While the healthcare landscape changes daily, one constant remains: the care delivered at Driscoll Children’s Hospital is second to none. Our physicians and employees understand that healthcare is more than making a diagnosis and prescribing medications. Healthcare is considering a child’s well-being and doing what it takes to ensure the child feels safe and as comfortable as possible.

It is extremely important to us that we continue to deliver the high-quality care South Texas families are accustomed to at and from Driscoll. We will complete the second phase of our Emergency Department renovation project in the spring of 2015. This renovation will enhance both the delivery and receipt of healthcare for our patients and families as well as our physicians and staff. When this project is completed during the summer of 2015, we are confident our Emergency Department will offer an even better patient experience.

Steve Woerner | President & CEO
Driscoll Children’s Hospital
A Message from
The Driscoll Development Foundation
Board President

As we reflect on 2014 at Driscoll Children’s Hospital, it was truly a year of celebration and a year of progress and commitment. Most of all, it was another year for all of us associated with the hospital to be able to work together toward the goal of improving the health of all children.

The progress we’ve made during 2014 paints a bright picture of quality and growth. With the 23rd annual Fiesta de los Niños upon us, I’d like to share how Fiesta alone has raised more than $8 million to support patient care and provide new equipment and services. What an accomplishment and what a testament to the philanthropic spirit that exists in South Texas! The Fiesta committee, some of who have been involved with Fiesta since its inception, is excited and enthused to champion Driscoll Children’s Hospital’s progress for 2015 and the years to come.

We have the opportunity to shape the future of medical care for the children of our region and nation through philanthropy. Because of the wonderful partnerships we have between our physicians, medical staff and hospital leaders, the organizations we work with and, most importantly, the families we’re privileged to serve, we will be ready to do what we do best — care for children.

I thank each and every person who supports Driscoll Children’s Hospital for their dedicated commitment to our mission. I am privileged to be a part of this wonderful group of individuals, and I am humbled by the opportunity to continue to serve on the Driscoll Children’s Hospital Development Board Foundation.

Wes Hoskins | President
Driscoll Children’s Hospital
Development Foundation Board
When Emily Becker, MD, left Corpus Christi as a teenager bound for college, she had no idea that life — as it often has a way of doing — would one day bring her, along with her medical skills and her passion for teaching and children full circle, back to her hometown; but it has.

Today this young, dedicated physician, who grew up the oldest of five siblings, and the only girl, finds herself right back where she grew up. But now instead of being a kid herself in Corpus Christi, she is a doctor working and walking the halls of Driscoll Children's Hospital as she cares for and gives back to children throughout South Texas.

“I knew,” recalls Dr. Becker, “that I wanted to be a physician at an early age. I guess it was in middle school that I figured out I wanted to be a doctor. My father was a hospital administrator and I would often go up to the office with him which gave me the opportunity to get to know some of the doctors. So,” she smiles, “I was exposed to medicine at an early age, and I thought, ‘this is cool.’ On the family side, I was really a second mother to all my brothers. I love kids and I love to interact with them. And, essentially that’s what I do all day; I just combined medicine with being a teacher.

“When I went to medical school,” she recalls, “I knew I wanted to be a pediatrician. But when I did my pediatric residency, I kept trying to find an area that fit for me. I wanted something non-traditional. When I did my dermatology rotation I found out that I loved it, and could interact with all specialties, including cardiology, nephrology, infectious disease, neurology, surgery and radiology.”

As the first pediatric dermatologist at Driscoll Children’s Hospital and only one of two in South Texas, Dr. Becker has placed Driscoll in a specialized group of pediatric dermatology programs of which there are only a handful in the United States. In Texas they can...
be found in Dallas, Houston, Austin, San Antonio and now, Corpus Christi. That is certainly significant for the children in South Texas as the field of pediatric dermatology is being increasingly recognized as a critical care element in pediatric medicine. The reason it is becoming more and more important is because of the understanding and the increasing attention being paid to the fact that its color, pallor, condition and its markers are often clear indicators of what is actually going on underneath the skin, not only at the location of a particular skin marker, but in other parts of the body as well.

“People often think of dermatology as an area of medicine that simply deals with acne and warts, but,” Dr. Becker smiles, “it is so much more. What we do can and does involve almost every discipline and it can significantly change the course of care and ultimately the outcomes for many of these children.

“Everyone has skin,” explains Dr. Becker, “and your skin is such an indicator of what is happening with your body. For example, a birthmark can be an indicator of much greater issues like heart problems. That was actually the case recently with a 15-month-old patient.

“When I saw her, because of the particular birthmark she had, I shared with the mom that her daughter might start having breathing problems and seizures. I had the opportunity to educate the mom. And in fact, shortly after she saw me, the baby had a seizure. The mom took her to the Emergency Room and because we had the chance to see the little girl, and educate the mother, her mom knew what to tell the ER doctor, so they in turn knew exactly where to begin with her treatment.”

There is no doubt about the need and demand for the expertise and skill Dr. Becker brings to Driscoll and South Texas. In a single day, Dr. Becker and her five staff members often see as many as 40 children in the dermatology clinic. Plus, since the program began in November 2013, 1,454 children have been served in her practice at Driscoll.

Obviously, the pace is certainly quick in Dr. Becker’s hallway, but she is never in a hurry with her patients. From the tiniest of babies to teenagers, she is there, explaining, teaching and sharing her skills as she provides the care that they need.

“We are often here in the evening, explains Kathy Sanchez, RN, nurse supervisor, and we don’t mind one bit. As long as the kids are here,” she shrugs, “Dr. Becker is here and we are right here with her.”

Another important element in adding pediatric dermatology services at Driscoll for children is the opportunity for continuum of care. Now, regardless of whether it is for the most straight-forward of cases or the most complex, care and treatment can be received and monitored right here.

“I remember,” smiles Dr. Becker, “when we were little my brother who had a very large port wine stain or birthmark on his face needed treatment, and it was not available here. Port wine stains, only get bigger and darker with age unless they are treated, and the younger the treatment begins for a child the better. My parents did their research and discovered treatment was available in Houston. My brother was the first patient to receive laser treatments. But for him to get those laser treatments, we all had to go to Houston once a month. I didn’t want children in Corpus Christi to have to do that, so” she shrugs, “I came to the kids.”

Before Dr. Becker came to Driscoll, it was even challenging to treat children for severe acne, because the medications are so strong patients need to be monitored very carefully and that is difficult to do long distance. But that is no longer the case. Everything from diagnosis to treatment and surgical intervention can now be done at Driscoll and the need for Dr. Becker’s services and the significant benefits for the children in all departments are definitely beginning show.

“Today alone,” Dr. Becker explains, “I interacted with six different specialties for children who have come in for appointments. That means we have a greater opportunity as a team of physicians and nurses and healthcare providers to create even better pathways for better outcomes for these children. I want to give back. I want to be the specialist and the teacher. I want to be a resource for these kids,” she smiles easily, “the one that wasn’t available in Corpus Christi when I was growing up.”
By early summer, patients at Driscoll Children’s Hospital will see a completely revamped Emergency Department (ED). In July 2013, the hospital embarked on a $14 million project that includes adding and renovating 18,500 square feet of existing space for better utilization and patient flow, as well as increasing the size of the front lobby by 5,000 square feet.

“The existing ED was built to handle an average of 15,000 patients a year, and now we’re seeing 30,000 to 35,000 patients a year,” Driscoll Children’s Hospital’s Vice President of Operations Donna Quinn said. “The goal is to have as efficient an ED as possible when it comes to patient flow. The new renovations will make things so much better for everyone—for our physicians and staff, and most importantly, for our patients.”

“We already have the most state-of-the-art equipment for our patients, so the technology will be the same, but we’ll have an improved way of presenting it,” Quinn said. “We want the ED to be more calming and be a welcoming, child-friendly environment.”

The renovations have been made easier with the addition of valet parking for patients and visitors. Valet parking will be available throughout the construction process.

The project is the ED’s most significant transformation since 1987 when Driscoll became the first hospital in South Texas to offer emergency services specifically for children. The ED currently serves about 35,000 children each year.

The goal is to have as efficient an ED as possible when it comes to patient flow. The new renovations will make things so much better for everyone—for our physicians and staff, and most importantly, for our patients.

### When the project is completed, the ED will include:
- Two trauma rooms
- Twenty private exam rooms
- Two triage areas with visibility to the waiting area
- An expanded central nursing station
- An expanded waiting area
- A dedicated ED elevator
- A new ambulance vestibule and weather protection canopy

Driscoll Children’s Hospital President and CEO Steve Woerner, Director of Emergency Services Edgar Cortes, MD, Driscoll Foundation Trustee and Vice-Chair of Driscoll Children’s Hospital Governing Board Sam L. Susser, President of Driscoll Children’s Hospital Development Foundation Board and member of Driscoll Children’s Hospital Governing Board Wes Hoskins and Driscoll’s Vice President of Operations Donna Quinn.

www.DriscollChildrens.org
Nineteen weeks into her pregnancy, Cara Smith was feeling great; everything was looking good and all was well with the Smith family. Plus, it was the day Cara and Byron Smith and their two-year-old daughter, Emily, were going to find out if the new baby on the way was a boy or a girl. The trio had even planned a breakfast celebration. "We were so excited," recalls Cara, "we couldn't wait to find out. We arrived at the doctor's office and they performed the sonogram. We found out it was a boy. But once the sonogram was completed, the technician left and asked us to wait for a few minutes. When the technician returned, something had changed. We couldn't quite get a read on it, but something was different. We were ready to go, but instead we were told that we needed to go up to the third floor and our doctor wanted to visit with us."
“Of course, we were concerned. When we went upstairs, before we could even sit down our doctor said, ‘there is a problem with the sonogram.’ She told us that there was a hole in our baby’s diaphragm. It was on the left side of his body and that meant his intestines and stomach had been pushed up into the chest cavity, impeding the growth of the left lung, and his heart had been pushed over to one side. She said she was going to send us to a high-risk specialist, and that in some cases this condition could be fatal.

“All I heard,” says Cara, pausing as the words catch in her throat and her eyes fill at the memory, ‘was your baby is dying.’ To go from feeling so wonderful, to fear, panic and sadness was truly a surreal experience. We weren’t quite sure what to do.”

But, her doctors knew exactly what to do. Cara’s obstetrician immediately sent her to Anna Gonzalez, MD, a Driscoll maternal fetal specialist.

“She explained everything to us,” says Cara. “The condition is called a left congenital diaphragmatic hernia. There was nothing that we could have done to prevent it. It’s a congenital condition; it just is. At that point, they decided to run additional tests to make sure that there was nothing else wrong at that point that was associated with the condition.

“We also saw a pediatric cardiologist to make sure the left side of the heart was growing. It was, and,” she sighs with obvious relief, “that was definitely good news. Then I had an amniocentesis, and that test also came out well. So there was nothing else that appeared to be an issue.”

From there, an appointment was made for the couple to meet with Driscoll neonatologist, Dr. Miguel DeLeon.

“I met Cara and Byron when Cara was in her second trimester, “recalls Miguel DeLeon, MD, neonatologist and Driscoll’s NICU medical director. My job,” he explains, “was to talk to Cara and Byron, and walk them through the whole process. Of course in that situation, there is great confusion and fear of the unknown. But when you educate people and share all the information you can, you take away much of that fear. I told them honestly that we have had some good outcomes in these situations and some that are not as good.

“Twenty years ago,” explains Dr. DeLeon who has been a physician at Driscoll for the past twenty-five years, “before we had sonogram technology, babies with this condition didn’t make it. The reason is you have to be prepared at birth, because you only have a few minutes to intubate them and get them on oxygen or they just don’t survive. If you don’t know they have this condition, they seem fine at birth, but by the time you figure out what is going on, it’s too late. Thankfully, that is no longer the case. But there is still great risk, and you have to be prepared.

“For Cara and Byron, their baby’s hernia was on the left side, the side where there are usually much better outcomes. When the hernia is on the left side,” he says, “the small bowel and the stomach is pushed up into the chest. On the right side, anatomically, it is much more challenging because you have the liver and many more internal organs to push down below the diaphragm. In either case, one lung does not develop; it is usually as flat as a pancake and the heart migrates to the right or the left and sometimes does not develop properly either. Statistically speaking, we are seeing a 90 percent survival rate with babies who have this condition on the left side, but still only a 10 percent survival rate with right sided diaphragmatic hernias.”

“Dr. DeLeon went through everything with us, step-by-step of what would happen,” recalls Cara. “They even took Byron and me on a tour of the NICU. That was so helpful, because we could see firsthand where our baby would be. I would be able to visualize him in the NICU before I could get there, and knew that he would be safe, and be getting the best care possible.”

Cara and Byron were armed with all the knowledge available about their baby’s condition and exactly what would be done to give him the best opportunity to survive after birth. Now Cara’s job was to put herself into the pregnancy, so her baby could grow and be as healthy as possible at birth, and she did just that.

On Tuesday, February 18, 2014 - at 35 weeks - Jackson Smith was born weighing 5 pounds and 2 ounces, and Dr. DeLeon and his team were right there.

“I remember,” says Cara, “looking over at her smiling, now 9-month-old son as her eyes fill again, “in the operating room Dr. DeLeon and a team of ten were all there waiting to help.”

“I had explained to Cara and Byron,” says Dr. DeLeon, “that this will not be the typical delivery experience and to not be alarmed. I told them that they would not see the baby breathe, cry or move. But not to worry, in this situation that is to be expected. In about twenty or thirty minutes after he was born, we would transport their baby to Driscoll.

“When a baby with this condition is born, our team of five has to be ready. In 10 to 15 minutes,” says Dr. DeLeon, “we have to have three elements in place: respiratory access, IV access and high frequency oscillation which is a process that uses sound waves to create a vibration that pushes small puffs of air in and out of the lungs and helps the baby breathe. Plus we have to immobilize the baby with paralytic medications.

“I also wanted Cara and Byron to know that when they came to the NICU, that their baby would be getting sicker, before he got better. That is how it works, and if you know that,” he says compassionately, “it really helps because as a parent, at that moment in time, “you have so much anxiety and worry, the more understanding you have the better.”
When Jackson Smith arrived at Driscoll, it was time for the next stage. That meant getting him stable and prepared for the coming surgery.

"Fifteen years ago," explains Dr. DeLeon, "the protocol was to perform the necessary surgery to push the organs down and repair the diaphragm the first day. Nationally, 80 percent of the babies with that protocol did not make it. But today we wait 3 to 5 days, stabilize the baby, and get everything in place, then we do surgery. That means the babies are so much healthier when they go into surgery, and the result is we have much better survival rates and outcomes."

"I couldn't wait to get out of the hospital to go and see Jackson," explains Cara. "Jackson was born on Tuesday and on Thursday, they said I could go, and I was out of there. I wanted to see my baby.

"When I first saw Jackson," recalls Cara, "I was so glad I had been prepared, because we couldn't hold him. We could touch him, but only very little, because they didn't want him to have too much stimulation, and he had wires and ten different pumps and monitors. It was," she says soberly, as that vision returns, "completely overwhelming, but everyone was so kind and patient. The nurse explained everything. She picked up every wire and went through the 10 different pumps, every monitor and explained what they did and what each one was doing for him."

Jackson spent five days in the Driscoll NICU, as his body prepared for surgery. When he was 6-days-old, Jackson Smith was stable, and set for surgery. J. Mark Morales, MD, pediatric cardiac surgeon was scheduled to perform the procedure that would push the organs down out of Jackson's chest cavity below the diaphragm and close the hernia opening with a mesh material to keep the organs in place.

"The surgery itself took about an hour-and-a-half," explains Byron, "and Dr. Morales who said he had performed about 150 of these surgeries told us that Jackson's was one of the largest left side diaphragmatic hernias he had ever seen. It went well, and the surgery was successful."

But as Dr. DeLeon had told Cara and Byron, after surgery Jackson became sicker once again, as surgery takes a toll. Jackson went back on the oscillator, and the nitric oxide as his body fought to find its balance.

It was so hard to leave your newly-born, very sick baby at night, your baby whom you had never even held. Sometimes," she recalls, "when I couldn't sleep I would call the NICU at 3 a.m. to ask how Jackson was doing. They were so patient, and they knew everything about him, and were right there with us every step of the way."

Byron, who had been quietly listening and playing with Jackson, spoke up recalling those not-so-long-ago days, "You know much of the experience seems like a blur now, but, from beginning to end the nurses and doctors were so wonderful. When we arrived at the NICU," he shares easily, "we were strangers with everyone there, and by the time we left they were family."

Fortunately for the Smith family, the day they could take their baby home came much sooner than they thought. It happened on day 48.

"I'll never forget," says Cara, "we walked into the NICU at Driscoll on a Monday morning and they said, 'Jackson is going home today, would you like to take him now?' I was in a mild panic," admits Cara. "It was definitely a surprise. After all this time, even though that's what we had been waiting and hoping for, I wasn't prepared. I really couldn't believe it. So I asked them if we could have an hour. I really didn't think he would get to come home until Easter."

But on April 7, Jackson Smith, now weighing 7 pounds and 3 ounces got to go home. He had survived. And the best news of all is that his prognosis looked bright.

"Jackson's long-term prognosis is he should have a normal life, and be able to do just about anything he wants except," smiles Dr. DeLeon, "maybe play football. It is because of the technology we have today, and the highly-skilled team we are so fortunate to have at Driscoll that babies like Jackson are able to survive a condition like he had, and be able to grow up and live their lives. And, that is why we are all here and we do what we do. For all of us, our team, these babies are our mission and," he shrugs and says simply, "we wouldn't have it any other way."
South Texas Cattleman’s Roundups

Another Record Breaking Year!

The 28th Annual South Texas Cattleman’s Roundups concluded the 2014 sweep across South Texas and raised almost $200,000 in donations. The communities of Alice, Beeville, Cuero, Edinburg, Hallettsville, Rio Grande City and Three Rivers opened their hearts in support of Driscoll. Local 4-H and FFA Chapters, County Extension Agents and of course the farmers and ranchers who donate to the Roundups are to thank for this exceedingly successful year.

Singer Songwriter Showcase and Golf Classic: Over $200,000 Net!

Mark Beeson, Allen Shamblin and Victoria Shaw, some of country music’s most respected songwriters, took center stage at the 9th annual Singer Songwriter Showcase on October 2. The three entertainers, who have collectively written numerous, timeless country songs, delivered an outstanding live performance for a sold out audience at the Corpus Christi Country Club.

The 19th Annual Golf Classic, also a sold-out affair, followed the next day. Golfers enjoyed a Friday on the golf course — all for the children at Driscoll. Many thanks to our generous sponsors, donors and volunteers who make these exceptional events possible year after year. One hundred percent of funds raised will directly benefit patients at Driscoll Children’s Hospital.
Fiesta de Los Ninos —
Largest fundraising event of the year is here!

A special thank you to our friends at Flint Hills Resources for once again sponsoring Corpus Christi’s most popular fundraising event of the year. One hundred percent of the funds from the 2015 Fiesta de los Niños will directly impact several key specialty departments in the hospital including upgrades to our surgical suites, additional ambient lighting for a new MRI Suite, and an additional new pediatric transport ambulance to round out our fleet.

Proceeds from the Light Up the Night project will fund a new pediatric ambulance to transport children from all over South Texas to Driscoll Children’s Hospital. Together we can make a difference . . . together we can continue to make miracles possible! Huge thanks go to this year’s co-chairs, Sally Wallace and Rick Valls, for their time and dedication to Driscoll and Fiesta de Los Ninos. The 2014 Fiesta de los Niños raised another record breaking $715,000, and with your help we can set a NEW RECORD again this year!
Kohl’s Gives Over $55,598 for Injury Prevention

A check presentation was held at Driscoll Children’s Hospital recently. During this time, a check from the Kohl’s Cares® grant programs was presented to Driscoll Children’s Hospital’s Injury Prevention Program for $55,598.00.

The Kohl’s Cares donation is used to fund the Kohl’s Keep Your Kids Safe Program, which provides child passenger safety seats and safety education to the Coastal Bend community. Since 2004, Kohl’s has donated more than $440,000 to Driscoll Children’s Hospital’s Injury Prevention Program.

“Kohl’s has provided invaluable assistance in helping Driscoll Children’s Hospital get the word out on child injury prevention,” said Martha Avery, Driscoll vice president for development. “So many children’s accidents are preventable with the proper education and training. Thanks to Kohl’s support, thousands of car seats have been inspected, and thousands of bicycle helmets given away, to help keep children safe.”

Valero Donates $25,000

Valero representatives present Driscoll representatives, with a $25,000 check from the 2014 Valero Charity Selection Committee members. Valero Texas Open and Benefit for Children proceeds awarded to Driscoll will be used towards the Driscoll Children’s Hospital Rehabilitation Services Department.

Six Points Kiwanis Club Sends Patients to Summer Camp

The 29th Annual Six Points Kiwanis Apple Sale raised funds for oncology/hematology patients to attend Camp for All in the summer. Over 1200 cases were sold during the annual event. Thank you, Six Points Kiwanis!
We love the kids and we love auctions, “shrugs Leroy. “It is as simple,” he smiles, “and as complicated as that. “And,” he says easily, “you can’t take it with you, so you best share it where it can do the most good. We think that means giving it to the kids at Driscoll.”
In truth, Raye Ann and Leroy’s kids are not just of the canine variety found on their ranch, they are actually kids who live all over South Texas — kids who the couple have been supporting at annual livestock shows and auctions for more years than they can count.

But for at least the past three years, Leroy and Raye Ann have been committed to helping kids through Driscoll’s Cattlemen’s Round Ups and Auctions. In fact, they have been so dedicated to their mission that since 2011, they have only missed two of the 21 Driscoll Round Ups held throughout South Texas. And the ones they couldn’t make in person, they decided that they would make up for by being even more generous with their financial support.

“We love the kids and we love auctions,” shrugs Leroy. “It is as simple,” he smiles, “and as complicated as that. “And,” he says easily, “you can’t take it with you, so you best share it where it can do the most good. We think that means giving it to the kids at Driscoll.”

For Leroy and Raye Ann, native South Texans who recently retired from the oil industry and Wilson County Appraisal District, respectively, retirement definitely has not meant slowing down; for these two it’s simply been a change in direction.

“I worked in the oil industry as a pipeline inspector and a surveyor — seven days-a-week — for 42 years, and I decided at 62,” says Leroy, “it was time to move on. So now that we’ve retired, “ he and Raye Ann smile, “we wake up at about 6 a.m. and work from dawn until dusk at the ranch, and you know, we wouldn’t have it any other way.”

“Leroy does all the work himself, and I help him,” explains Raye Ann. “He does everything from feeding and vaccinating the cows, to mowing and clearing. This is our place and we really love the land and the cattle, and we like doing everything ourselves.”

Her point is definitely well taken, as at that very moment Leroy, who has gotten up and gone inside the cow pen, is standing out in the middle of his herd of heifers with a feed sack under his arm calling “his babies” in for a mid-afternoon snack.

“You know,” Raye Ann says smiling, “those cows are like his babies. I remember one day when we arrived at the ranch, they had gotten out of the pen and Leroy said he was going to go out and find them. When I looked out a little bit later, there he was kind of like the Pied Piper, walking down the road with a sack of feed dribbling out food behind him and those cows just followed right behind him all the way back to the pen. It was a definitely a sight to see.”
Certainly, there is no doubt that these two South Texas natives have a passion for life, hard work, ranching and kids. They have been going to auctions and livestock shows in South Texas for years, and supporting and sponsoring kids and their livestock entries.

“My family has lived here for 100 years,” explains Leroy. “We are Texans through and through, and we have a great time going to auctions and livestock shows. We have supported kids, especially in the San Antonio Live Stock Show for a long time. Then our friend,” he smiles, “Gerald Eckel, who has chaired the Driscoll Cattleman’s Round Ups for years, came by to see us one day and asked us if we would consider supporting the Driscoll Roundups that are held in Beeville, Three Rivers, Hallettsville, Rio Grande City, Alice, Cuero and Edinburg. After he left, Raye Ann and I talked about it and we changed our thinking a bit.”

“We had been supporting healthy kids in the livestock shows in Texas for years,” explains Raye Ann, “kids who were on their way in life. But after talking to Gerald, we decided what we would like to do was support kids who might not be so healthy, so that they might have a chance to grow up and one day actually get to participate in Driscoll’s Cattlemen’s Roundups. And that’s what we’ve done.

“You don’t really understand how much need there is and what your dollars can do,” says Raye Ann, “until someone like Gerald explains it to you. What he did was share with us in a way that helped us understand the impact giving can have for these kids, for their lives. He was planting seeds for Driscoll. That’s what it really takes, one person sharing with another in person — one person to tell the Driscoll story, to spread the word.”

“And now, that’s what we are doing,” smiles Leroy. “We’ve talked to my brother, my sister and my cousin, and,” he nods knowingly as he leans down and pets J Bar and Blackjack once again, “now they are giving to the Roundups and to the kids at Driscoll, and,” he says simply, “that’s really what it’s all about.”
An Overview of Giving Options
Each year it is the generous spirit of friends that makes our work possible. This generosity is evident in countless ways, including gifts of financial support. Our tax laws not only encourage the support of charitable organizations; the tax code provides benefits that make it possible for the philanthropic spirit to be expressed through many forms of giving. And while giving may seem a straightforward discussion, there are many ways that friends choose to make a gift. Careful planning will ensure that your objectives are met.

Current Gifts
The most common way to make an immediate gift is by writing a check. This type of cash gift provides immediate liquidity for charity and generates a charitable income tax deduction for the donor in the year of the gift.

Giving stocks or bonds may provide greater tax benefits. If you have owned securities for more than one year and the fair market value has increased since you purchased them, you can avoid capital gains tax and receive a charitable income tax deduction equal to the fair market value.

A gift of real estate that has been held for more than a year also has the advantage of providing you with a charitable deduction based on the current fair market value, as well as bypassing capital gains tax on the appreciation.

Planned Gifts
Sometimes called deferred gifts, the term planned gifts refers to specific strategies that (in most cases) benefit charity at some point in the future while offering immediate benefits to the donor.

The gift of a paid-up life insurance policy is a good example. By designating a qualified charity as owner and beneficiary of such a policy, you will receive a charitable income tax deduction that, in most cases, is equal to your cost basis in the policy.

Gifts That Generate Income For You
The benefits of planning compound when you utilize one of a number of strategies that generate income as well as provide a number of other attractive benefits.

The Gift Annuity is a great example of how a gift generates income for the donor. This is actually a contract between a donor and a charity that is part gift and part annuity. In addition to the annuity payment, the donor receives a charitable income tax deduction and a portion of each annuity payment may be tax-free.

The Deferred Payment Gift Annuity, in which annuity payments are delayed for a number of years, offers rates that make it an attractive supplement to retirement income.

Charitable Remainder Trust (CRT) is perhaps the most versatile charitable giving tool. With the CRT it is possible to bypass capital gains tax on the sale of highly appreciated assets, generate an increase in income, receive an attractive charitable income tax deduction, and fulfill your philanthropic objectives. The CRT is a legal trust that can be constructed to produce a predictable annuity payment each year or take advantage of investment growth opportunities with income payments based on a growing trust principal.

Charitable Bequests
Next to writing a check, perhaps the best known vehicle for philanthropy is the bequest. A bequest makes it possible for you to make your wishes known today without relinquishing needed assets during your lifetime. Bequests can transfer a specific asset. You can also give a percent of the estate after costs and taxes. Another good idea is to transfer property to a testamentary trust.

If you would like more information on the strategies discussed here or any other planning options, we invite you to call Driscoll Children’s Hospital Development Department, at (361) 694 – 6405.
FEBRUARY 6, 2015

Presented by

Fiesta de los Niños 2015

Featured Entertainer

Restless Heart

MARCH 6, 2015

Children’s Miracle Network Hospitals

K99 Radiothon

At Driscoll Children’s Hospital