,003,807	27	416,550,189
	28	Temporarily restricted net assets	9,420,809	28	9,313,549
	29	Permanently restricted net assets	22,469,740	29	22,866,440
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	391,894,356	33	448,730,178
	34	Total liabilities and net assets/fund balances	520,132,851	34	587,968,212

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	442,722,367
2	Total expenses (must equal Part IX, column (A), line 25)	2	387,305,409
3	Revenue less expenses Subtract line 2 from line 1	3	55,416,958
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	391,894,356
5	Net unrealized gains (losses) on investments	5	-2,583,790
6	Donated services and use of facilities	6	-502,806
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,505,460
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	448,730,178

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 54-0506321

Name: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Indiv or d	Inst	Offic	Key	High emp	Forn			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Miles Leon Director	1 0 1 0	X						0	0	0
Christine Neikirk Director	1 0 1 0	X						0	0	0
Robert Obermeyer MD Director	1 0 41 0	X						0	661,824	34,982
Karen Priest Treasurer/Director	2 0 2 0	X		X				0	0	0
Marta Satin-Smith Director	1 0 1 0	X						0	0	0
Brian K Skinner Director	1 0 1 0	X						0	0	0
Elly Bradshaw Smith Director	1 0 1 0	X						0	0	0
Svinder S Toor MD Director	1 0 1 0	X						0	0	0
Mark R Warden Director	1 0 1 0	X						0	0	0
Fred J Whyte Director	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
F Blair Wimbush Secretary/Director	2 0 2 0	X		X				0	0	0
Julia Childress Beck Director	1 0 0 0	X						0	0	0
Akhil Jain Director	1 0 0 0	X						0	0	0
J Christopher Perry Director	1 0 0 0	X						0	0	0
Dennis Ryan CFO/Asst Treas/Assist Secr	1 0 42 0			X				0	541,475	499,257
Kathryn Abshire VP Finance	0 0 40 0				X			0	253,748	74,968
Deborah Barnes VP - IS Operations	0 0 40 0				X			0	355,688	212,405
John Harding Chief Operating Officer	0 0 40 0				X			0	554,432	195,190
Tamika Harris VP - Facilities & Support svcs	40 0 0 0				X			218,072	0	69,841
Jalana McCasland VP Physician Practice MGMT	40 0 0 0				X			291,211	0	100,045

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Karen Mitchell VP- Patient Care Services	40 0 0 0				X			264,027	0	146,307
Allison Silva VP - Ancillary Services	40 0 0 0				X			249,503	0	90,534
Sandip Godambe MD VP - Quality & Patient Safety	40 0 0 0					X		390,796	0	140,341
James Dice Director Pharmacy	40 0 0 0					X		218,957	0	18,965
Paul Morlock VP - HR & Occupational Health	40 0 0 0					X		305,441	0	124,569
Michael Fackelmann RNFA NURSE - CARDIAC	40 0 0 0					X		195,908	0	17,382
Rowland Harrison Director of IS	40 0 0 0					X		185,279	0	16,352
Arno Zaritsky Former VP	12 0 0 0						X	308,134	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
54-0506321

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	14,687,820	12,190,903	11,517,067	12,513,662	15,064,465	65,973,917
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	14,687,820	12,190,903	11,517,067	12,513,662	15,064,465	65,973,917
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4						65,973,917

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	14,687,820	12,190,903	11,517,067	12,513,662	15,064,465	65,973,917
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,881,751	6,836,107	6,591,606	7,348,692	8,097,824	34,755,980
9 Net income from unrelated business activities, whether or not the business is regularly carried on	247,183	215,460	305,636	473,903	363,689	1,605,871
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11 **Total support.** Add lines 7 through 10						102,335,768

12 Gross receipts from related activities, etc (see instructions) **12** 1,440,374,720

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	**14**	64 468 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	**15**	63 250 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.***	6		
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)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 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.***	9c		
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 line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

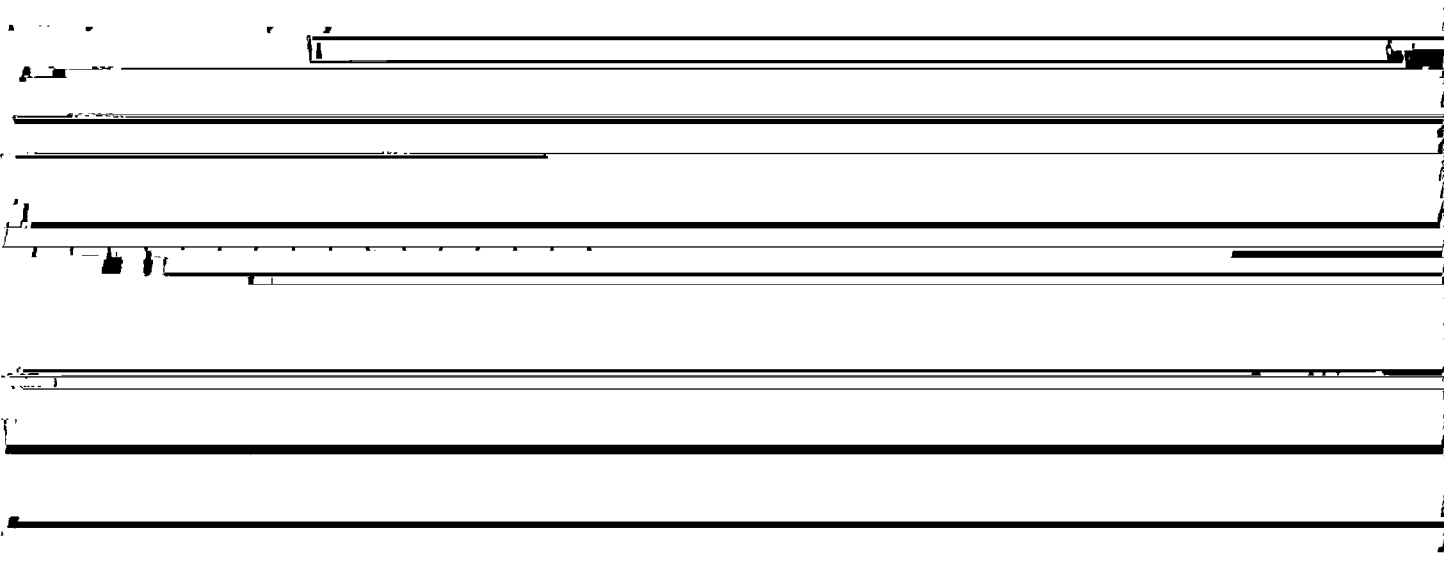
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s)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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			



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

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

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

	Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	

Additional Data

Software ID:

Software Version:

EIN: 54-0506321

Name: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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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

2017

Open to Public Inspection

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

Employer identification number
54-0506321

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,040,857	23,954,985	24,211,713	25,458,495	23,804,262
b Contributions	359,017	117,553	56,826	361,283	454,805
c Net investment earnings, gains, and losses	992,800	1,700,191	-171,891	-382,972	2,103,210
d Grants or scholarships					
e Other expenditures for facilities and programs	1,126,899	731,872	141,663	1,225,093	903,782
f Administrative expenses					
g End of year balance	25,265,775	25,040,857	23,954,985	24,211,713	25,458,495

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 90 500 %
- c Temporarily restricted endowment ▶ 9 500 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,417,162		18,417,162
b Buildings		218,959,083	103,149,950	115,809,133
c Leasehold improvements		11,476,668	2,510,374	8,966,294
d Equipment		190,159,260	144,188,455	45,970,805
e Other		15,660,623	261,739	15,398,884
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				204,562,278

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
ASC 740 FOOTNOTE FROM CONSOLIDATED AUDIT REPORT	ASC 740 FOOTNOTE FROM CONSOLIDATED AUDIT REPORT CHS RECOGNIZES ANY BENEFITS FROM AN UNCERT AIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINE D UPON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITIO N IF APPLICABLE, THE TAX BENEFITS RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS FRO M SUCH A POSITION WOULD BE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 5 0% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE RESOLUTION CHS DOES NOT BELIEVE ITS CONSOLI DATED FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX PROVISIONS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V	ENDOWMENT FUNDS ARE USED ACCORDING TO SPECIFIC WRITTEN REQUESTS OF THE DONOR ENDOWMENT AGR EEMENT IF NO DIRECT REQUESTS ARE MADE, FUNDS ARE USED IN ACCORDANCE WITH THE OVERALL MISS ION OF THE ORGANIZATION

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
54-0506321

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean			Investments		13,603,514
3a Sub-total					13,603,514
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					13,603,514

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

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

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

ReturnReference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
54-0506321

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Children's miracle network 205 west 700 south salt lake city, UT 84101	GENERAL		No	1,093,639	169,472	924,167
HEALTH PHILANTHROPHY SVCS GROUP LLC 3966 N HAMPTON DRIVE POWELL, OH 43065	GENERAL		No	0	64,559	0
Total			▶	1,093,639	234,031	924,167

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

AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MO, NJ, NY, NC, OK, PA, RI, SC, TN, VA, WV, WI

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

		(a) Event #1 David Wright (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	390,244	158,045		548,289
	2 Less Contributions	322,266	141,170		463,436
	3 Gross income (line 1 minus line 2)	67,978	16,875		84,853
Direct Expenses	4 Cash prizes	8,100			8,100
	5 Noncash prizes				
	6 Rent/facility costs	2,695	4,920		7,615
	7 Food and beverages	35,022	6,297		41,319
	8 Entertainment	6,170			6,170
	9 Other direct expenses	16,607	4,226		20,833
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				84,037
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				816

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
54-0506321

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,214,123		3,214,123	0 860 %
b Medicaid (from Worksheet 3, column a)			178,141,263	167,993,839	10,147,424	2 700 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			181,355,386	167,993,839	13,361,547	3 560 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			66,564,885	8,924,016	57,640,869	15 360 %
f Health professions education (from Worksheet 5)			12,639,710	6,247,768	6,391,942	1 700 %
g Subsidized health services (from Worksheet 6)			51,818,645	24,551,259	27,267,386	7 270 %
h Research (from Worksheet 7)			177,948		177,948	0 050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			131,201,188	39,723,043	91,478,145	24 380 %
k **Total.** Add lines 7d and 7j			312,556,574	207,716,882	104,839,692	27 940 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 12,062,351		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 6,876,895		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	1,779,667
6	Enter Medicare allowable costs of care relating to payments on line 5	6	5,124,293
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-3,344,626
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **3**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW CHKD ORG			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW CHKD ORG			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 175 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW CHKD ORG			
b	☑ The FAP application form was widely available on a website (list url) WWW CHKD ORG			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW CHKD ORG			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☑	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V SECTION B LINE 5	CHKD'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS INCLUDED COLLECTING INFORMATION, FEEDBACK, DATA, AND PRIORITIES FROM THREE DIFFERENT SOURCES A COMMUNITY HEALTH SURVEY, KEY STAKEHOLDER INTERVIEWS AND HEALTH INDICATOR ANALYSES CHKD WORKED WITH AN OUTSIDE CONSULTANT TO DEVELOP AN ENGAGEMENT PLAN THAT IDENTIFIED KEY STAKEHOLDERS, PARTNERS AND ORGANIZATIONS WHO REPRESENT THE BROAD INTERESTS OF THE CHKD COMMUNITY, INCLUDING A) LOCAL HEALTH AND SOCIAL SERVICE DEPARTMENT REPRESENTATIVES, B) INDIVIDUALS OR ORGANIZATIONS SERVING MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS IN THE COMMUNITY C) SCHOOL COUNSELORS AND NURSES FROM LOCAL SCHOOL SYSTEMS, AND D) HEALTH PROVIDERS WHO OFFER SERVICES FOR CHILDREN AND FAMILIES THE COMMUNITY HEALTH SURVEY WAS A REGIONAL SURVEY CONDUCTED IN PARTNERSHIP WITH ANOTHER HEALTH SYSTEM OUT OF 1,703 SURVEY PARTICIPANTS, 1,496 COMPLETED ALL OF THE REQUIRED QUESTIONS THESE RESPONSES HIGHLIGHTED ADULT AND PEDIATRIC SERVICE NEEDS IN THE REGION KEY STAKEHOLDER INTERVIEWS WERE CONDUCTED WITH SOCIAL WORKERS, SCHOOL NURSES, A TRUANT OFFICER, AN IMMIGRATION LAWYER, HEALTH DEPARTMENTS, WIC, PEOPLE WHO WORK WITH CHILDREN ACROSS THE AGE SPAN, MEDICAID REPRESENTATIVES, CHKD'S CARE CONNECTION, A COUNTY EXTENSION 4-H AGENT, A THERAPIST WHO SPECIALIZES IN TRAUMA, A PRIVATE FOUNDATION THAT COORDINATES GRANTS TO LOCAL AGENCIES, FAMILY SERVICES SUPERVISORS, A CATHOLIC CHARITITES FAMILY LIFE EDUCATION COORDINATOR, FREE AND LOW COST MEDICAL CARE PROVIDERS AND KINDERGARTEN-READINESS PROFESSIONALS AN ANALYSIS OF KEY HEALTH INDICATORS WAS CONDUCTED IN ORDER TO UNDERSTAND THE COMMUNITY HEALTH STATUS OF RESIDENTS WHEN POSSIBLE, HEALTH INDICATIORS WERE INVESTIGATED BY LOCALITY IN ORDER TO UNDERSTAND WHERE GREATER HEALTH DISPARITIES EXISTED WITHIN THE CHKD COMMUNITY PART V SECTION B LINE 6A A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED FOR CHKD'S THREE LICENSED FACILITIES LISTED IN PART V, SECTION A PART V SECTION B LINE 11 BASED ON THE KEY HEALTH ISSUES IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT, CHKD LEADERSHIP, PROVIDERS AND STAKEHOLDERS IDENTIFIED FIVE PRIORITIES TO FOCUS ON IN OUR IMPLEMENTATION STRAGEY INCLUDING PEDIATRIC MENTAL/BEHAVIORAL HEALTH, ACCESS TO CARE, CHILDHOOD OBESITY, NEONATAL CARE, AND CHILD ABUSE FOR EACH OF THE PRIORITIES LISTED ABOVE, OUR IMPLEMENTATION STRATEGY DESCRIBES CURRENT WORK THAT CHKD ALREADY HAS UNDERWAY TO SUPPORT THE PRIORITY AREAS, ACTIONS THAT CHKD PLANS TO TAKE TO FURTHER ADDRESS THE PRIORITY AREAS, PROGRAMS, RESOURCES AND COLLABORATIONS THAT CHKD PLANS TO UTILIZE TO ADDRESS THE HEALTH NEEDS, AND ANTICIPATED IMPACTS OF THESE ACTIONS THE HEALTH NEEDS IDENTIFIED THROUGH THE CHNA THAT ARE NOT ADDRESSED SPECIFICALLY IN THE IMPLEMENTATION STRATEGY ARE OUTSIDE THE SCOPE OF CHKD'S MISSION, EXPERTISE, RESOURCES OR ANY COMBINATION THEREOF MANY OF THESE ITEMS ARE WITHIN THE PURVIEW OF OTHER HEALTH CARE PROVIDERS AND/OR COMMUNITY OR PUBLIC AGENCIES CHKD REGULARLY AND ROUTINELY OFFERS ITS EXPERTISE AND ASSISTANCE TO HELP OTHER COMMUNITY AGENCIES ADDRESS A BROAD RANGE OF ISSUES RELATING TO THE HEALTH AND WELFARE OF CHILDREN BY ADDRESSING THE PRIORITIZED ISSUES SUCH AS PEDIATRIC MENTAL/BEHAVIORAL HEALTH, CHKD WILL BE ABLE TO POSITIVELY INFLUENCE PEDIATRIC HEALTH AND WELL-BEING OVERALL, AFFECTING MULTIPLE OTHER IDENTIFIED HEALTH NEEDS IN THE CHNA, SUCH AS DENTAL SERVICES, VIOLENCE, CRIME, EDUCATIONAL SUCCESS, SUBSTANCE ABUSE AND, AS OUR PEDIATRIC POPULATION GROWS OLDER, THEIR TRANSITION TO ADULT CARE SERVICES CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS HAS CONTINUED TO ADDRESS THE COMMUNITY HEALTH NEEDS AND PRIORITIES IDENTIFIED IN ITS 2016 CHNA The five priorities include pediatric mental/behavioral health, access to care, childhood obesity, neonatal care and child abuse MENTAL/BEHAVIORAL HEALTH Children and adolescents in mental health crisis continue to seek care 24/7 through CHKDs emergency department Faced with an ongoing shortage of inpatient placements for these patients, CHKD sought and received state approval to add 60 inpatient mental health beds to its Norfolk campus This project will also include partial hospitalization/day treatment and aftercare programs for pediatric mental health patients All mental health programming will be designed specifically to meet the needs of our regions most underserved mental health patients children under age 5, children with co-occurring medical and mental health needs, children with developmental challenges and children with eating disorders CHKD also continues to expand its outpatient mental health program with additional therapists in more locations, resulting in a 300 percent increase in patient encounters over the past three years ACCESS TO CARE Telehealth expanded offerings by adding two more locations in the northern corner of our service area, Oyster Point and Gloucester, as well as post-operative surgical follow-up via telehealth We are in the process of adding Williamsburg to the offerings and are planning to expand telehealth to Suffolk and the Eastern Shore CHKDs Urgent Care expanded with the opening of a southern Virginia Beach location and longer hours of service After caring for 600 trauma patients under the age of 15 during our provisional year, CHKD earned full designation as a Level 1 Pediatric Trauma Center, the only such center in the region The hospital worked with UVA to recruit a chief of cardiac surgery at CHKD for the CHKD/UVA collaborative for cardiac care The hospital also received approval from the state to add a third operating room at the CHKD Health and Surgery Center at Concert Drive in Virginia Beach to accommodate the increased demand for outpatient surgical services NEONATAL CARE CONSTRUCTION OF CHKD'S NEW NICU, WHICH WILL CONSIST OF 72 PRIVATE AND SEMI-PRIVATE BEDS, is underway with the first of these beds opening in spring of 2019 CHKD CONTINUES ITS SUPPORT OF THE EVMS MATERNAL FETAL MEDICINE PROGRAM TO ENSURE ACCESS TO CARE FOR HIGH-RISK PREGNANCIES Safety and quality initiatives to improve care delivery and neonatal outcomes reduced the NICUs central line-associated infection rate by 23 percent over the last year The NICU pain and palliative care program continues to provide care to patients and families The NICU plans to implement family integrated care in 2018-2019 and the Parent and Family Advisory Council is thriving DONATIONS TO THE CHKD MILK BANK continue to INCREASE, with future plans to move into a larger facility, expand health provider education throughout the state and increase education and support for bereaved, lactating mothers and their families CHILDHOOD OBESITY CHKD'S WEIGHT MANAGEMENT PROGRAM continues to streamline the scheduling process to reduce wait times and increase patient access, particularly in the growing north Suffolk location Our nurse practitioner finished requirements for board certification in bariatric medicine and the new medical director will complete certification by February 2019 Bariatric surgery plans have been put on hold pending increased volume of patients who meet surgical candidacy criteria THE programs STAFF members in partnership WITH CHKD'S COMMUNITY OUTREACH DEPARTMENT and the

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **16**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Form and Line Reference	Explanation
PART 1, LINE 7(E)	THE AMOUNT REPORTED ON PART I, LINE 7(E) INCLUDES $40,050,214 OF COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS PART I, LINE 7(F) THE AMOUNT OF BAD DEBT INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) THAT WAS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENT OF TOTAL EXPENSE IN PART I, LINE 7, COLUMN (F) IS $12,062,351
PART 1, LINE 7	A HYBRID APPROACH WAS USED FOR DETERMINING COSTS RELATED TO COMMUNITY BENEFIT ACTUAL COSTS FROM ALL PATIENT SEGMENTS ARE IDENTIFIED BY DEPARTMENT IN THE GENERAL LEDGER AND THEN WERE GROUPED INTO LIKE COMMUNITY BENEFIT PROGRAMS INDIRECT COSTS WERE ADJUSTED FOR COSTS ATTRIBUTABLE TO UNREIMBURSED MEDICAID COSTS REPORTED ELSEWHERE, MARKETING AND GRANT WRITING EXPENSES THE MEDICAID COST ADJUSTMENT WAS CALCULATED USING A COST TO CHARGE RATIO OF APPLICABLE EXPENSES DIVIDED BY TOTAL APPLICABLE CHARGES APPLIED TO MEDICAID REVENUE THE REMAINING INDIRECT COSTS WERE ALLOCATED PROPORTIONATELY TO THE DIRECT COSTS REPORTED BY DEPARTMENT IN ADDITION, EXPENSES WERE CALCULATED AT COST AND THEN COSTS RELATED TO CHARITY CARE, BAD DEBT AND MEDICAID WERE REMOVED BEFORE ARRIVING AT THE AMOUNTS FOR COMMUNITY BENEFIT AT COST PART III, LINE 2 BAD DEBT REPORTED IN PART III LINE 2 IS BASED ON THE AMOUNT REPORTED AS BAD DEBT IN THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THE AMOUNT DOES NOT INCLUDE DISCOUNTS OR OTHER ADMINISTRATIVE WRITE OFFS IF A PATIENT ACCOUNT HAS BEEN WRITTEN OFF TO BAD DEBT AND IS SUBSEQUENTLY COLLECTED, BAD DEBT EXPENSE IS REDUCED IN THAT PERIOD BY THE PAYMENT PART III, LINE 3 THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS CALCULATED BASED ON THE PERCENTAGE OF CHARITY CARE EXPENSES AS A PERCENTAGE OF SELF-PAY REVENUE CHKD DOES NOT MAINTAIN RECORDS THAT TRACK PATIENTS WHO COULD HAVE QUALIFIED FOR CHARITY CARE THIS AMOUNT IS AN ESTIMATE OF PATIENTS WHO LIKELY WOULD HAVE QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE CHARITY CARE POLICY IF SUFFICIENT INFORMATION HAD BEEN AVAILABLE TO DETERMINE THEIR ELIGIBILITY THIS AMOUNT IS NOT INCLUDED AS COMMUNITY BENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	CHKD PRESENTS BAD DEBT PROVISION ON THE FINANCIAL STATEMENTS AS A DEDUCTION FROM NET PATIENT SERVICE PER ACCOUNTING STANDARDS UPDATE (ASU) 2011-07 THE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES IS MANAGEMENT'S BEST ESTIMATE OF THE AMOUNT OF PROBABLE CREDIT LOSSES IN THE HOSPITAL'S EXISTING RECEIVABLES THE HOSPITAL DETERMINES THE ALLOWANCE BASED ON HISTORICAL WRITE-OFF EXPERIENCE ACCOUNT BALANCES ARE CHARGED OFF AGAINST THE ALLOWANCE, NET OF PAYMENTS AND DISCOUNTS, AFTER ALL MEANS OF COLLECTION HAVE BEEN EXHAUSTED AND THE POTENTIAL FOR THE RECOVERY IS CONSIDERED REMOTE FOR ADDITIONAL DETAILS SEE FOOTNOTE TO 2G ON PAGE 9 OF AUDITED FINANCIAL STATEMENTS
PART III, LINE 8	AS A CHILDREN'S HOSPITAL, THE HOSPITAL HAS A SMALL POPULATION OF MEDICARE PATIENTS AND IS PAID LESS THAN COST DUE TO THE REIMBURSEMENT METHODOLOGY USED BY MEDICARE THE SHORTFALL WAS CALCULATED USING THE HOSPITAL'S OVERALL COST TO CHARGE RATIO APPLIED TO MEDICARE GROSS CHARGES THIS SHORTFALL IS NOT SEPARATELY INCLUDED AS A COMMUNITY BENEFIT AS 100% OF IT HAS ALREADY BEEN CAPTURED IN THE APPROPRIATE CATEGORY ON PART I, LINE 7

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	ACCOUNTS WITH AN UNPAID BALANCE OR WITHOUT AN ESTABLISHED PAYMENT PLAN ARE REFERRED TO A COLLECTION AGENCY OR ATTORNEY FOR CONTINUED COLLECTION EFFORTS CHKD MAKES REASONABLE EFFORTS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE/CHARITY CARE BEFORE REFERRING TO A COLLECTION AGENCY OR AN ATTORNEY REASONABLE EFFORT INCLUDES AND IS NOT LIMITED TO MULTIPLE NOTIFICATIONS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE - THE CHARITY CARE/COLLECTION POLICY IS POSTED IN ADMISSIONS, THE EMERGENCY DEPARTMENT AND OTHER DESIGNATED AREAS THE INFORMATION REGARDING THE POLICY IS INCLUDED IN THE ADMISSION PACKAGE AND ON THE PATIENT BILL THE HEALTH BENEFITS ANALYST AND CUSTOMER SERVICE REPRESENTATIVE WHO MAY SPEAK WITH THE GUARANTOR BY PHONE PROVIDE THEM WITH FINANCIAL ASSISTANCE INCLUDING CHARITY CARE INFORMATION THE FINANCIAL ASSISTANCE-CHARITY CARE/COLLECTION POLICY IS AVAILABLE UPON REQUEST AND VIA WWW CHKD ORG CHKD ENSURES ALL COLLECTION PROTOCOLS ARE MET PRIOR TO REFERRAL TO COLLECTIONS AGENCY OR ATTORNEY APPROVED CHARITY CARE AMOUNT WILL NOT BE SUBJECT TO COLLECTION ACTIVITIES THE REMAINING BALANCE WILL BE SUBJECT TO CHKD'S STANDARD COLLECTION PROTOCOLS
NEEDS ASSESSMENT	AS THE ONLY HEALTHCARE PROVIDER IN VIRGINIA DEVOTED EXCLUSIVELY TO THE NEEDS OF CHILDREN, CHKD ASSUMES THE RESPONSIBILITY OF LEADING THE REGION IN THE PROVISION OF PEDIATRIC CARE AND THE PROMOTION OF CHILDREN'S HEALTH AND IS TRUSTED THROUGHOUT ITS COMMUNITY AS A RESOURCE READY AND WILLING TO ADDRESS ESTABLISHED AND EMERGENT PEDIATRIC NEEDS WHEREVER AND HOWEVER THEY ARE IDENTIFIED CHKD USES A VARIETY OF METHODS TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES NEEDS ARE IDENTIFIED THROUGH A FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT, PARTNERSHIPS AND COLLABORATIONS WITH OTHER MEDICAL, NON PROFIT AND PUBLIC HEALTH AGENCIES AND ORGANIZATIONS AND THROUGH REGIONAL, STATE AND NATIONAL DATA FROM NOVEMBER 2015 TO APRIL 2016, CHKD CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WITH SUPPORT FROM TOXCEL, LLC, A GAINESVILLE, VIRGINIA-BASED SCIENCE, ENGINEERING AND HEALTH RESEARCH AND CONSULTING FIRM THIS JOINT CHNA COVERS ALL THREE LICENSED FACILITIES WITHIN THE CHKD HEALTH SYSTEM CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS (CHKD) LOCATED IN NORFOLK AND CHKD'S TWO HEALTH AND SURGERY CENTERS, ONE AT OYSTER POINT IN NEWPORT NEWS AND ONE ON CONCERT DRIVE IN VIRGINIA BEACH CHKD'S CHNA PROVIDES AN OVERVIEW OF THE PRIMARY AND SECONDARY DATA USED TO IDENTIFY KEY HEALTH ISSUES WITHIN THE CHKD COMMUNITY IT COMBINES AND COMPARES RESULTS FROM THREE SOURCES A COMMUNITY HEALTH SURVEY, KEY STAKEHOLDER INTERVIEWS, AND HEALTH INDICATOR ANALYSES CHKD'S CURRENT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY CAN BE FOUND AT WWW CHKD ORG/COMMUNITYBENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	CHKD'S CHARITY CARE ELIGIBILITY CRITERIA AND PROCEDURES FOR APPLYING ARE PROVIDED TO ALL PATIENTS CHARITY CARE INFORMATION IS INCLUDED IN EVERY INPATIENT ADMISSION PACKET AND DISTRIBUTED TO THE OUTPATIENT DURING THE OUTPATIENT REGISTRATION PROCESS AN APPLICATION FOR CHARITY CARE, ALONG WITH A LETTER EXPLAINING THE PROCESS, IS SENT TO ANY PATIENT OR GUARANTOR WHO REQUESTS INFORMATION ON ANY PROGRAMS OR PROVISIONS THE HOSPITAL MAY HAVE TO HELP ASSIST PATIENTS OR GUARANTORS IN PAYING THEIR HOSPITAL BILL THE CHARITY CARE POLICY AND APPLICATION ARE PROMINENTLY DISPLAYED ON THE MAIN "BILLING" PAGE OF THE HOSPITAL WEBSITE, JUST ONE CLICK FROM THE HOME PAGE, AT WWW CHKD ORG/BILLING/FINANCIAL-ASSISTANCE PRINTED COPIES ARE ALSO AVAILABLE AT EACH REGISTRATION WORKSTATION ALL BILLING STATEMENTS MAILED TO GUARANTORS INCLUDE A NOTICE OF THE AVAILABILITY OF CHARITY AND HOW TO OBTAIN THE INFORMATION/APPLICATION ASSISTANCE WITH THE APPLICATION PROCESS IS AVAILABLE THROUGH THE HEALTH BENEFITS ANALYST (HBA) THE HBA SENDS OUT APPLICATIONS VIA MAIL AND REFERS FAMILIES TO THE HOSPITAL'S WEBSITE THE UNIT SOCIAL WORKER IS AVAILABLE TO PROVIDE INFORMATION OR REFERRAL TO THE HBA DURING AN INPATIENT STAY
COMMUNITY INFORMATION	CHKD IS THE REGIONAL PEDIATRIC REFERRAL CENTER FOR SOUTHEASTERN VIRGINIA, THE EASTERN SHORE OF VIRGINIA AND NORTHEASTERN NORTH CAROLINA CHKD SERVES THE FOLLOWING REGIONS IN VIRGINIA ACCOMACK COUNTY, CHESAPEAKE CITY, FRANKLIN CITY, GLOUCESTER COUNTY, HAMPTON CITY, ISLE OF WIGHT COUNTY, JAMES CITY COUNTY, MATHEWS COUNTY, NEWPORT NEWS CITY, NORFOLK CITY, NORTHAMPTON COUNTY, POQUOSON CITY, PORTSMOUTH CITY, PRINCE GEORGE COUNTY, SOUTHAMPTON COUNTY, SUFFOLK CITY, SURRY COUNTY, SUSSEX COUNTY, VIRGINIA BEACH CITY, WILLIAMSBURG CITY AND YORK COUNTY WITHIN NORTH CAROLINA, CHKD SERVES THE FOLLOWING REGIONS BERTIE COUNTY, CAMDEN COUNTY, CHOWAN COUNTY, CURRITUCK COUNTY, DARE COUNTY, GATES COUNTY, HERTFORD COUNTY, PASQUOTANK COUNTY AND PERQUIMANS COUNTY AS REFLECTED IN OUR 2016 CHNA, THIS SERVICE REGION INCLUDED 565,000 PERSONS AGE 0-21 APPROXIMATELY 64 PERCENT OF RESIDENTS ARE WHITE THE NEXT-LARGEST DEMOGRAPHIC GROUP IS AFRICAN-AMERICAN AT 31 PERCENT APPROXIMATELY 18 PERCENT OF ALL FAMILIES WITH CHILDREN UNDER THE AGE OF 18 HAVE INCOMES BELOW THE FEDERAL POVERTY LEVEL FOR FAMILIES HEADED BY SINGLE MOTHERS, THAT PERCENTAGE INCREASES TO 41 PERCENT CHKD'S SERVICE AREA COMPRISES A DIVERSE MIX OF URBAN, SUBURBAN AND RURAL COMMUNITIES, AS WELL AS 10 MILITARY INSTALLATIONS CHKD IS WELL VERSED IN THE SPECIAL NEEDS OF MILITARY FAMILIES AND HAS ONE OF THE HIGHEST TRICARE PAYER PERCENTAGES AMONG THE CHILDREN'S HOSPITALS IN THE NATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PROMOTION OF COMMUNITY HEALTH	CHKD PLAYS A UNIQUE ROLE IN ITS COMMUNITY BY PROVIDING PEDIATRIC HEALTHCARE SERVICES AVAILABLE NOWHERE ELSE IN THE REGION AND, AT THE SAME TIME, SERVING AS THE SAFETY NET PROVIDER TO THE REGION'S INDIGENT CHILDREN IN FY 2018, CHKD HAD 5,144 ADMISSIONS RESULTING IN 45,299 PATIENT DAYS APPROXIMATELY 59 PERCENT OF THESE DAYS, WERE COVERED BY MEDICAID, WHICH IS THE HIGHEST PERCENTAGE BY FAR OF ANY ACUTE-CARE HOSPITAL IN VIRGINIA CHKD LEADS THE REGION IN EFFORTS TO ADDRESS PUBLIC HEALTH CONCERNS LIKE CHILD ABUSE AND CHILDHOOD OBESITY IT IS THE SOLE PROVIDER OF PEDIATRIC SUBSPECIALTY CARE FOR CHILDREN WITH CHRONIC ILLNESSES LIKE CANCER AND DIABETES AND EMPLOYS THE REGION'S ONLY PEDIATRIC SURGEONS THE HOSPITAL'S VIBRANT COMMUNITY OUTREACH PROGRAM COORDINATES PARENT, PROFESSIONAL AND STUDENT PROGRAMS THAT BRING IMPORTANT HEALTH, SAFETY AND WELLNESS INFORMATION TO THOUSANDS OF PARTICIPANTS CHKD ALSO TAKES AN ACTIVE ROLE IN THE EDUCATION OF PEDIATRICIANS COMPREHENSIVE INFORMATION ON CHKD'S EFFORTS TO IMPROVE THE HEALTH OF CHILDREN IS AVAILABLE AT WWW CHKD ORG/COMMUNITYBENEFIT
AFFILIATED HEALTH CARE SYSTEM	CHKD IS PART OF CHILDREN'S HEALTH SYSTEM, A 501(C(3) ORGANIZATION GOVERNED BY A BOARD OF DIRECTORS COMPRISED OF COMMUNITY MEMBERS A MAJORITY OF THE ORGANIZATION'S GOVERNING BODY ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF CHKD EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS SURPLUS FUNDS ARE USED TO MEET THE NEEDS OF THE ORGANIZATION AS DETERMINED BY CHKD SENIOR MANAGEMENT AND THE CHS BOARD OF DIRECTORS HISTORICALLY, SURPLUS FUNDS HAVE BEEN USED FOR A VARIETY OF PURPOSES INCLUDING PATIENT CARE PROGRAMS, CAPITAL IMPROVEMENT NEEDS, RESERVES, ETC ROLES OF ORGANIZATION AND ITS AFFILIATES IN PROMOTING THE HEALTH OF THE COMMUNITIES SERVED CHILDREN'S HEALTH SYSTEM IS COMPRISED OF SEVERAL ORGANIZATIONS CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS IS A FREESTANDING CHILDREN'S HOSPITAL THAT PROVIDES A BROAD SPECTRUM OF INPATIENT AND OUTPATIENT CARE SERVICES ACROSS MANY PEDIATRIC SPECIALTIES,INCLUDING EVERYTHING FROM PRIMARY CARE AND WELLNESS INITIATIVES TO NEONATAL AND PEDIATRIC INTENSIVE CARE OTHER ENTITIES UNDER THE CHILDREN'S HEALTH SYSTEM UMBRELLA INCLUDE * CHILDREN'S HEALTH FOUNDATION, WHICH MANAGES INVESTMENTS AND FUNDS EDUCATION, RESEARCH AND OTHER PROGRAMS FOR CHILDREN'S HEALTH SYSTEM * CHILDREN'S MEDICAL GROUP, INC , A VIRGINIA STOCK CORPORATION, WHICH OWNS AND OPERATES PEDIATRIC PHYSICIAN PRACTICES * CMG OF NORTH CAROLINA, INC , A NORTH CAROLINA STOCK CORPORATION, WHICH OWNS AND OPERATES A PEDIATRIC PHYSICIAN PRACTICE IN NORTHEASTERN NORTH CAROLINA * CHILDREN'S SURGICAL SPECIALTY GROUP, INC , A VIRGINIA STOCK CORPORATION, WHICH OWNS AND OPERATES PEDIATRIC SURGICAL SUBSPECIALTY PRACTICES, INCLUDING PEDIATRIC GENERAL SURGERY, PEDIATRIC UROLOGY, PEDIATRIC CARDIAC SURGERY, PEDIATRIC ORTHOPEDIC SURGERY, PEDIATRIC NEUROSURGERY AND PEDIATRIC PLASTIC SURGERY * CHILDRENS HEALTH SYSTEM INSURANCE, LLC, A CAPTIVE INSURANCE COMPANY INCORPORATED IN SOUTH CAROLINA IS A DISREGARDED ENTITY OF CHKD * CHKD THRIFT STORES, LLC, A DISREGARDED ENTITY ORGANIZED TO SUPPORT THE CHARITABLE MISSION AND PURPOSE OF CHILDREN'S HEALTH SYSTEM * CHILDREN'S REAL ESTATE, LLC, IS A DISREGARDED ENTITY ORGANIZED TO SUPPORT THE CHARITABLE MISSION AND PURPOSE OF CHILDREN'S HEALTH SYSTEM * CHILDRENS RESEARCH HOLDINGS, LLC, A DISREGARDED ENTITY ORGANINZED TO SUPPORT THE CHARITABLE MISSION AND PURPOSE OF CHILDRENS HEALTH SYSTEM

990 Schedule H, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 54-0506321

Name: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **3** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	CHILDREN'S HOSPITAL OF THE KING'S DAU 601 CHILDRENS LANE NORFOLK, VA 23507 H1843	X	X	X	X		X	X		MEDICAID DSH	A
2	CHKD HEALTH AND SURGERY CENTER 2021 CONCERT DRIVE VIRGINIA BEACH, VA 23456 OH713	X								OUTPATIENT SURGICAL HOSPITAL	A
3	CHKD HEALTH AND SURGERY CENTER 11783 ROCK LANDING DRIVE Newport News, VA 23606 OH694	X								OUTPATIENT SURGICAL HOSPITAL	A

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

Form and Line Reference	Explanation
PART V SECTION B LINE 5	CHKD'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS INCLUDED COLLECTING INFORMATION, FEEDBACK , DATA, AND PRIORITIES FROM THREE DIFFERENT SOURCES A COMMUNITY HEALTH SURVEY, KEY STAKEH OLDER INTERVIEWS AND HEALTH INDICATOR ANALYSES CHKD WORKED WITH AN OUTSIDE CONSULTANT TO DEVELOP AN ENGAGEMENT PLAN THAT IDENTIFIED KEY STAKEHOLDERS, PARTNERS AND ORGANIZATIONS WH O REPRESENT THE BROAD INTERESTS OF THE CHKD COMMUNITY, INCLUDING A) LOCAL HEALTH AND SOCI AL SERVICE DEPARTMENT REPRESENTATIVES, B) INDIVIDUALS OR ORGANIZATIONS SERVING MEMBERS OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS IN THE COMMUNITY C) SCHOOL COUN SELORS AND NURSES FROM LOCAL SCHOOL SYSTEMS, AND D) HEALTH PROVIDERS WHO OFFER SERVICES FO R CHILDREN AND FAMILIES THE COMMUNITY HEALTH SURVEY WAS A REGIONAL SURVEY CONDUCTED IN PA RTNERSHIP WITH ANOTHER HEALTH SYSTEM OUT OF 1,703 SURVEY PARTICIPANTS, 1,496 COMPLETED AL L OF THE REQUIRED QUESTIONS THESE RESPONSES HIGHLIGHTED ADULT AND PEDIATRIC SERVICE NEEDS IN THE REGION KEY STAKEHOLDER INTERVIEWS WERE CONDUCTED WITH SOCIAL WORKERS, SCHOOL NURS ES, A TRUANT OFFICER, AN IMMIGRATION LAWYER, HEALTH DEPARTMENTS, WIC, PEOPLE WHO WORK WITH CHILDREN ACROSS THE AGE SPAN, MEDICAID REPRESENTATIVES, CHKD'S CARE CONNECTION, A COUNTY EXTENSION 4-H AGENT, A THERAPIST WHO SPECIALIZES IN TRAUMA, A PRIVATE FOUNDATION THAT COOR DINATES GRANTS TO LOCAL AGENCIES, FAMILY SERVICES SUPERVISORS, A CATHOLIC CHARITITES FAMIL Y LIFE EDUCATION COORDINATOR, FREE AND LOW COST MEDICAL CARE PROVIDERS AND KINDERGARTEN-RE ADINESS PROFESSIONALS AN ANALYSIS OF KEY HEALTH INDICATORS WAS CONDUCTED IN ORDER TO UNDE RSTAND THE COMMUNITY HEALTH STATUS OF RESIDENTS WHEN POSSIBLE, HEALTH INDICATIORS WERE IN VESTIGATED BY LOCALITY IN ORDER TO UNDERSTAND WHERE GREATER HEALTH DISPARITIES EXISTED WIT HIN THE CHKD COMMUNITY PART V SECTION B LINE 6A A JOINT COMMUNITY HEALTH NEEDS ASSESSMEN T WAS CONDUCTED FOR CHKD'S THREE LICENSED FACILITIES LISTED IN PART V, SECTION A PART V S ECTION B LINE 11 BASED ON THE KEY HEALTH ISSUES IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT, CHKD LEADERSHIP, PROVIDERS AND STAKEHOLDERS IDENTIFIED FIVE PRIORITIES TO FOCU S ON IN OUR IMPLEMENTATION STRAGEY INCLUDING PEDIATRIC MENTAL/BEHAVIORAL HEALTH, ACCESS T O CARE, CHILDHOOD OBESITY, NEONATAL CARE, AND CHILD ABUSE FOR EACH OF THE PRIORITIES LIST ED ABOVE, OUR IMPLEMENTATION STRATEGY DESCRIBES CURRENT WORK THAT CHKD ALREADY HAS UNDERWA Y TO SUPPORT THE PRIORITY AREAS, ACTIONS THAT CHKD PLANS TO TAKE TO FURTHER ADDRESS THE PR IORITY AREAS, PROGRAMS, RESOURCES AND COLLABORATIONS THAT CHKD PLANS TO UTILIZE TO ADDRESS THE HEALTH NEEDS, AND ANTICIPATED IMPACTS OF THESE ACTIONS THE HEALTH NEEDS IDENTIFIED T HROUGH THE CHNA THAT ARE NOT ADDRESSED SPECIFICALLY IN THE IMPLEMENTATION STRATEGY ARE OUT SIDE THE SCOPE OF CHKD'S MISSION, EXPERTISE, RESOURCES OR ANY COMBINATION THEREOF MANY OF THESE ITEMS ARE WITHIN THE PURVIEW OF OTHER HEALTH CARE PROVIDERS AND/OR COMMUNITY OR PUB LIC AGENCIES CHKD REGULARLY A

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

Form and Line Reference	Explanation
PART V SECTION B LINE 5	ND ROUTINELY OFFERS ITS EXPERTISE AND ASSISTANCE TO HELP OTHER COMMUNITY AGENCIES ADDRESS A BROAD RANGE OF ISSUES RELATING TO THE HEALTH AND WELFARE OF CHILDREN BY ADDRESSING THE PRIORITIZED ISSUES SUCH AS PEDIATRIC MENTAL/BEHAVIORAL HEALTH, CHKD WILL BE ABLE TO POSITI VELY INFLUENCE PEDIATRIC HEALTH AND WELL-BEING OVERALL, AFFECTING MULTIPLE OTHER IDENTIFIE D HEALTH NEEDS IN THE CHNA, SUCH AS DENTAL SERVICES, VIOLENCE, CRIME, EDUCATIONAL SUCCESS, SUBSTANCE ABUSE AND, AS OUR PEDIATRIC POPULATION GROWS OLDER, THEIR TRANSITION TO ADULT C ARE SERVICES CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS HAS CONTINUED TO ADDRESS THE COM MUNITY HEALTH NEEDS AND PRIORITIES IDENTIFIED IN ITS 2016 CHNA The five priorities includ e pediatric mental/behavioral health, access to care, childhood obesity, neonatal care and child abuse MENTAL/BEHAVIORAL HEALTH Children and adolescents in mental health crisis c ontinue to seek care 24/7 through CHKDs emergency department Faced with an ongoing shorta ge of inpatient placements for these patients, CHKD sought and received state approval to add 60 inpatient mental health beds to its Norfolk campus This project will also include partial hospitalization/day treatment and aftercare programs for pediatric mental health p atients All mental health programming will be designed specifically to meet the needs of our regions most underserved mental health patients children under age 5, children with c o-occurring medical and mental health needs, children with developmental challenges and ch ildren with eating disorders CHKD also continues to expand its outpatient mental health p rogram with additional therapists in more locations, resulting in a 300 percent increase i n patient encounters over the past three years ACCESS TO CARE Telehealth expanded offeri ngs by adding two more locations in the northern corner of our service area, Oyster Point and Gloucester, as well as post-operative surgical follow-up via telehealth We are in the process of adding Williamsburg to the offerings and are planning to expand telehealth to Suffolk and the Eastern Shore CHKDs Urgent Care expanded with the opening of a southern V irginia

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

Form and Line Reference	Explanation
PART V SECTION B LINE 5	E ACCESS TO CARE FOR HIGH-RISK PREGNANCIES Safety and quality initiatives to improve care delivery and neonatal outcomes reduced the NICUs central line-associated infection rate b y 23 percent over the last year The NICU pain and palliative care program continues to pr ovide care to patients and families The NICU plans to implement family integrated care in 2018-2019 and the Parent and Family Advisory Council is thriving DONATIONS TO THE CHKD M ILK BANK continue to INCREASE, with future plans to move into a larger facility, expand he alth provider education throughout the state and increase education and support for bereav ed, lactating mothers and their families CHILDHOOD OBESITY CHKD'S WEIGHT MANAGEMENT PROG RAM continues to streamline the scheduling process to reduce wait times and increase patie nt access, particularly in the growing north Suffolk location Our nurse practitioner fini shed requirements for board certification in bariatric medicine and the new medical direct or will complete certification by February 2019 Bariatric surgery plans have been put on hold pending increased volume of patients who meet surgical candidacy criteria THE progra ms STAFF members in partnership WITH CHKD'S COMMUNITY OUTREACH DEPARTMENT and the hospital s sports medicine program continue to offer lifestyle and group fitness classes to the com munity CHILD ABUSE In 2017, CHKD'S CHILD ABUSE PROGRAM RECEIVED A, TWO-YEAR GRANT TO HEL P assess and treat CHILD SEX TRAFFICKING IN OUR REGION BECAUSE OF THIS FOCUS, THE PROGRAM increased the identification and services provided to victims of child sex trafficking by over 600% THE PROGRAM CONTINUES TO EXPAND ITS EFFORTS TO REACH MORE VICTIMS OF SEXUAL EX PLOITATION AND OTHER FORMS OF CHILD ABUSE THROUGH THE COORDINATED EFFORTS OF MULTI-DISCIPL INARY TEAMS OVERALL VISIT NUMBERS INCREASED BY OVER 30% IN FY18, PARTICULARLY FROM THE PE NINSULA PART V SECTION B LINE 13 PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED ON THE BASIS O F INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE 1 STATE-FUNDED PRESCRIPTION PROGRAMS, 2 HOMELESS OR RECEIVED CARE FROM A HOMELESS CLINIC, 3 PARTICIPATION IN WOMEN, INFANTS AND CHILDREN PROGRAMS (WIC), 4 FOOD STAMP ELIGIBILITY, 5 SUBSIDIZED SCHOOL LUNCH PROGRAM EL IGIBILITY, 6 ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E G , MEDICAID SPEND-DOWN), 7 LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS A VALID ADDRES S, AND 8 PATIENT IS DECEASED WITH NO KNOWN ESTATE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (describe)
1	CHKD HEALTH CENTER AT OAKBROOKE 500 DISCOVERY DRIVE CHESAPEAKE, VA 23320	OUTPATIENT SERVICES
1	CHKD HLTH CTR & URGENT CARE AT LOEHMAN'S 3960 VIRGINIA BEACH BLVD VIRGINIA BEACH, VA 23452	URGENT CARE & OUTPATIENT SERVICES
2	CHKD HLTH CTR & URGENT CARE AT TECH CNTR 680 OYSTER POINT ROAD NEWPORT NEWS, VA 23602	URGENT CARE & OUTPATIENT services
3	CHKD HLTH CTR & URGENT CARE AT LANDSTOWN 1924 LANDSTOWN WAY VIRGINIA BEACH, VA 23456	URGENT CARE & OUTPATIENT services
4	CHKD URGENT CARE AT VOLVO 817 VOLVO PARKWAY CHESAPEAKE, VA 23320	URGENT CARE & OUTPATIENT SERVICES
5	CHKD HEALTH CENTER AT HARBOUR VIEW 5835 HARBOUR VIEW BLVD SUFFOLK, VA 23435	OUTPATIENT SERVICES
6	SPORTS MEDICINE IN GHENT 702 WEST 21ST STREET NORFOLK, VA 23517	OUTPATIENT SERVICES
7	CHKD AT BUTLER FARM ROAD 421 BUTLER FARM ROAD HAMPTON, VA 23666	OUTPATIENT SERVICES
8	HEALTH CENTER AT BURNETT'S WAY 152 BURNETTS WAY SUFFOLK, VA 23434	OUTPATIENT SERVICES
9	SATELLITE AT MEDICAL TOWER 400 GRESHAM DRIVE NORFOLK, VA 23507	OUTPATIENT SERVICES
10	CHKD HEALTH CENTER AT KEMPSVILLE 171 KEMPSVILLE ROAD NORFOLK, VA 23507	OUTPATIENT SERVICES
11	CHKD HEALTH CENTER AT LIGHTFOOT 6425 RICHMOND ROAD WILLIAMSBURG, VA 23188	OUTPATIENT SERVICES
12	CHKD CAP 935 REDGATE AVENUE NORFOLK, VA 23507	OUTPATIENT SERVICES
13	HEALTH CENTER AT MEDICAL CENTER CAMPUS 850 SOUTHAMPTON AVENUE NORFOLK, VA 23510	OUTPATIENT SERVICES
14	FORT NORFOLK PLAZA MEDICAL BUILING 301 RIVERVIEW AVENUE NORFOLK, VA 23510	OUTPATIENT SERVICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 CHKD HEALTH CENT AT HARBOUR VIEW NORTH 7021 HARBOUR VIEW BLVD SUFFOLK, VA 23435	OUTPATIENT SERVICES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
54-0506321

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 5

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

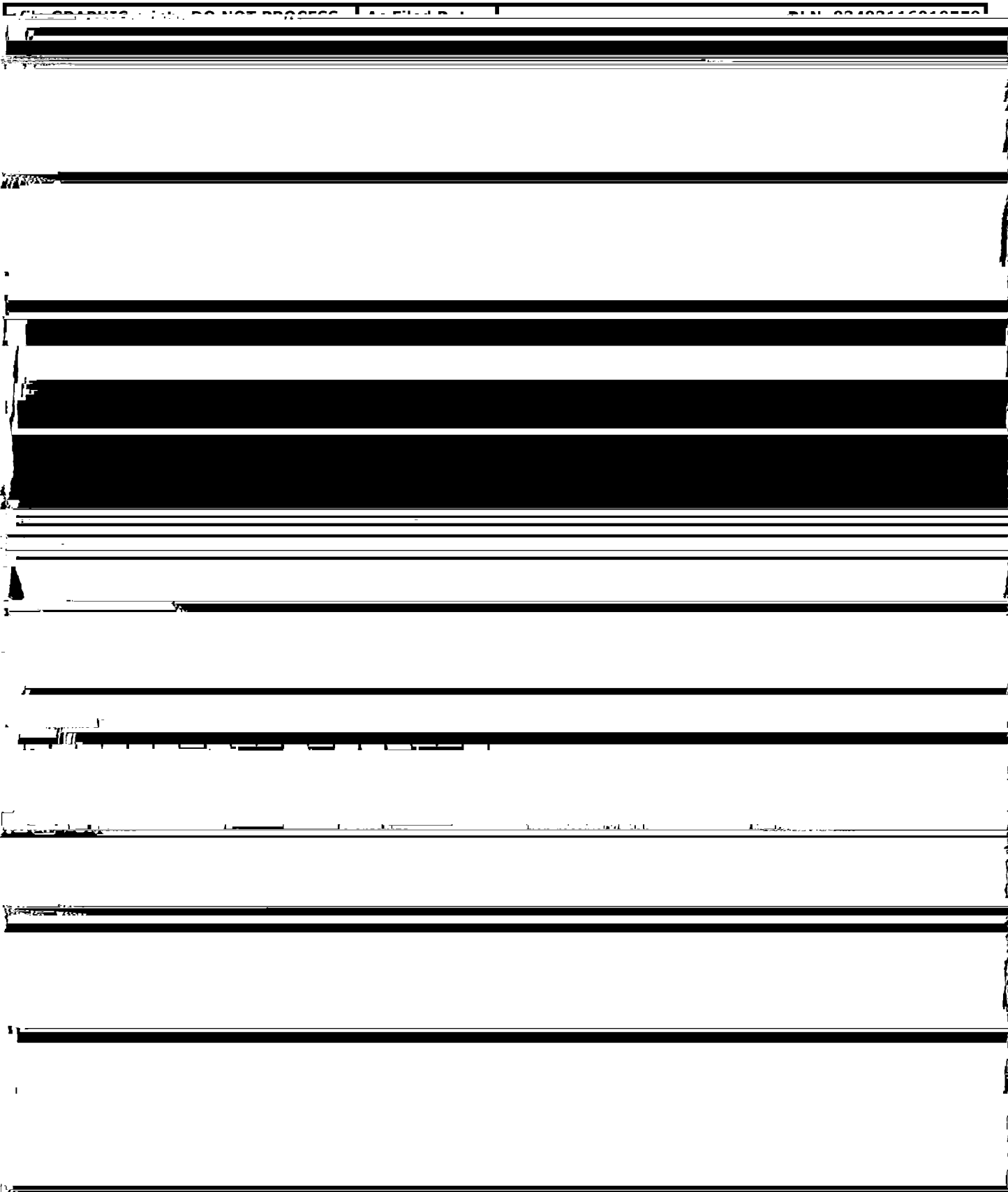
(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S HEALTH FOUNDATION INC 601 CHILDRENS LANE NORFOLK, VA 23507	54-1278865	501 (C) (3)	6,805,114		CASH		VARIOUS
CHILDREN'S HEALTH SYSTEM INC 601 CHILDRENS LANE NORFOLK, VA 23507	54-1278830	501 (C) (3)	5,000,000		CASH		VARIOUS

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

(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
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23507	54-6055378	501 (C) (3)	500,000		CASH		PERINATOLOGY GRANT
EDMARC 516 LONDON ST PORTSMOUTH, VA 23704	54-1092904	501 (C) (3)	62,500		CASH		CHILDREN'S HOSPICE GRANT

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

(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
OLD DOMINION UNIVERSITY RESEARCH FOUNDATION PO BOX 6369 NORFOLK, VA 23508	54-6068198	501 (C) (3)	29,733		CASH		SCOLIOSIS SURGERY PLANNING
CHILDREN'S Specialty GROUP PLLC 811 REDGATE AVE NORFOLK, VA 23507	54-1871633		32,330		CASH		IMPROVE CARE NOW



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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, LINE 1	IN CONNECTION WITH A RETIREMENT PROGRAM, TAX GROSS-UP PAYMENTS ARE PROVIDED TO CERTAIN DIRECTORS WHOSE EMPLOYER FUNDED CONTRIBUTIONS ARE IMMEDIATELY TAXABLE, IN ORDER TO PROVIDE THEM WITH BENEFITS THAT ARE TAX-EQUIVALENT TO BENEFITS OF PARTICIPANTS WHOSE CONTRIBUTIONS ARE NOT IMMEDIATELY TAXABLE
SCHEDULE J, LINE 4B	CHILDREN'S HEALTH SYSTEM SPONSORS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("THE PLAN") THE PLAN IS DESIGNED TO RETAIN EXECUTIVES IN POSITIONS ESSENTIAL TO THE SUCCESS OF CHILDREN'S HEALTH SYSTEM DURING THE YEAR, THE FOLLOWING INDIVIDUALS WERE PARTICIPANTS IN A SPONSORED SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED THE FOLLOWING PAYMENTS WHICH ARE INCLUDED IN SCHEDULE J PART II COLUMN (C) KATHY ABSHIRE $34,098 JAMES DAHLING $589,591 KAREN MITCHELL $103,494 DENNIS RYAN $417,917 ALLISON SILVA $ 52,423 SANDIP GODAMBE $ 73,708 DEBORAH BARNES $165,764 TAMIKA HARRIS $ 21,167 JOHN HARDING $119,402 PAUL MORLOCK $72,507 JALANA McCASLAND $43,806
SCHEDULE J, LINE 7	OFFICERS AND VICE PRESIDENTS MAY RECEIVE ADDITIONAL COMPENSATION BASED ON CRITERIA SET UP BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS DEPARTMENT DIRECTORS MAY RECEIVE ADDITIONAL COMPENSATION BASED ON CRITERIA SET BY MANAGEMENT AND APPROVED BY THE BOARD OF DIRECTORS

Additional Data

Software ID:

Software Version:

EIN: 54-0506321

Name: CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Kathryn Abshire VP Finance	(i)	0	0	0	0	0	0	0
	(ii)	230,150	0	23,598	48,163	26,805	328,716	10,046
1Deborah Barnes VP - IS Operations	(i)	0	0	0	0	0	0	0
	(ii)	329,728	0	25,960	190,336	22,069	568,093	11,091
2John Harding Chief Operating Officer	(i)	0	0	0	0	0	0	0
	(ii)	503,735	0	50,697	159,614	35,576	749,622	35,220
3Michelle Brenner MD Director	(i)	0	0	0	0	0	0	0
	(ii)	219,482	0	211	9,026	16,505	245,224	0
4James D Dahling President/Director	(i)	0	0	0	0	0	0	0
	(ii)	970,936	0	99,698	673,419	41,454	1,785,507	78,407
5Robert Obermeyer MD Director	(i)	0	0	0	0	0	0	0
	(ii)	636,091	25,463	270	10,800	24,182	696,806	0
6Dennis Ryan CFO/Asst Treas/Assist Secr	(i)	0	0	0	0	0	0	0
	(ii)	501,082	0	40,393	449,684	49,573	1,040,732	23,178
7Tamika Harris VP - Facilities & Support svcs	(i)	195,184	0	22,888	44,766	25,075	287,913	13,821
	(ii)	0	0	0	0	0	0	0
8Jalana McCasland VP Physician Practice MGMT	(i)	260,283	0	30,928	72,978	27,067	391,256	0
	(ii)							
9Karen Mitchell VP- Patient Care Services	(i)	246,819	0	17,208	131,674	14,633	410,334	0
	(ii)	0	0	0	0	0	0	0
10Allison Silva VP - Ancillary Services	(i)	219,439	0	30,064	77,497	13,037	340,037	16,145
	(ii)	0	0	0	0	0	0	0
11Sandip Godambe MD VP - Quality & Patient Safety	(i)	375,638	0	15,158	92,918	47,423	531,137	2,657
	(ii)	0	0	0	0	0	0	0
12James Dice Director Pharmacy	(i)	171,470	7,917	39,570	7,356	11,609	237,922	0
	(ii)	0	0	0	0	0	0	0
13Paul Morlock VP - HR & Occupational Health	(i)	269,005	0	36,436	103,484	21,085	430,010	0
	(ii)							
14Michael Fackelmann RNFA NURSE - CARDIAC	(i)	188,851	6,106	951	7,920	9,462	213,290	0
	(ii)	0	0	0	0	0	0	0
15Rowland Harrison Director of IS	(i)	133,974	6,199	45,106	0	16,352	201,631	0
	(ii)	0	0	0	0	0	0	0
16Arno Zaritsky Former VP	(i)	10,032	0	298,102	0	0	308,134	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
54-0506321

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	VA SMALL BUSINESS FINANCING AUTHORITY	54-1300845	000000000	09-19-2012	76,400,000	REFUNDING OF 1/31/2006 ISSUE		X		X		X
B	VA SMALL BUSINESS FINANCING AUTHORITY	54-1300845	000000000	12-01-2015	100,000,000	FINANCING OF HEALTH CARE FACILITIE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	17,241,009	276,513		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	76,400,000	0		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	0	0		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	26,650,000		
11	Other spent proceeds	76,400,000	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 586 %		0 419 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 586 %		0 419 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

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

Return Reference	Explanation
Part II, Lines 3, 10, and 12, Column B	Line 3 FUNDS WILL BE DRAWN AS NEEDED BY CHILDRENS HEALTH SYSTEM AND CHILDRENS HOSPITAL OF THE KINGS DAUGHTERS FROM THE TOTAL ISSUE PRICE OF THE BOND AT THIS TIME, IT IS UNKNOWN WHAT THE FINAL PROCEEDS WILL BE Line 10 CAPITAL EXPENDITURES FROM PROCEEDS ALLOCATED CURRENTLY TOTAL $77,950,000, OF WHICH $51,300,000 WAS ALLOCATED TO CHILDRENS HEALTH SYSTEM AND $26,650,000 WAS ALLOCATED TO CHILDRENS HOSPITAL OF THE KINGS DAUGHTERS Line 12 - FUNDS WILL BE DRAWN AS NEEDED BY CHILDRENS HEALTH SYSTEM AND CHILDRENS HOSPITAL OF THE KINGS DAUGHTERS FROM THE TOTAL ISSUE PRICE OF THE BOND AT THIS TIME, THERE ARE CURRENTLY NO OTHER SPENT PROCEEDS

Return Reference	Explanation
Part III, Line 4	Column A WE HAVE CONCLUDED THAT OUT OF THE ACTIVITIES CONDUCTED IN THIS BOND FINANCED SPACE, WE HAVE NOTED THAT 5863% OF THE SPACE WAS PRIVATE BUSINESS USE THE REMAINING SPACE DID NOT RESULT IN PRIVATE BUSINESS USE DUE TO EQUITY PROVIDED OR A REGULATORY SAFE HARBOR Column B WE HAVE CONCLUDED THAT OUT OF THE ACTIVITIES CONDUCTED IN THIS BOND FINANCED SPACE, WE HAVE NOTED THAT 4185% OF THE SPACE WAS PRIVATE BUSINESS USE THE REMAINING SPACE DID NOT RESULT IN PRIVATE BUSINESS USE DUE TO EQUITY PROVIDED OR A REGULATORY SAFE HARBOR

Return Reference	Explanation
Part IV, Line 2B, Column A	The 6-Month spending exception applies to the bond Obligated Group PNC BANK, NATIONAL ASSOCIATION AND BANK OF AMERICA, N A , EACH HOLD PARITY NOTES OF CHKDS OBLIGATED GROUP (INCLUDING CHILDRENS HOSPITAL OF THE KINGS DAUGHTERS, INCORPORATED, CHILDRENS HEALTH SERVICES, INC , AND CHILDRENS HEALTH FOUNDATION, INC) ISSUED UNDER THE MASTER TRUST INDENTURE ACCORDINGLY, PNC AND BANK OF AMERICA HAVE THE BENEFIT, ON A PARITY BASIS, OF A VALID AND PERFECTED, FIRST PRIORITY SECURITY INTEREST HELD BY THE MASTER TRUSTEE IN THE TOTAL REVENUES PLEDGED UNDER THE MASTER TRUST INDENTURE AND IN ANY OTHER SECURITY INTEREST GRANTED BY THE MASTER TRUST INDENTURE THE MASTER TRUST INDENTURE AND THE FINANCING DOCUMENTS WITH PNC AND BANK OF AMERICA PLACE CERTAIN RESTRICTIONS UPON CHKDS OBLIGATED GROUP RELATIVE TO OPERATING RATIOS, INCURRENCE OF ADDITIONAL INDEBTEDNESS, MAINTENANCE OF TAX-EXEMPT STATUS AND FINANCIAL REPORTING REQUIREMENTS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
54-0506321

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WM JORDAN CO INC	Entity more than 35% owned by John Lawson II, current board member	8,752,474	construction SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

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2017

Part II **Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I, Line 32	CHKD PAYS ABC VIRGINIA AUTO AUCTION, LLC A FEE TO AUCTION CARS FOR THE BENEFIT OF THE ORGANIZATION

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number

54-0506321

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III FOR MORE THAN 50 YEARS, CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS (CH KD) HAS BEEN THE ONLY FACILITY OF ITS KIND IN VIRGINIA, SERVING THE MEDICAL AND SURGICAL N EEDS OF CHILDREN THROUGHOUT THE STATE ITS PRIMARY SERVICE AREA ENCOMPASSES GREATER HAMPTO N ROADS, THE EASTERN SHORE OF VIRGINIA AND NORTHEASTERN NORTH CAROLINA, A REGION THAT IS H OME TO APPROXIMATELY 565,000 CHILDREN UNDER THE AGE OF 21 CHKD WAS ESTABLISHED AS AN 88-B ED, NOT-FOR-PROFIT HOSPITAL IN 1961 BY THE KING'S DAUGHTERS, A WOMEN'S SERVICE ORGANIZATIO N DEDICATED TO THE HEALTH AND WELL BEING OF THE COMMUNITY'S INDIGENT CHILDREN THE HOSPITA L HAS ALWAYS UPHELD THE CHARITABLE MISSION OF ITS FOUNDERS, AND IN FY2018, OVER 59 PERCENT OF ITS INPATIENT DAYS WERE COVERED BY MEDICAID OVER THE PAST 57 YEARS, CHKD HAS GROWN IN TO A 206-BED TEACHING HOSPITAL THAT IS THE HEART OF AN EXTENSIVE PEDIATRIC HEALTH CARE SYS TEM TODAY, THAT SYSTEM PROVIDES COMPREHENSIVE MEDICAL CARE TO CHILDREN AT THE HOSPITAL AN D MULTI-SERVICE HEALTH CENTERS IN VIRGINIA BEACH, WILLIAMSBURG, NORFOLK, NEWPORT NEWS, CHE SAPEAKE, HAMPTON, AND SUFFOLK ITS SERVICES INCLUDE EVERYTHING FROM WELLNESS AND PREVENTIO N INITIATIVES TO PRIMARY CARE, SURGERY AND REHABILITATION MANY OF ITS UNIQUE SERVICES AND PROGRAMS ADDRESS PRESSING PUBLIC HEALTH NEEDS THAT WOULD OTHERWISE GO UNMET IN RESPONSE TO COMMUNITY ASSESSMENT SURVEYS, THE HOSPITAL LAUNCHED A MULTIMILLION-DOLLAR INITIATIVE TO EXPAND MENTAL HEALTH SERVICES FOR CHILDREN, INCLUDING 60 INPATIENT BEDS AND SUPPORTIVE SE RVICES THE STATE HEALTH COMMISSIONER GRANTED A CERTIFICATE OF PUBLIC NEED IN JULY OF 2018 TO BUILD A NEW FACILITY THAT IS EXPECTED TO BE FINISHED IN FOUR YEARS THE HOSPITAL IS CU RRENTLY WORKING WITH STAKEHOLDERS IN THE COMMUNITY TO DESIGN A PROGRAM THAT BEST MEETS THE MENTAL HEALTH NEEDS OF CHILDREN AS THE PREMIER PROVIDER OF HEALTHCARE SERVICES TO THE RE GION'S CHILDREN, CHKD HAS SECURED A PLACE IN THE HEART OF THE COMMUNITY THE HOSPITAL IS A N EAGER COLLABORATOR WITH OTHER COMMUNITY ORGANIZATIONS AND INSTITUTIONS THAT SHARE ITS CO NCERN FOR THE WELL-BEING OF YOUNG PEOPLE AND OFFERS A VARIETY OF EDUCATION, RESEARCH AND H EALTH INITIATIVES TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN IN THIS COMMUNITY AND B EYOND THE HEALTH SYSTEM'S PRIMARY SERVICES CENTER ON INPATIENT AND OUTPATIENT CARE, COMMU NITY OUTREACH PROGRAMS AND MEDICAL EDUCATION/RESEARCH SECTION ONE INPATIENT CARE CHILDRE N WITH A VAST RANGE OF MEDICAL PROBLEMS INCLUDING LIFE-THREATENING ILLNESSES AND INJURIES -- TURN TO CHKD FOR INPATIENT CARE IN FY18, CHKD HAD 5,144 ADMISSIONS RESULTING IN 45,299 PATIENT DAYS APPROXIMATELY 59 PERCENT OF THESE DAYS WERE COVERED BY MEDICAID CHKD HAS 2 06 INPATIENT BEDS, AND ALMOST HALF OF THOSE ARE FOR PEDIATRIC INTENSIVE CARE THE HOSPITAL IS HOME TO THE REGION'S HIGHEST LEVEL NEONATAL INTENSIVE CARE UNIT, WHERE EACH YEAR CRITI CALLY ILL NEWBORNS, SOME AS YOUNG AS 23 WEEKS GESTATION, BENEFIT FROM A UNIQUE COMBINATION OF ADVANCED MEDICAL TECHNOLOG

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Y, DEVELOPMENTAL CARE AND FAMILY SUPPORT, AND PALLIATIVE CARE THERE WERE APPROXIMATELY 51 2 ADMISSIONS TO THE NICU IN FY18 THE HOSPITAL ALSO OPERATES A NEONATAL STEP-DOWN UNIT FOR BABIES FROM OUR NICU WHO REQUIRE A TRANSITIONAL PERIOD BEFORE BEING DISCHARGED HOME THE REGION'S LARGEST AND MOST EXPERIENCED PEDIATRIC INTENSIVE CARE UNIT IS AT CHKD IN THIS UN IT, A FULL-TIME STAFF OF BOARD-CERTIFIED PEDIATRIC INTENSIVE CARE PHYSICIANS, CRITICAL CAR E NURSES AND RESPIRATORY THERAPISTS PROVIDE EXTREMELY SOPHISTICATED, TECHNOLOGICALLY-ADVAN CED CARE TO CHILDREN WITH LIFE-THREATENING INJURIES AND ILLNESSES MEDICAL CARE IS SUPPLEM ENTED WITH SUPPORT FROM CHILD LIFE SPECIALISTS, SOCIAL WORKERS AND CHAPLAINS WHO HAVE EXTE NSIVE EXPERIENCE HELPING FAMILIES THROUGH THE TRAUMA AND STRESS OF A SEVERE ILLNESS OR INJ URY IN A CHILD THERE WERE 1,350 ADMISSIONS TO OUR PICU IN FY18 MANY PATIENTS ARE BROUGHT FROM OTHER AREA HOSPITALS TO CHKD BY THE HOSPITAL'S NEONATAL/PEDIATRIC TRANSPORT PROGRAM, WHICH OPERATES OUT OF FOUR FULLY-EQUIPPED MOBILE INTENSIVE CARE UNITS TWO CRITICAL CARE TRANSPORT TEAMS ARE AVAILABLE 24 HOURS A DAY, SEVEN DAYS A WEEK TO ALL AREA MEDICAL FACILI TIES THAT NEED TO SEND SICK OR INJURED CHILDREN TO CHKD CHKD TRANSPORT TEAMS ARE EQUIPPED AND TRAINED TO TRANSPORT ALL TRAUMA PATIENTS UNDER THE AGE OF 15 TO CHILDREN'S HOSPITAL O F THE KING'S DAUGHTERS FOR SPECIALIZED PEDIATRIC TRAUMA CARE ONE ACUTE CARE TRANSPORT TEA M IS STAFFED DAILY WITH TWO PARAMEDICS TO PROVIDE TRANSPORT TO PEDIATRIC PATIENTS THROUGHO UT THE COMMUNITY, SERVING URGENT CARE FACILITIES AS WELL AS EMERGENCY ROOMS WITHIN THE TID EWATER REGION EACH CRITICAL CARE TRANSPORT CALL IS ANSWERED BY A NEONATAL/PEDIATRIC CRITI CAL CARE NURSE, A REGISTERED RESPIRATORY THERAPIST AND A CERTIFIED EMT PARAMEDIC TRAINED I N NEONATAL/PEDIATRIC CARE IN FY18, THE TEAM TRANSPORTED 2,194 PATIENTS OF THOSE, 446 WER E NEWBORNS COMING TO OUR NEONATAL INTENSIVE CARE UNIT CHKD'S TRANSPORT SERVICE IS ALSO UN DER CONTRACT TO THE NAVAL MEDICAL CENTER, PORTSMOUTH, TO PROVIDE ALL NEONATAL AND PEDIATRI C MILITARY TRANSPORTS IN THE REGION BESIDES GROUND TRANSPORTS IN OUR MOBILE ICUS OR ACUTE CARE TRANSPORT, THE TEAM CAN RESPOND VIA FIXED WING AIRCRAFT OR HELICOPTER TRANSPORT WHEN MEDICALLY NECESSARY CHKD'S TRANSFER CENTER IS STAFFED WITH PARAMEDICS WHO OPERATE TO ENS URE APPROPRIATE DISPATCH OF THE TRANSPORT TEAM AND ASSIST AND SUPPORT REFERRAL FACILITIES AND STAFF THROUGHOUT THE COMMUNITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CHKD OPERATES THE REGION'S ONLY PEDIATRIC SURGERY PROGRAM, OFFERING YOUNG PEOPLE STATE-OF- THE-ART TREATMENT IN A SUPPORTIVE, NON-THREATENING ENVIRONMENT CREATED EXCLUSIVELY TO MEET THEIR NEEDS IN FY18, SURGEONS PERFORMED 12,987 SURGERIES AT CHKD FACILITIES FOR A VAST R ANGE OF PROBLEMS, FROM THE SIMPLEST OUTPATIENT PROCEDURES TO COMPLEX CRANIOFACIAL, ORTHOPE DIC AND CHEST WALL SURGERIES CHKDS CARDIAC SURGERY PROGRAM IS PART OF A REGIONAL COLLABOR ATIVE BETWEEN CHKD AND THE UNIVERSITY OF VIRGINIA (UVA) CHKD AND UVA COMBINE THE EFFORTS OF PEDIATRIC CARDIOLOGISTS, CARDIAC SURGEONS, CARDIAC ANESTHESIOLOGISTS, INTENSIVE CARE PH YSICIANS AND CARDIAC SUPPORT PROFESSIONALS FROM BOTH INSTITUTIONS WITH THE GOAL OF IMPROVI NG OUTCOMES FOR CHILDREN WITH COMPLEX CONGENTIAL HEART DEFECTS (SEE OUTPATIENT SERVICES A ND PROGRAMS FOR MORE INFORMATION ON CHKD'S SURGERY PROGRAM) CHKD EMPLOYS DOZENS OF PROFES SIONALS WHO PROVIDE EMOTIONAL, RECREATIONAL, SPIRITUAL AND PRACTICAL SUPPORT TO CHILDREN A ND FAMILIES DURING HOSPITALIZATIONS THE WORK OF THESE PROFESSIONALS COMPLEMENTS OUR EXPER T MEDICAL CARE TO CREATE A UNIQUE TREATMENT AND HEALING ENVIRONMENT FOR CHILDREN AND THEIR FAMILIES OUR CHAPLAINCY SERVICES PROVIDE EMOTIONAL SUPPORT, PASTORAL CARE, ETHICAL REFLE CTION, BEREAVEMENT RESOURCES/FOLLOW-UP (INCLUDING A PARENT SUPPORT GROUP) AND SPIRITUAL AS SESSMENT AND/OR GUIDANCE TO PATIENTS, FAMILIES AND STAFF WITH IN-HOSPITAL PRESENCE SEVEN D AYS A WEEK AND WITH 24-HOUR ON-CALL AVAILABILITY CHAPLAINS ASSIST WITH ADVANCE DIRECTIVES AND SERVE ON THE TRAUMA TEAM AS PRIMARY PROVIDERS OF FAMILY SUPPORT THE HOSPITAL EMPLOYS THREE FULL-TIME CHAPLAINS, AND FOUR PER-DIEM CHAPLAINS WHO REFLECT THE DIVERSITY OF THE C OMMUNITY AND ARE PROFESSIONALLY TRAINED TO MEET THE VARIED SPIRITUAL NEEDS OF FAMILIES AND STAFF WITH RESPECT AND COMPASSION THE CHAPLAINS ALSO FACILITATE EDUCATIONAL PROGRAMS FOR HOSPITAL STAFF AND PHYSICIANS, AS WELL AS PLANNING AND PARTICIPATING IN OUTREACH TO THE C OMMUNITY THE HOSPITAL EMPLOYS 13 CHILD LIFE STAFF MEMBERS WHO HELP CHILDREN ADJUST AND CO PE DURING HOSPITALIZATION THEIR GOAL IS TO MAKE THE CHILD'S HOSPITAL EXPERIENCE AS NORMAL AS POSSIBLE BY DEVELOPING SUPPORTIVE RELATIONSHIPS WITH PATIENTS AND FAMILIES, PROVIDING AGE-APPROPRIATE PREPARATION FOR MEDICAL PROCEDURES, COPING STRATEGIES AND PLAY OPPORTUNITI ES FOR CHILDREN TO RELIEVE STRESS CHILD LIFE STAFF MEMBERS ALSO SCHEDULE AND FACILITATE C OMMUNITY GROUP VISITORS TO THE HOSPITAL AND MANAGE APPROXIMATELY 100 VOLUNTEERS WEEKLY TH ERE ARE THREE POPULAR ACTIVITY AREAS THROUGHOUT THE HOSPITAL, PROVIDING HOSPITALIZED CHILD REN OPPORTUNITIES FOR SOCIALIZATION AND CREATIVE PLAY CHILD LIFE ASSISTANTS WORK WITH CHK D'S VOLUNTEER SERVICES DIVISION TO MANAGE THE HOSPITAL'S POPULAR PET THERAPY PROGRAM -- TH E BUDDY BRIGADE -- WHICH BRINGS VISITS OF DOG/HANDLER TEAMS TO THE HOSPITAL SEVERAL TIMES EACH WEEK CHILD LIFE STAFF MEMBERS COLLABORATE WITH OTHER HOSPITAL STAFF TO PROVIDE SUPPO RT FOR PARENTS AND SIBLINGS, O

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STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FFERING AN ANNUAL TEDDY BEAR CLINIC, WEEKLY CLOSED-CIRCUIT TV BINGO, INPATIENT DEVELOPMENT AL SCREENINGS, AND A KIDS-AS-PARTNERS ADVISORY COUNCIL CHKD'S MENTAL HEALTH SERVICE LINE IS COMPRISED OF 14 FULL-TIME MEDICAL SOCIAL WORKERS AND TWO PER DIEM SOCIAL WORKERS WHO HO LD MASTER'S DEGREES IN SOCIAL WORK, SEVEN OF WHOM ARE IN SUPERVISION WORKING TOWARDS THEIR CLINICAL LICENSURE IN ADDITION, THE DEPARTMENT HAS TWO DESIGNATED NICU PARENT SUPPORT SP ECIALISTS THE PRIMARY FOCUS OF THE DEPARTMENT IS BIOPSYCHOSOCIAL EVALUATION, SUPPORT TO F AMILIES, CRISIS INTERVENTION, CONNECTION TO RESOURCES AND SUPPORTING ADJUSTMENT TO ILLNESS ES AND HELPING TO MITIGATE THE STRESS OF HOSPITALIZATION THE MEDICAL SOCIAL WORK TEAM PRO VIDES MANY SERVICES, INCLUDING * PROVIDE SUPPORT DURING HOSPITALIZATION TO CHKD PATIENTS AND FAMILIES DEALING WITH TRAUMA, CHRONIC ILLNESS AND LOSS * REFER TO CHKD'S ELIGIBILITY WORKERS TO COMPLETE APPLICATIONS FOR INSURANCE COVERAGE FOR MEDICAL CARE * COORDINATE REF ERRALS AND ONGOING COMMUNICATIONS TO OTHER COMMUNITY RESOURCES FOR ASSISTANCE WITH NEEDS S UCH AS HOUSING, MENTAL HEALTH COUNSELING, EDUCATIONAL ADVOCACY, LEGAL ASSISTANCE AND MUCH MORE * AID IN COMMUNICATION WITH FAMILIES WITH THE MEDICAL TREATMENT TEAMS BY COORDINATIN G PATIENT CARE CONFERENCES AND TEAM MEETINGS * EVALUATE AND REPORT SUSPICION FOR CHILD AB USE/NEGLECT MEDICAL SOCIAL WORKERS ALSO FACILITATE A VARIETY OF SUPPORT GROUPS THAT HELP PATIENTS AND FAMILIES CONNECT WITH OTHERS IN THE COMMUNITY WHO SHARE THEIR CHALLENGES CHK D SPONSORS SUPPORT GROUPS FOR PATIENTS AND THEIR FAMILIES INCLUDING TICS/TOURETTES, HEALTH Y MOMMY HEALTHY BABY, DINE AND DISCOVER FOR NICU FAMILIES WE ALSO OFFER A RECREATION-BASE D GROUP FOR BROTHERS AND SISTERS OF CHILDREN WITH SPECIAL NEEDS -- CALLED SIBSHOPS THE ME DICAL SOCIAL WORK DEPARTMENT MANAGES THE HALO FUND AND BUTTERFLY BLESSINGS FUND WHICH ASSI ST PATIENTS AND PARENTS WITH COSTS ASSOCIATED WITH TRANSPORTATION, MEALS, MEDICATIONS AND OTHER DISCHARGE-RELATED NEEDS THESE DONATED FUNDS MAY ALSO BE USED IN EMERGENCY SITUATION S TO ASSIST WITH SPECIAL HEALTHCARE NEEDS, LIKE PARTIAL OR ONE-TIME PAYMENTS FOR UTILITIES NECESSARY TO SUPPORT A PATIENT IN THE HOME FOLLOWING A DISCHARGE THESE FUNDS HELPED MORE THAN 1,400 FAMILIES IN FY18 THE MENTAL HEALTH THERAPY TEAM PROVIDES OUTPATIENT AND HOSPI TAL SUPPORT TO PATIENTS WHO PRESENT TO OUR ED OR WHO ARE ADMITTED FOR MEDICAL REASONS BUT ALSO HAVE CONCURRENT MENTAL HEALTH CONCERNS IN ADDITION, WE PROVIDE OUTPATIENT EVIDENCE B ASED THERAPY AT NINE LOCATIONS IN VIRGINIA BEACH, CHESAPEAKE, NORFOLK, AND SOON IN NEWPORT NEWS THE TEAM COLLABORATES WITH THE CHILD'S PEDIATRICIAN, PSYCHIATRIC PROVIDER, SPECIALI ST AND FAMILY TO ENSURE THE CHILD RECEIVES COMPREHENSIVE AND INTEGRATED SUPPORT AMONG THE SERVICES OUR MENTAL HEALTH TEAM PROVIDES ARE THE FOLLOWING * CONDUCT PSYCHOSOCIAL HISTOR Y AND MENTAL HEALTH ASSESSMENTS OF PATIENTS OUTPATIENT, ED, AND IN-HOUSE * UTILIZE EVIDE NCE-BASED PRACTICES TO OFFER B

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STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	RIEF THERAPY TO IN-HOUSE PATIENTS BY PHYSICIAN REFERRAL TO ADDRESS ACUTE OR CHRONIC MENTAL HEALTH ISSUES * OFFER INDIVIDUALIZED BEHAVIOR PLANS FOR CHILDREN WITH MEDICAL AND BEHAVI ORAL ISSUES ADMITTED TO CHKD FOR THEIR MEDICAL CONDITION * PROVIDE OUTPATIENT MENTAL HEAL TH SERVICES UTILIZING EVIDENCE-BASED TREATMENT (COGNITIVE BEHAVIORAL THERAPY, PARENT CHILD INTERACTION THERAPY, TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY, FAMILY BASED THERAPY FO R ANOREXIA NERVOSA, BEHAVIORAL THERAPY FOR CHILDREN WITH AUTISM SPECTRUM DISORDER AND OTHE R NEURODEVELOPMENTAL CONDITIONS, EMDR, AND A GROUP THERAPY CALLED SPARCS (STRUCTURE PSYCHO THERAPY FOR ADOLOSCENTS RESPONDING TO CHRONIC STRESS) INCLUDING INDIVIDUAL, FAMILY AND GRO UP * HELP PATIENTS AND FAMILIES DEAL WITH SITUATIONAL CRISES RESULTING FROM ACCIDENT, ILL NESS OR TRAUMA * 24-HOUR PER-DIEM COVERAGE BY A LICENSED CLINICIAN OR SUPERVISEE FOR NIGH TS, WEEKENDS, HOLIDAYS WE WILL SOON OFFER 24/7 IN-HOUSE COVERAGE BY LCSWS CHKD'S CULTURA L/LANGUAGE SERVICES DEPARTMENT MEETS THE NEEDS OF PATIENTS AND FAMILIES WITH LIMITED ENGLI SH PROFICIENCY BY COORDINATING ACCESS TO LANGUAGE INTERPRETATION VIA FACE-TO-FACE, OVER TH E PHONE AND VIDEO REMOTE INTERPRETATION THROUGHOUT THE HEALTH SYSTEM IN FY18, CHKD PROVID ED INTERPRETATION SERVICES IN 31 DIFFERENT LANGUAGES FOR OUR LIMITED ENGLISH POPULATION TH ROUGH 12,293 OUTPATIENT VISITS, A 12% INCREASE FROM THE PREVIOUS YEAR ON AVERAGE, 85% OF OUR LIMITED ENGLISH PROFICIENT PATIENTS AND FAMILIES SPEAK SPANISH TO MEET THIS DEMAND, I N ADDITION TO OVER THE PHONE INTERPRETATION AND VIDEO REMOTE INTERPRETATION, AVAILABLE THR OUGHOUT CHKD THE LANGUAGE SERVICES DEPARTMENT CONSISTS OF TWO SPANISH MEDICAL INTERPRETER S AT THE MAIN HOSPITAL DURING FY18, LANGUAGE SERVICES STAFF ASSISTED IN 7,251 PATIENT ENC OUNTERS AT THE MAIN HOSPITAL ADDITIONALLY, THE HEALTH SYSTEM RELIED ON THE ASSISTANCE OF 32 DUAL ROLE BILINGUAL STAFF WHO PROVIDED MEDICAL INTERPRETATION IN THEIR ASSIGNED AREAS AS THE REGIONAL PROVIDER OF PEDIATRIC CARE, CHKD IS AN INTEGRAL PART OF THE COMMUNITY'S NA TURAL OR MAN-MADE DISASTER PLANNING EFFORTS CHKD RECOGNIZES THE IMPORTANCE OF A NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) COMMUNITY-INTEGRATED, ALL-HAZARD EMERGENCY OPERATIONS PL AN THIS PLAN IS PREPARED, EXERCISED AND SHARED INTERNALLY AND EXTERNALLY WITH COMMUNITY, STATE AND FEDERAL EMERGENCY RESPONSE AGENTS

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STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SECTION TWO OUTPATIENT SERVICES AND PROGRAMS CHKD ALSO OFFERS THE COMMUNITY MANY IMPORTAN T PEDIATRIC SERVICES ON AN OUTPATIENT BASIS IN 2018, CHILDREN MADE OVER 600,000 OUTPATIEN T VISITS TO CHKD PHYSICIAN PRACTICES AND PEDIATRIC SPECIALTY CLINICS THEY MADE 383,459 VI SITS TO THE PRIMARY CARE PEDIATRICIANS OF CHKD'S MEDICAL GROUP, WHICH OFFERS CARE IN 18 PR ACTICES WHO HAVE 29 OFFICES THROUGHOUT OUR SERVICE AREA CHKD'S SURGICAL SPECIALTY GROUP M AKES THE SERVICES OF THE REGION'S ONLY PEDIATRIC GENERAL, UROLOGICAL, CARDIAC, NEUROSURGIC AL, PLASTIC AND ORTHOPEDIC SURGEONS AVAILABLE TO THOUSANDS OF CHILDREN WHO MIGHT OTHERWISE HAVE TO TRAVEL OUTSIDE OF THE AREA FOR SURGERY CHILDREN MADE 46,642 VISITS TO THE SURGIC AL GROUP PRACTICES IN FY18 THE SURGEONS PERFORMED 5,549 SURGICAL CASES THE HOSPITAL ALSO PROVIDES CARE TO CHILDREN FACING HEALTH CONDITIONS SUCH AS CANCER, GENETIC DISORDERS, OBE SITY, HEART PROBLEMS, DEVELOPMENTAL DISABILITIES, ASTHMA/ALLERGIES AND DIABETES THROUGH MO RE THAN 50 OUTPATIENT SPECIALTY CLINICS OFFERING SPECIALIZED PEDIATRIC CARE IN FY18, CHIL DREN MADE 173,117 VISITS TO OUR OUTPATIENT CLINICS CHKD WAS FOUNDED ON THE PREMISE THAT A LL CHILDREN DESERVE EQUAL ACCESS TO QUALITY PEDIATRIC CARE AS OUR POPULATION GREW AND SET TLED INTO THE FAR CORNERS OF OUR BRIDGE-AND TUNNEL-LACED REGION, TRAVEL TO CHKD'S MAIN FAC ILITY IN NORFOLK BECAME MORE OF A HARDSHIP FOR FAMILIES TO EASE THAT BURDEN AND IMPROVE C HILDREN'S ACCESS TO CARE IN EVERY CORNER OF OUR SERVICE AREA, CHKD HAS ESTABLISHED MULTI-S ERVICE HEALTH CENTERS IN STRATEGIC LOCATIONS THESE INCLUDE, BUT ARE NOT LIMITED TO, THE F OLLOWING * THE CHKD HEALTH AND SURGERY CENTER AT OYSTER POINT OFFERS FAMILIES WHO LIVE NO RTH OF THE HAMPTON ROADS BRIDGE TUNNEL A WEALTH OF IMPORTANT SERVICES IN A CONVENIENT LOCA TION THE CENTER IS HOME TO THE REGION'S FIRST PEDIATRIC OUTPATIENT SURGERY CENTER OTHER SERVICES OFFERED AT THE SITE INCLUDE PRIMARY, SURGICAL AND SUB-SPECIALTY PEDIATRICS, LAB A ND RADIOLOGY (INCLUDING ULTRASOUND AND MRI), AUDIOLOGY TESTING AND OCCUPATIONAL, SPEECH AN D PHYSICAL THERAPY AQUATIC THERAPY AND CHILD ABUSE PROGRAM SERVICES ARE ALSO AVAILABLE TH ERE * THE CHKD HEALTH CENTER AND URGENT CARE AT TECH CENTER IS HOME TO THE PENINSULAS ONL Y PEDIATRIC URGENT CARE AS WELL AS THE CENTER FOR PEDIATRIC SLEEP MEDICINE, X-RAY, LAB, PH YSICAL MEDICINE AND REHABILITATION, RHEUMATOLOGY, AND SPORTS MEDICINE PRIMARY CARE, PHYSIC AL THERAPY, AND PERFORMANCE TRAINING * THE CHKD HEALTH CENTER AT OAKBROOKE SERVES FAMILIE S IN CHESAPEAKE AND NORTHEASTERN NORTH CAROLINA IT IS HOME TO A PRIMARY CARE PEDIATRIC PR ACTICE, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, X-RAY AND LAB SERVICES, A SPORTS MEDICI NE GYM, SLEEP STUDIES UNIT AND THERAPY POOL, AS WELL AS CLINIC SPACE FOR A VARIETY OF PEDI ATRIC SPECIALISTS AND SURGEONS PROVIDING EVALUATION, TREATMENT AND FOLLOW-UP * THE CHKD H EALTH AND SURGERY CENTER AT CONCERT DRIVE SERVES THE GROWING MEDICAL NEEDS OF FAMILIES IN VIRGINIA BEACH THE CENTER IS

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STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	HOME TO VIRGINIA BEACH'S FIRST AMBULATORY SURGERY CENTER EXCLUSIVELY FOR CHILDREN BEACH F AMILIES CAN ALSO FIND PRIMARY CARE PEDIATRICIANS AND IN-HOUSE LAB AND RADIOLOGY SERVICES - INCLUDING MRI - AT THE CENTER OTHER SERVICES INCLUDE SPECIALTY CARE PEDIATRICS FOR HELP WITH CHRONIC PROBLEMS SUCH AS ASTHMA AND DIABETES, CHKD'S CHILD ABUSE PROGRAM AND PHYSICAL , SPEECH, OCCUPATIONAL AND SPORTS MEDICINE THERAPY * THE CHKD HEALTH CENTER AND URGENT CA RE AT LANDSTOWN IS LOCATED JUST DOWN THE ROAD FROM CONCERT DRIVE AND OFFERS DEDICATED VIRG INIA BEACH SPACE FOR CHKD URGENT CARE AND ADOLESCENT SERVICES SUCH AS SPORTS MEDICINE, DER MATOLOGY AND GYNECOLOGY * THE CHKD HEALTH CENTER AND URGENT CARE AT LOEHMANN'S SERVES THE NORTHERN AND MIDDLE VIRGINIA BEACH REGION AND IS HOME TO CHKD URGENT CARE, SPORTS MEDICIN E (PRIMARY CARE) AND THERAPY, SPORTS PERFORMANCE TRAINING AND PHYSICAL, OCCUPATIONAL AND S PEECH THERAPY * THE CHKD HEALTH CENTER AT BUTLER FARM OFFERS PHYSICAL, OCCUPATIONAL AND S PEECH THERAPY, AND SPORTS MEDICINE PHYSICAL THERAPY TO CHILDREN AND TEENS ON THE PENINSULA DEVELOPMENTAL PEDIATRICS ALSO HOSTS A WHEELCHAIR CLINIC AT THIS LOCATION * THE CHKD HEA LTH CENTER AT HARBOUR VIEW NORTH OFFERS SPECIALIZED PEDIATRIC CARE TO FAMILIES IN SUFFOLK THE SITE OFFERS APPOINTMENTS IN PEDIATRIC DERMATOLOGY, ALLERGY, GASTROENTEROLOGY, CARDIOL OGY AND NEPHROLOGY, AS WELL AS DEVELOPMENTAL PEDIATRICS * THE CHKD HEALTH CENTER AT LIGHT FOOT OFFERS FAMILIES IN THE NORTHERN CORNER OF OUR SERVICE AREA APPOINTMENTS IN PEDIATRIC CARDIOLOGY, NEPHROLOGY, GYNECOLOGY, PHYSICAL MEDICINE AND REHABILITATION, REHABILITATIVE T HERAPIES, SPORTS MEDICINE AND UROLOGY CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS OPERATE S THE REGION'S ONLY PEDIATRIC URGENT CARE PARENTS OF CHILDREN WITH URGENT, BUT NOT EMERGE NT MEDICAL NEEDS, NOW HAVE ACCESS TO QUALITY MEDICAL CARE JUST FOR KIDS AFTER-HOURS, ON WE EKENDS AND HOLIDAYS IN FY18, CHILDREN MADE 71,344 VISITS TO CHKD URGENT CARE CENTERS IN C HESAPEAKE, VIRGINIA BEACH AND NEWPORT NEWS CHKD'S CHILD ABUSE PROGRAM COORDINATES THE REG ION'S EFFORTS TO ACCURATELY IDENTIFY, TREAT AND PROTECT CHILDREN WHO HAVE BEEN SUSPECTED O F ABUSE OR NEGLECT THE PROGRAM PROVIDES COMPREHENSIVE ASSESSMENT, EVALUATION AND TREATMEN T SERVICES, INCLUDING AN ARRAY OF EVIDENCE-BASED MENTAL HEALTH SERVICES, FORENSIC INTERVIE WING, MEDICAL EXAMINATIONS AND CONSULTATIONS, WHICH INCLUDE 24/7 COVERAGE OF ACUTE SEXUAL ASSAULTS OF CHILDREN THE PROGRAM ALSO HELPS COORDINATE THE EFFORTS OF INVESTIGATIVE AGENC IES INVOLVED IN THE INVESTIGATION AND PROSECUTION OF ABUSE ADDITIONALLY, OVER THE PAST TW O YEARS, THE PROGRAM HAS IMPLEMENTED A PLAN TO TRAIN STAFF AND COMMUNITY STAKEHOLDERS TO A CCURATELY IDENTIFY COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC) DURING FY2018, PROFESS IONALS AT THE PROGRAM PROVIDED 5,092 VISITS FOR 1,509 PATIENTS, A 30% INCREASE OVER THE PR EVIOUS YEAR COMMUNITY PARTNERS CONTINUE TO INCREASE THEIR REFERRALS TO OUR PROGRAM DUE TO HAVING POSITIVE OUTCOMES FOR

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STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	THEIR INVESTIGATIONS AND KNOWING CHILDREN RECEIVE APPROPRIATE TREATMENT IN ADDITION TO TH E MAIN CENTER IN NORFOLK, SERVICES ARE ALSO AVAILABLE AT CHKD'S OUTPATIENT CENTERS IN VIRG INIA BEACH AND NEWPORT NEWS THE EPIDEMIC OF CHILDHOOD OBESITY CONTINUES TO BE A CONCERN A ND FOCUS AREA FOR CHKD IN ORDER TO ADDRESS THIS CRITICAL ISSUE, IN 2001, CHKD ESTABLISHED A COMPREHENSIVE PROGRAM CALLED HEALTHY YOU FOR LIFE THAT IS OFFERED TO CHILDREN AGES 3 TH ROUGH HIGH SCHOOL HEALTHY YOU FOR LIFE OFFERS A MULTIDISCIPLINARY TEAM APPROACH THAT PROV IDES CLINICAL AND PSYCHOLOGICAL EVALUATION AND TREATMENT PLANNING FOR INDIVIDUALS IN ADDI TION, GROUP CLASSES THAT COVER NUTRITION, EXERCISE AND LIFESTYLE MANAGEMENT ARE AVAILABLE TO PATIENTS AND THEIR FAMILIES EXERCISE OPPORTUNITIES ARE OFFERED FOUR TIMES A WEEK AT FO UR DIFFERENT LOCATIONS AROUND THE HAMPTON ROADS REGION THE PROGRAM'S STAFF INCLUDES PHYSI CIANS, NURSES, REGISTERED DIETITIANS, LICENSED CLINICAL SOCIAL WORKERS AND EXERCISE physio logist THE HEALTHY YOU FOR LIFE PROGRAM ALSO OFFERS INDIVIDUAL COUNSELING SESSIONS IN FY 18 THE TEAM CONDUCTED NEARLY 2,379 VISITS MOVING INTO THE NEW FISCAL YEAR, THE TEAM IS WO RKING TO IMPLEMENT TELEMEDICINE AS A WAY TO IMPROVE ACCESS TO A BEHAVIORAL HEALTH COUNSELO R TO ADDRESS PSYCHO-SOCIAL STRESSORS MANY PATIENTS EXPERIENCE THEY ARE ALSO RESTRUCTURING THE CLINIC FORMAT TO ALLOW MORE FREQUENT VISITS, INCLUDING LATE-DAY APPOINTMENTS, TO BETT ER SUPPORT CHILDRENS LIFESTYLE CHANGES CHKD'S DIABETES EDUCATION PROGRAM HELPS APPROXIMAT ELY 1,300 LOCAL CHILDREN WHO LIVE WITH THE CHRONIC DISEASE THREE CERTIFIED DIABETES EDUCA TORS, A SOCIAL WORKER, A REGISTERED DIETITIAN AND OFFICE COORDINATOR HELP PATIENTS AND FAM ILIES AT THE ONSET OF THE DISEASE AND UNTIL ADULTHOOD THE DIABETES CENTER PROVIDES INPATI ENT AND OUTPATIENT CLINICAL MANAGEMENT, DIABETES EDUCATION, SUPPORT GROUPS, AND PROFESSION AL AND COMMUNITY EDUCATION PROGRAMS A TRANSITION PROGRAM HELPS THE OLDER TEENS AND YOUNG ADULTS BEGIN TRANSFERRING CARE TO ADULT PROVIDERS IN THE COMMUNITY CHILDREN MADE 743 VISI TS TO THE DIABETES CENTER IN FY18 THE CHILDREN'S CANCER AND BLOOD DISORDERS CENTER PROVID ES CARE TO YOUNG PEOPLE WITH CANCER, SICKLE CELL DISEASE, BLEEDING AND OTHER BLOOD DISORDE RS THROUGH TREATMENT PROGRAMS THAT ENCOMPASS CHILDREN'S PHYSICAL, EMOTIONAL AND EDUCATIONA L NEEDS AND INCORPORATES THE WHOLE FAMILY PATIENTS MADE 8,216 VISITS TO THE CENTER IN FY1 8 CHKD IS THE ONLY EMERGENCY DEPARTMENT AND LEVEL 1 TRAUMA CENTER EXCLUSIVELY SERVING CHI LDREN AND THEIR FAMILIES IN THE SOUTHEAST REGION OF VIRGINIA IN FY18, CHILDREN MADE 49,89 9 VISITS TO OUR EMERGENCY CENTER

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CHKD PROVIDES CARE FOR PATIENTS AND THEIR FAMILIES FROM BIRTH TO	YOUNG ADULTHOOD WITH VARIED LEVELS OF ACUITY FROM TRAUMA AND RESUSCITATIONS TO URGENT CARE TYPE PATIENTS OUR COLLARBORATIVE TEAM INCLUDES PEDIATRIC BOARD-CERTIFIED EMERGENCY PHYSI CIANS, NURSE PRACTITIONERS, NURSES, ED TECHS, NURSING CARE PARTNERS, BEHAVIORAL HEALTH TEC HS, PHARMACISTS, SOCIAL WORKERS, CHILD LIFE SPECIALISTS, CHAPLAINS, RESPIRATORY THERAPISTS AND MORE CHKD OFFERS THE ONLY PEDIATRIC RENAL DIALYSIS SERVICE IN THE AREA DIALYSIS IS A TIME-CONSUMING PROCESS AND CHILDREN APPRECIATE THE CHANCE TO HAVE THE SERVICE IN A SETTI NG WHERE THEY CAN MEET WITH FRIENDS THEIR OWN AGES AS WELL AS HOSPITAL SUPPORT STAFF AND S CHOOLTEACHERS CHILDREN MADE 3,158 RENAL AND DIALYSIS VISITS IN FY18 ONE MARK OF CHKD'S D ISTINCTIVE PEDIATRIC CARE HAS ALWAYS BEEN CHILD-CENTERED DIAGNOSTIC SERVICES, SUCH AS RADI OLOGY AND LABORATORY OVER THE PAST SEVERAL YEARS, CHKD HAS WORKED HARD TO MAKE THESE UNIQ UE SERVICES MORE ACCESSIBLE TO FAMILIES THROUGHOUT OUR SERVICE REGION IN ADDITION TO THE LAB AT THE MAIN HOSPITAL, CHKD NOW OFFERS LAB SERVICES AT ITS OYSTER POINT, PRINCESS ANNE, OAKBROOKE, BURNETT'S WAY, LANDSTOWN, LOEHMANNS AND TECH CENTER LOCATIONS AS WELL AS THE V OLVO URGENT CARE CENTER THE LABORATORY ALSO OPERATES A COURIER SERVICE THAT FACILITATES Q UICK TURNAROUND OF SPECIMENS OF THE 706,368 LAB TESTS PERFORMED IN FY18, APPROXIMATELY 66 PERCENT WERE FOR OUTPATIENTS CHKD RADIOLOGY SERVICES ARE ALSO AVAILABLE TO FAMILIES AT O UR CHKD FACILITIES IN NEWPORT NEWS, CHESAPEAKE, SUFFOLK, HAMPTON, NORFOLK AND VIRGINIA BEA CH THE RADIOLOGY DEPARTMENT IS A FULLY-INTEGRATED DIGITAL IMAGING CENTER THAT ALLOWS DIAG NOSTIC IMAGES AND REPORTS TO BE TRANSMITTED AND VIEWED ELECTRONICALLY IN FY18, 102,028 DI AGNOSTIC EXAMS WERE PERFORMED, INCLUDING X-RAYS, FLUOROSCOPIC TESTS, URODYNAMICS AND BONE DENSITY TESTS, CT AND MRI SCANS, ULTRASOUND, PVL AND NUCLEAR MEDICINE STUDIES APPROXIMATE LY 80 PERCENT WERE OUTPATIENT BASED CHKD'S REHABILITATIVE THERAPY SERVICES ARE OFFERED IN LOCATIONS THROUGHOUT THE COMMUNITY, INCLUDING NORFOLK, CHESAPEAKE, VIRGINIA BEACH, SUFFOL K, HAMPTON AND NEWPORT NEWS IN ADDITION TO ITS HIGHLY-SPECIALIZED PEDIATRIC PHYSICAL, OCC UPATIONAL AND SPEECH THERAPY, THE DEPARTMENT ALSO OFFERS * AQUATIC THERAPY - PHYSICAL AND OCCUPATIONAL THERAPISTS WORK WITH CHILDREN IN THE WATER TO HELP RELAX TIGHT MUSCULATURE, INCREASE RANGE OF MOTION AND IMPROVE STRENGTH, BALANCE AND ENDURANCE * ASSISTIVE TECHNOLO GY/AUGMENTATIVE PROGRAM - SERVICES PROVIDED FOR CHILDREN WHO ARE UNABLE TO COMMUNICATE VER BALLY OR THROUGH GESTURES DUE TO VARIOUS MEDICAL CONDITIONS IN FY18, WE DID 287 AUGMENTAT IVE COMMUNICATION EVALUATIONS * CAR SEAT PROGRAM - SPECIALLY TRAINED THERAPISTS OFFER CAR SEAT SAFETY RESTRAINT EVALUATIONS FOR PATIENTS WITH SPECIAL NEEDS IN FY18, WE DID 294 CA R SEAT EVALUATIONS, DISTRIBUTED 260 SPECIAL NEEDS CAR SEATS AND PARTICIPATED IN 11 COMMUNI TY-BASED CAR SEAT SAFETY CHECKS THROUGH THIS PROGRAM * WHEELCHAIR CLINIC - CERTIFIED THER APISTS COMPLETE A COMPREHENSIV

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CHKD PROVIDES CARE FOR PATIENTS AND THEIR FAMILIES FROM BIRTH TO	E EVALUATION TO DETERMINE AND PRESCRIBE THE APPROPRIATE WHEELCHAIR AND SEATING SYSTEM CHI LDREN MADE ALMOST 10,090 VISITS TO THIS CLINIC IN FY18 FOR EVALUATION AND TECHNICAL ADJUST MENTS SECTION THREE COMMUNITY OUTREACH CHKD REACHED FAMILIES IN THEIR HOMES, DOCTORS' OF FICES, NEIGHBORHOODS AND COMMUNITY CENTERS WITH A WIDE VARIETY OF PROGRAMS AND PUBLICATION S THAT PROMOTE WELLNESS, PREVENT INJURIES, AND STRENGTHEN FAMILIES OUR COMMUNITY OUTREACH PROGRAM EXPERTS COORDINATED A TOTAL OF 376 PARENT, PROFESSIONAL AND STUDENT PROGRAMS THE TEAM CONTINUES TO MAINTAIN ITS DIVERSE BIRTH AND BEYOND PARENT BLOG WHICH HELPS PROMOTE I TS CLASSES AND WORKSHOPS THESE PROGRAMS PROVIDED IMPORTANT HEALTH, SAFETY AND PARENTING A ND COACHING INFORMATION FOR MORE THAN 43,632 PARTICIPANTS THROUGHOUT OUR SERVICE AREA THR OUGH STRONG COMMUNITY PARTNERSHIPS WITH KROGER AND THE VIRGINIA STAGE COMPANY 52 STEPS TO A HEALTHIER ME, EVENTS WERE CONDUCTED REACHING 13,006 OF 43,632 FAMILIES AND PROFESSIONALS IN THE COMMUNITY WHO PARTICIPATED IN OUR PROGRAM CHKD IS A SITE OF THE NATIONAL "REACH O UT AND READ" LITERACY PROGRAM, WHICH ENCOURAGES READING BY DISTRIBUTING FREE BOOKS TO CHIL DREN AT THEIR WELL CHILD VISITS FROM THEIR PEDIATRICIANS THROUGH THE DONOR-FUNDED PROGRAM , CHKD PRIMARY CARE PEDIATRICIANS GAVE APPROXIMATELY 70,000 BOOKS TO CHILDREN IN FY18 IN FY18 CHKD'S WEBSITE, WWW CHKD ORG, CONTINUES TO BE A POPULAR AND EFFECTIVE METHOD OF COMMU NICATION IN FY18, CHKD ORG HAD MORE THAN 2 5 MILLION VISITS, A 25% INCREASE FROM LAST YEA R MORE THAN 1 4 MILLION NEW AND RETURNING VISITORS VIEWED 4,734,223 PAGES ON OUR SITE TH E CONTENT MANAGEMENT SYSTEM THAT IS IN PLACE ALLOWS MULTIPLE USERS TO CREATE AND UPDATE CO NTENT AS NEEDED CHKD ORG IS A RESPONSIVE DESIGN SITE AND AUTOMATICALLY FORMATS ITSELF TO ANY DEVICE (PC, TABLET OR SMARTPHONE) - NO APP NEEDED CLICKABLE PHONE NUMBERS AND INTERAC TIVE MAPS MAKE IT EASY FOR OUR PATIENTS TO CALL OR FIND ANY PRACTICE, AND FAMILIES HAVE EA SY ACCESS TO TEST RESULTS, SHOT RECORDS, AND CAN EVEN REQUEST PRESCRIPTION REFILLS AND MAK E APPOINTMENTS ONLINE STRAIGHT FROM THE HOMEPAGE BY ACCESSING THE MYCHKD PATIENT PORTAL E NHANCED PHYSICIAN PROFILES, INCLUDING CLICKABLE PHONE NUMBERS, INTERACTIVE MAPS, BIOGRAPHI CAL INFORMATION AND A LINK TO THE PHYSICIAN'S PRACTICE MAKE IT EASIER THAN EVER TO CHOOSE THE DOCTOR THAT'S RIGHT FOR YOU CHKD CONTINUES TO UTILIZE SOCIAL MEDIA OUTLETS SUCH AS FA CEBOOK, TWITTER, LINKEDIN, PINTEREST AND INSTAGRAM TO INCREASE DIRECT INTERACTION WITH OUR PATIENTS AND THEIR FAMILIES THE WEBSITE CONTINUES TO BE A RESOURCE FOR OUR SERVICES AND HEALTH INFORMATION CHKD IS ONE OF SIX LOCATIONS IN THE STATE FOR THE CARE CONNECTION FOR CHILDREN, THE FEDERAL FUNDED TITLE V PROGRAM THAT PROVIDES COMPREHENSIVE CARE COORDINATION, INFORMATION AND REFERRAL FOR CHILDREN AND YOUTH

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CHKD PROVIDES CARE FOR PATIENTS AND THEIR FAMILIES FROM	STED WITH 624 INFORMATION AND REFERRAL CALLS AND PROVIDED COMPREHENSIVE CASE MANAGEMENT SE RVICES TO 598 FAMILIES FINANCIAL ASSISTANCE WAS PROVIDED FOR 25 CHILDREN AND YOUTH WHO WE RE UNINSURED OR UNDERINSURED AND 183 FAMILIES WERE ASSISTED IN APPLYING FOR STATE HEALTH P ROGRAMS, TO INCLUDE VIRGINIA'S WAIVER SERVICES THE CCC STAFF HOSTED EDUCATION SESSIONS FO R FAMILIES, INCLUDING SESSIONS ABOUT UNDERSTANDING SPECIAL EDUCATION RIGHTS AND RESPONSIBI LITIES THE PROGRAM PROVIDED ONGOING BILINGUAL CARE COORDINATION SERVICES TO 44 CLIENTS AN D FAMILY MEMBERS AND ASSISTED THEM WITH ACCESS TO COMMUNITY RESOURCES AND FINANCIAL ASSIST ANCE WE MAINTAINED AN

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OUR DIVISION OF COMMUNITY HEALTH AND RESEARCH HAS FOCUSED ON	CONDITIONS AND ISSUES IMPACTING CHILDREN'S HEALTH WITH AN EMPHASIS ON HEALTH DISPARITIES IN THE CITIES OF THE HAMPTON ROADS REGION, WESTERN TIDEWATER, AND THE RURAL EASTERN SHORE CURRENT AREAS OF EMPHASIS INCLUDE CHILDHOOD OBESITY, ASTHMA, IMMUNIZATION, E-CIGARETTE USE BY ADOLESCENTS AND YOUNG ADULTS, TEEN PREGNANCY, INFANT AND CHILD PASSENGER SAFETY AND TEEN ALCOHOL AND SUBSTANCE ABUSE THE NUSS PROCEDURE FOR THE CORRECTION OF PECTUS EXCAVATUM, DEVELOPED AT CHKD MORE THAN 30 YEARS AGO, CONTINUES TO DRAW NATIONAL ATTENTION FROM BOTH PATIENTS AND SURGEONS CHILDRENS SURGICAL SPECIALTY GROUP SURGEONS CONTINUE TO PUBLISH MANUSCRIPTS AND PRESENT THEIR WORK AT NATIONAL MEETINGS TO REINFORCE AND MAINTAIN OUR REPUTATION OF EXCELLENCE ON AN INTERNATIONAL SCALE THE NUSS CENTER CONTINUES TO OFFER NON-SURGICAL TREATMENT THERAPIES AS WELL, THE COMPRESSION BRACE INITIATED IN 2009 HAS TREATED MORE THAN 400 PATIENTS WITH OVER 80% OF THOSE PATIENTS EXPERIENCING A CORRECTION TO THEIR DEFORMITY IN ADDITION, THE VACUUM BELL TREATMENT THAT BEGAN BEING OFFERED IN 2012 HAS TREATED OVER 220 PATIENTS IN JUNE 2016, CHKD OPENED THE NEW NUSS CENTER, OFFERING A SPACE DEDICATED TO THE EVALUATION AND TREATMENT OF CHEST WALL CONDITIONS THE HOSPITAL CONTINUES ITS ENDEAVORS ON MULTIPLE RESEARCH STUDIES IN AN EFFORT TO FURTHER UNDERSTAND CHEST WALL DEFORMITIES TO DATE, MORE THAN 2,200 SURGICAL PATIENTS HAVE UNDERGONE THE NUSS PROCEDURE AT CHKD AND OVER 5,100 PATIENTS HAVE BEEN EVALUATED FOR CHEST WALL CONDITIONS CHKD IS A MEMBER OF CHILDREN'S ONCOLOGY GROUP(COG), AN INTERNATIONAL RESEARCH GROUP THAT CONDUCTS CLINICAL TRIALS FOR CHILDREN WITH CANCER AS A MEMBER, CHKD HAS ACCESS TO THE LATEST PROTOCOLS FOR TREATMENT OF CHILDHOOD CANCER, PROVIDING THE COMMUNITY AND REGION WITH THE BEST PRACTICES AND TREATMENT RESULTS FROM MORE THAN 240 COG-MEMBER HOSPITALS IN NORTH AMERICA, AUSTRALIA, NEW ZEALAND, AND EUROPE OUR PRIMARY GOAL IS TO INCREASE PARTICIPATION IN CLINICAL TRIALS WHICH WE FEEL WILL ADVANCE THE FIELD OF PEDIATIC ONCOLOGY IN FY18, CHKD HAD 108 COG STUDIES INCLUDING LTF STUDIES OPEN TO ENROLLMENT OR UNDERGOING DATA ANALYSIS SEVERAL OF THESE STUDIES WERE INCLUDED IN COG'S LONG-TERM FOLLOW-UP STUDY, WHICH COLLECTS DATA ON PATIENTS WHO HAVE PARTICIPATED IN STUDIES THAT ARE NO LONGER OPEN TO ENROLLMENT IN ALL, APPROXIMATELY 200 CHKD PATIENTS PARTICIPATED IN EITHER OPEN OR FOLLOW-UP COG STUDIES IN FY18 THE HEMATOLOGY/ONCOLOGY DIVISION HAD 21 RESEARCH STUDIES OPEN THAT WERE NOT COG STUDIES IN FY18, CHKD HOSTED MORE THAN 30 INDIVIDUAL CONTINUING MEDICAL EDUCATION EVENTS IN VARIOUS LOCATIONS THROUGHOUT THE REGION, HELPING CHILD HEALTH EXPERTS IN OUR REGION KEEP UP WITH THEIR SKILLS AND THEIR ACCREDITATION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
POLICIES & DISCLOSURE ITEMS	PART VI, Section B, LINE 12 CONFLICT POLICY CONSIDERATIONS CHKD CONFLICT OF INTEREST POLICY INCLUDES OFFICERS, MEMBERS OF THE BOARD OF DIRECTORS AND BOARD COMMITTEES, KEY EMPLOYEES, ALL OTHER EMPLOYEES, PROFESSIONAL STAFF AND SUBSTANTIAL DONORS ANNUALLY, A QUESTIONNAIRE IS DISTRIBUTED AND COLLECTED FROM OFFICERS, MEMBERS OF THE BOARD OF DIRECTORS AND BOARD COMMITTEES AND KEY EMPLOYEES THE QUESTIONNAIRES ARE REVIEWED BY THE LEGAL DEPARTMENT FOR KNOWN CONFLICTS, THE PERSON INVOLVED RECUSES HIMSELF OR HERSELF FROM DELIBERATIONS REGARDING THE TRANSACTION VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY ARE REPORTED TO THE CHKD BOARD CHAIR OR THE CHKD COMPLIANCE OFFICER, AS APPLICABLE, AND MAY REQUIRE CORRECTIVE ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT Part VI, Section B, Lines 15a-15b LINE 15A COMPENSATION PROCESS CONSIDERATIONS CHILDREN'S HEALTH SYSTEM ESTABLISHES THE COMPENSATION OF THE CEO JAMES DAHLING LINE 15B CHILDREN'S HEALTH SYSTEM AND CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS USE THE FOLLOWING PROCESS TO ESTABLISH COMPENSATION FOR OFFICERS AND KEY EMPLOYEES AN INDEPENDENT COMPENSATION CONSULTANT APPROVED AND RETAINED BY THE COMPENSATION COMMITTEE OF THE BOARD ANNUALLY, USUALLY IN APRIL, PROVIDES EDUCATION AND PRESENTS TO THE FULL BOARD COMPARATIVE SALARIES AND SALARY RANGES FROM A DATABASE COMPRISED OF CHILDREN'S HOSPITALS AND OTHER APPLICABLE HOSPITALS FOR OFFICERS & EXECUTIVES FOR THE BOARD TO REVIEW THE COMPENSATION COMMITTEE WITH THE AID OF THE CONSULTANT REVIEWS AND MAKES DECISIONS AS TO EXECUTIVE SALARIES OF CHKD AND ITS SUBSIDIARIES THOSE SALARY CHANGES AND APPROVALS ARE CONTEMPORANEOUSLY DOCUMENTED BY MINUTES MAINTAINED BY THE COMPENSATION COMMITTEE AND SIGNED BY THE CHAIRMAN OF THE BOARD PART VI, C, LINE 19 FINANCIAL STATEMENTS (PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF CHILDREN'S HEALTH SYSTEM, INC) ALONG WITH GOVERNING DOCUMENTS OF THE ORGANIZATION INCLUDING THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC THROUGH DIRECT INQUIRY AND REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS IS MADE UP OF Gain on Derivative Investments $ 3,523,507 Endowment Adjustments $ 2,650 CHANGE IN VALUE OF FUND BALANCE $ 979,303 _____ Total $ 4,505,460

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Employer identification number
54-0506321

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHILDREN'S MEDICAL TOWER LLC 601 CHILDRENS LANE NORFOLK, VA 23507 45-2907147	LESSOR	VA	2,056,428	23,458,218	CHILDREN'S H
(2) CHILDREN'S HEALTH SYSTEM INSURANCE LLC 601 CHILDRENS LANE NORFOLK, VA 23507	INSURANCE	SC	713,392	2,581,614	CHILDREN'S H

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)CHILDREN'S HEALTH SYSTEM INC 601 CHILDRENS LANE NORFOLK, VA 23507 54-1278830	HEALTHCARE	VA	501 (C) (3)	12B	NA		No
(2)CHILDREN'S HEALTH FOUNDATION INC 601 CHILDRENS LANE NORFOLK, VA 23507 54-1278865	SUPP CHKD	VA	501 (C) (3)	12A	NA		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)CHILDREN'S SURGICAL SPECIALTY GROUP INC 601 CHILDRENS LANE NORFOLK, VA 23507 31-1610834	HEALTHCARE	VA	NA	C CORP	0	0			
(2)CHILDREN'S MEDICAL GROUP INC 601 CHILDRENS LANE NORFOLK, VA 23507 54-1778786	HEALTHCARE	VA	NA	C CORP	0	0			
(3)CMG OF NORTH CAROLINA INC 601 CHILDRENS LANE NORFOLK, VA 23507 56-1960102	HEALTHCARE	NC	NA	C CORP	0	0			

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHILDREN'S SURGICAL SPECIALTY GROUP INC	j	957,627	BOOK VALUE
CHILDREN'S MEDICAL GROUP INC	j	664,377	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	p	15,096,978	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	e	1,408,998	BOOK VALUE
CMG OF NORTH CAROLINA	q	165,108	BOOK VALUE
CHILDREN'S MEDICAL GROUP INC	q	4,063,092	BOOK VALUE
CMG OF NORTH CAROLINA	d	91,041	BOOK VALUE
CHILDREN'S FOUNDATION INC	b	6,805,114	BOOK VALUE
CHILDREN'S SURGICAL SPECIALTY GROUP INC	d	414,641	BOOK VALUE
CHILDREN'S MEDICAL GROUP INC	d	1,189,735	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	b	5,000,000	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	c	1,500,000	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	l	499,787	BOOK VALUE
CHILDREN'S HEALTH SYSTEM INC	k	2,887,081	BOOK VALUE
CHILDREN'S SURGICAL SPECIALTY GROUP INC	q	717,828	BOOK VALUE
CHILDREN'S FOUNDATION INC	p	76,788	BOOK VALUE